

GUIDEBOOK

TO TRAINING IN CLINICAL PSYCHOLOGY AT THE UNIVERSITY OF WATERLOO



Street Scene by Kathleen Moir Morris (1893-1986)

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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 research and in clinical practice, so that our graduates would achieve leadership roles in academic and applied psychology settings. Over the last three decades, our graduates have taken a range of diverse roles, including academic positions, positions as chief psychologists, leaders of large consultation practices, Residency Directors, officers of professional societies, board members of regulatory bodies, 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, first accredited by the American Psychological Association and the Ontario Psychological Association (OPA) and, since 1986, by the Canadian Psychological Association (CPA). In 2012, the CPA and the APA signed the First Street Accord, a mutual recognition agreement of the equivalence of accreditation standards and practices, making future APA accreditation no longer relevant for Canadian programs.

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

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

The report also noted:

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

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

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

Email: accreditationoffice@cpa.ca

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

Theoretical Orientation and Educational Approach

Our goal is to help 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 their 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.

We offer thorough training in short-term, empirically validated therapy procedures, as exemplified by cognitive behaviour therapy (CBT), and in other theoretical views and techniques, drawing from the wide expertise of our full-time and adjunct faculty. Our therapy training features formal courses in CBT for adults, CBT for children, Emotion Focused Therapy (EFT), and family therapy (which is optional). Through the Centre for Mental Health Research and Treatment (CMHRT) students have the opportunity to co-lead treatment groups such as Compassion Focused Therapy for eating disorders, CBT for Social Anxiety Disorders, Triple P Parenting for children with challenging behaviours, and Friends for Life for anxious teens. In addition to these opportunities, all students see individual cases in CMHRT. People seeking treatment at CMHRT have diverse backgrounds and have a wide range of presenting difficulties. All clinical activity is supervised by core faculty and by carefully selected adjunct faculty who collectively have a breadth of orientations/expertise, from CBT and EFT to psychodynamic approaches to dialectical behaviour therapy (DBT). Students receive hour-for-hour supervision, such that supervisors watch every session and then meet with the student for an hour of detailed discussion of case formulation, therapy techniques, and process issues.

We also offer thorough training in psychological assessment. All students receive comprehensive, closely supervised experiences in psychodiagnostic, psychoeducational, and integrative psychological assessment, including consultation with other mental health professionals as well as school personnel in child cases. Prior to commencing intervention students conduct a thorough intake and diagnostic interview with their clients, producing a solid case formulation and treatment plan.

In addition to their work in the CMHRT, our students complete extended practicum experiences in off-campus settings, which involve more varied assessment and psychotherapeutic work. Our students are routinely recognized 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, students take a comprehensive course in supervision and under the close supervision of a faculty member, serve as a clinical supervisor for a junior student in the provision of psychotherapy.

The Department of Psychology provides ample research space: each clinical faculty member has a set of dedicated lab rooms, and the Clinical Area has additional space available that students can book. The departmental facilities and the Centre for Mental Health Research and Treatment are accessible to those with disabilities. We have excellent computer support, with staff on hand

to assist with the development and maintenance of software, programs, and special equipment. We also have an extensive and up-to-date Test Library. Access to research participants is available through the Research Experiences Group on campus, and clinical faculty have established connections with agencies and schools in the community for sample recruitment. The Centre for Mental Health Research and Treatment provides exciting opportunities for research on therapy and therapy processes. Finally, faculty-directed labs have in place well-established strategies for recruiting appropriate clinical and non-clinical samples as well as the equipment and settings required for their particular type of research.

Diversity, Equity, & Inclusion Statement

The University of Waterloo Clinical Psychology Program seeks to reflect diversity in its student population, teachings, and trainings. Applications are welcome from qualified individuals of all ages, gender identities, cultural, racial, ethnic, and religious backgrounds, sexual orientations, and abilities. We believe in creating a departmental culture that embraces individual uniqueness and fosters a diverse and inclusive environment. To do so, we plan to engage in continuous and active efforts to remove barriers, address inequities, and promote reconciliation. This includes educating our staff, faculty, and students, ensuring cultural competency in our treatment to clients, and conducting research that considers diversity. These efforts will be consistently monitored and improved, in addition to being informed by information shared by equity-seeking groups and empirical evidence of successful approaches.

For more information on human rights, equity, and inclusion at the University of Waterloo, please visit the [Equity Office Website](#).

If you are in need of support, or you wish to increase your knowledge, skills, or capacity on equity issues, please explore the [University of Waterloo Equity Office's Resources and Tools](#).

Mission Statement and Specific Program Goals

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

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

research design, statistics, measurement theory, and program evaluation. With this solid foundation, many of our graduates continue active research careers in either academic or service settings.

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

1. Students are competent to design, conduct, evaluate, and present psychological research. Component competencies include the following:
 - (a) Sophistication in research design and data analysis
 - (b) Critical thinking skills
 - (c) Thorough understanding of research ethics
 - (d) Well-developed skills in research writing and publication, public presentation of research, and teaching

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) Skills in application of research
 - (c) Knowledge and skills in assessment and evaluation
 - (d) Knowledge and skills in intervention, consultation, and supervision
 - (e) Knowledge and skills in professional ethics and standards
 - (f) Leadership skills
 - (g) Exercising all skills and competencies with an understanding of individual and cultural differences
 - (h) A commitment to lifelong learning

Information for Prospective Applicants and Profile of Our Students

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

Admission to the Clinical Psychology Program is highly competitive:

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

Successful applicants typically have:

- An **Honours Bachelor's degree**, almost always with an Honours thesis;
- An undergraduate **GPA above 85%**;
- Strong **reference letters** from professors and research supervisors;
- A well-written **personal statement** that highlights their research interests and experiences, and, importantly, fit with the [prospective lab](#) and [faculty supervisor](#);
- Other **notable achievements** (e.g., awards, publications, presentations, clinical experience); and
- Submitted applications for **Master's-level scholarships** (e.g., [Canada Graduate Scholarship](#), [Ontario Graduate Scholarship](#)).

The faculty in our program have a broad range of clinically relevant research interests. To find a detailed account of each faculty member's research interests please visit our [Clinical Faculty profile pages](#). **Please do not reach out to prospective labs or faculty supervisors prior to applying to the program as faculty members are unable to comment on application packages outside of the formal evaluation process.**

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

| Applicants | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|---|----------------|----------------|----------------|----------------|----------------|
| Number of Applicants | 148 | 136 | 186 | 242 | 231 |
| Number Offered Admission | 10 | 8 | 6 | 5 | 7 |
| Number of Incoming Students | 4 | 6 | 5 | 4 | 4 |
| Number of Incoming Students with External Scholarship Support | 2 | 2 | 1 | 3 | 2 |
| Incoming Class | | | | | |
| Undergrad GPA Mean | 89 | 90 | 88 | 91 | 91 |

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 \$25,000 per year for four years of the Ph.D.

Here are some quick facts about our clinical students:

- In 2021-22, 84% of our clinical graduate students (excluding those on residency/internship) received external funding through OGS or one of the tri-council agencies (SSHRC; CIHR; NSERC).
- On average, during 2021-22, our clinical graduate students (excluding those on residency/internship) receive approximately \$33,523 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 2022), 84% are female. Current students range in age from 24 to 38, with an average of 28 years. Students in the program have a range of backgrounds, such as Chinese, Italian, East Indian, British, Israeli, African American, Serbo-Croatian and Canadian.
- Our program places equal emphasis on research and clinical work. As of September 2022, our graduate students had an average of 6 conference presentations, and 3 journal publications. As well, they accumulated at least 3000 hours of clinical work by the time they completed our program.
- Over the last five years, our average time to completion for the Ph.D. is 7 years. This number includes the year-long predoctoral internship year.
- Statistics on student residencies/internships over the last five years (2018-2022):
Those who obtained paid internships: 17 students (94%)
Those who obtained CPA (or APA) accredited internships: 17 students (94%)
- In the last five years (2018-2022), one student has left the clinical program after obtaining a Master's degree, rather than continuing to the Ph.D.
- In the last seven years (2016-2022), 100% of our graduates have become licensed psychologists, or are currently in the process of becoming licensed.

Profile of Our Graduates

In addition to continually evaluating the program's success in reaching its goals based on student's performance in courses, clinic work and research, practicums, and internships, we also conduct periodic surveys of our alumni. We surveyed the recent Ph.D. graduates from our program (graduating 2015-2019) and approximately 100% are licensed. Some are teaching in universities, such as Wilfred Laurier University, York University, and University of Hong Kong. About 27% (13/48) have primary employment in institutional settings (e.g. hospitals, etc.) and

63% (30/48) in private practices. Many of those employed in institutional settings also have adjunct professorships, such as McMaster University, University of Toronto, and University of Manitoba. The remainder of our graduates have their primary employment in private practice.

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

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

Overall, I believe that the clinical training at UW was second to none. The training in cognitive assessment, psychological assessment, and cognitive-behaviour therapy was exceptional. It was not until I went on my pre-doctoral internship and heard about the clinical experiences of students from other programs that I truly realized that UW's clinical psychology program was so fantastic. In particular, the amount of direct clinical supervision (one supervision hour for every clinical hour) was outstanding and I think is quite rare among programs. The scientist-practitioner model stressed at UW has allowed me to be gainfully employed as both a clinician and a researcher. ... I am truly thankful for the privilege to have received my clinical psychology training at UW as it has afforded me the opportunity for a career that I find to be most satisfying and fulfilling.

Generally speaking, I'm very happy with the training I received at UW.

- A huge strength of our program is the training in statistics and research methods, which is second to none.

- Our clinical training is very comprehensive (both didactic and experiential components). Highlights of the clinical training for me included the assessment training, which spanned the first 2-3 years and included both cognitive and personality components (the latter of which seems relatively unique). I also really valued the variety of clinical cases and theoretical orientations of supervisors. Having a solid background in a number of theoretical orientations was a huge asset when going on internship – I left our program feeling very competent in my ability to conceptualize cases from a number of perspectives and tailor interventions accordingly.

- Opportunity to supervise junior students (in the context of assessment, in my case) was also a valuable experience.

I have no doubt that the Clinical Psychology Program provided me with superb clinical training that has well-prepared me for practice as a clinical psychologist. I feel fortunate that the program offers broad generalist training across the lifespan as this has led to many “open doors” within my career. The ability to work with children, adolescents, and adults makes a degree from the Clinical Psychology Program very valuable. Also, if I were to transition to a hospital-setting involving research, I would also feel well-prepared by the program. Another feature of the program that is tremendous is that amount and quality of clinical supervision received. I have learned that other programs do not offer even close to the same amount or depth of supervision.

Especially useful aspects of the clinical program:

- Comprehensive coursework including many courses to cover breadth of clinical issues over the lifespan. Even for future clinicians not planning to work with children, I believe knowledge about difficulties in childhood often helps place adult difficulties into a better context.
- The fact that coursework and clinical supervision provided a breadth of theoretical perspectives (e.g. CBT; IPT; psychodynamic/object-oriented perspectives). Since graduating I have worked with many Ph.D.-level psychologists from other schools who have trouble conceptualizing a case from another perspective (e.g. other than from a CBT perspective).
- Intensive, one-on-one, hour-for-hour clinical supervision.
- Emphasis on research and statistics; understanding research design and how to interpret/think critically about research. Helpful in consuming research on an ongoing basis for clinical use, but also useful in understanding clinical assessment issues (e.g. appropriate tests/norms/procedures may be most justifiable to use when working with clients).

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 (four times in Years 1-5), 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 strongly encourage students to present talks or posters at scientific conferences and to submit their studies for publication in journals. Presenting at conferences offers national and international opportunities for discussion with experts in students' areas of interest and to influence the area. 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

For instructions on how to enrol in internal and external practica courses, please review [Appendix A](#).

Clinical Skills Courses and In-house Training

We provide extensive training in assessment and treatment via didactic coursework complemented by hands-on practicums, each set of skills building on the next. In Years 1 and 2 students focus on diagnostic and psychoeducational assessment, in the Winter of Year 2 they take their first course in intervention, and they begin seeing cases for intervention at CMHRT in Fall of Year 3. This allows students to develop the facilities in case conceptualization and basic interviewing/ clinical skills required to be effective in intervention. In Year 4 students continue seeing cases of increasing complexity and novelty. Year 5 students get experience in consultation, have the option of taking family therapy, and take the full year course in

supervision, in which classroom learning is combined with supervision of a junior student providing intervention to a real case. Students also see more complex cases at CMHRT. From Years 3-5 the CMHRT Director ensures that students see a wide range of different cases and are assigned a different supervisor for every new case.

Off-site Practica - Mandatory Practicum

In line with accreditation standards we require all clinical students to complete an off-campus 500 hour (4 month full-time or 8 month part-time) fieldwork practicum by the end of the winter term of Year 3, but preferably in Year 2. The practicum must be in an approved site. Our program develops memoranda of understanding with approved sites to ensure students are provided with training and proper supervision and are guaranteed the practical resources they need to do the work (office, computer, etc.).

Based on their particular interests, students may work at an off-campus institution in the Waterloo Region or Greater Toronto and Hamilton 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. Please note that the only option for a practicum in the summer of Year 1 is one that is 100% assessment, with no intervention. Such practica are very rare and highly competitive.

Students must meet with their supervisor in September of Year 1 to review with their supervisor the timing and nature of the practicum. We highly recommend that students attend the Greater Toronto Area Practicum Fair, held in mid- to late-fall, even if they will be conducting a practicum in Year 2. The Practicum Coordinator will assist students with identifying practicums of interest, preparing students' applications, and conducting mock interviews. Please see the Guide to Practica and Practicum Checklists in [Appendix B](#).

Off-site Practica - Optional, but highly recommended, practicums

Students also have the option of taking further part-time practicums at an approved site, with the approval of their research supervisor. If a student identifies a practicum opportunity that is not currently an approved site we can meet with the relevant people at the site and determine if it is suitable for becoming approved. We highly recommend students do a minimum of one practicum, and preferably two, in order to be competitive for a Residency. Students often do one in Year 4 and one in Year 5. Over the past few years, students have completed practicums at settings such as the following: the Centre for Addiction and Mental Health (Toronto), St. Joseph's Healthcare (Hamilton), Lutherwood (Waterloo), the Grand River Hospital (Kitchener), Waterloo Region District School Board (Region of Waterloo), Sunnybrook Hospital (Toronto). Some of our senior students also do practicum placements at local private psychology practices.

Residency

In accordance with accreditation standards our students are required to complete a full-year Predoctoral Residency, usually in their sixth year of studies, after or just prior to defending their Ph.D. thesis.

ADVISEMENT AND EVALUATION

Advice and Counsel

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

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

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

Grades and Evaluation Practices

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

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

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

The clinical faculty reviews the progress of each student in the program at a mid-year review meeting typically held in December and again at a year-end-review meeting which takes into account a more comprehensive range of information and is typically held in April or early May. The main purpose of these meetings is to determine whether there are any important problems in

the student's progress that need to be brought to the student's attention and to provide the student with extra learning support, which may take the form of a remediation plan, as described in the next section.

Year-End Review and Evaluation

At the end of every academic year, in April, each clinical student undergoes a comprehensive year-end evaluation. Detailed instructions to students and all required forms for this year-end evaluation process are presented in [Appendix D](#). Specifically, each student fills out an online survey consisting of 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 digital 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 an intensified training plan (remediation plan) or, in extremely rare cases, disciplinary action. The process of developing a remediation plan and a review of circumstances under which remediation plans are developed is described in the next section.
3. **Academic probation or termination from the clinical program**, which is the usual outcome at the conclusion of an individualized remediation plan if the student has failed to meet the terms of the plan. (If terminated from the clinical program, the student is still considered to be a member of the department and is temporarily given supervision by the Associate Chair Graduate Affairs, who will begin a *departmental probation* period. During that time, typically a specified number of months, the student may seek out another area of psychology in which to acquire a research supervisor and work toward relevant degree requirements. Failing to meet the terms of the departmental probation, especially the finding of a new supervisor, would ordinarily lead to termination from the Department of Psychology's Graduate Program.)

Remediation Policies and Grievance Procedures

When is a Remediation Plan Developed?

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

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

- (a) the student does not acknowledge, understand, or address the problem when it is identified;
- (b) the quality of the student's performance is sufficiently negatively affected;
- (c) the problem is not restricted to one area of academic or professional functioning;
- (d) the problematic behaviour has the potential for ethical or legal consequences if not addressed;
- (e) a disproportionate amount of attention by faculty or other training personnel is required;
- (f) the student's behaviour does not change as a function of feedback or time;
- (g) the student has extenuating circumstances (e.g., ongoing medical or personal issues) interfering with timeliness and/or performance on research, coursework, or clinical work; in this case involvement with the AccessAbility office is also recommended.

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

- A student has been unable to attain competence in a particular clinical proficiency (e.g., interviewing, test administration) despite being given the opportunity to re-do the competency test;

- A student is persistently late in meeting research deadlines, this feedback has been shared with the student, and the problem continues after the feedback has been provided by the supervisor;
- There are persistent concerns about professionalism in clinical work, such as completing reports and session notes in a timely fashion;
- A student has a medical issue that has significantly complicated progress (in which case we would also advise the student consult with the AccessAbility office; a Remediation plan would then be developed in tandem with AccessAbility recommendations).

What are the Goals of a Remediation Plan?

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

The Process of Implementing a Remediation Plan

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

- (a) the objectives of the plan, including a statement of the problems, the steps to be taken to correct them, and the desired outcomes;
- (b) any adjustments to the program (e.g., additional casework, remedial coursework, deadlines for completion) that will be part of the plan;
- (c) a timeline with stated objectives and a date by which all of the objectives are to be accomplished;
- (d) a statement of the method of assessment of progress;
- (e) and the anticipated consequences if the objectives are not met by the specified date.

Such a remediation process could be initiated at any time of the academic year. As part of the remediation process, the student will have the option to share a written statement about his/her perspective on why the student is being placed on remediation. This is intended to be a reflective

and constructive statement that helps the student consolidate his thoughts and is to be shared with other members of the remediation committee.

The Results of a Remediation Plan

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

Grievance Procedures

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

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

University Regulations

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

[Policy 70 – Student Petitions and Grievances](#)

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

[Policy 33 – Ethical Behaviour](#)

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

[Policy 72 – Student Appeals](#)

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

In addition to these policies, please review our departmental policy on cell phone usage ([Appendix E](#)).

Funds Available

The university provides some support to help with the costs of conference presentations. As finances allow, the CMHRT provides \$300 yearly (May 1 to April 30) to help clinical students attend clinical training conferences or workshops to enhance their training. These funds are available to clinical graduate students on campus to cover the costs of registration fees for workshops and conferences. The funding may also be used to purchase membership fees **IF** membership is required to present at or attend a conference or workshop. **No associated expenses (e.g., travel, food, hotel, books) are funded.** See the Administrative Coordinator, Graduate Studies, for current information. If you have any questions or concerns about what expenses are or are not covered, please contact the Administrative Coordinator, CMHRT to determine if an expense is covered before you pay for it.

Graduate Student Offices

The Department of Psychology provides graduate students in the clinical psychology program with office space each year. Students are leased office space on a year-by-year term with possession of their new office for that academic year commencing the first day of classes in

September. Termination of the previous year's lease will occur on the same day the new office lease commences, if the student is continuing studies. If the student is not continuing studies on campus for the upcoming academic year, they are expected to clear all possessions and vacate their offices by August 21st of their current lease. The Administrative Coordinator for the Clinical Psychology Program will notify students of moving dates and new office assignments in August prior to the commencement of the upcoming academic term. Office assignments are determined by the clinical area/department and are not selected by students.

Furniture (including desks, storage systems, shelving, etc.) that has been provided by the department must remain in the office it was assigned to and should never be moved by a student. The Administrative Coordinator for the Clinical Psychology Program will ensure that the department has properly outfitted all office space to accommodate the number of students assigned to the room. If there are any concerns or issues with furnishings, please notify the Administrative Coordinator for the Clinical Psychology Program.

Presence in the Department

We expect students to commit themselves primarily to their work in the program and to be available for classes, training sessions, supervision, Research and Development presentations, meetings with supervisors and other faculty, clinical work, etc. Our program instruction, meetings, and supervision are now primarily in-person once again. Please plan accordingly. Supervisors and course instructors are not required to accommodate the schedules of those opting to be selectively present on campus.

In Years 3-5 students see two cases in CMHRT. Absences in the Fall and Winter terms (outside statutory holidays and university closures) are highly disruptive to these mandatory practica and are discouraged.

Finally, most students will receive a paid Teaching Assistantship as part of their funding structure which will require availability for marking, office hours, exam proctoring, etc. The Fall and Winter terms are especially busy with these responsibilities, and we expect students to be available in these terms; vacations during these terms are discouraged. Furthermore, TAs are typically required to assist with final exam administration and marking, and the final exam schedule is not released until the middle of the term. As such end-of-term vacation plans should not be made until you are fully aware of your responsibilities.

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. Parental leaves are typically up to 12 months duration. Other leaves longer than one term will need to be supported by official documentation and may well affect scholarship funding status. Be sure to consult with the Administrative Coordinator,

Graduate Studies, when considering a leave; it may be advantageous to withdraw from the program entirely for a period of time if the student is contemplating a lengthy leave.

Absence Due to a Sudden Medical or Personal Issue

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

Self-Care

Self-care is an ethical competency for psychologists and one that our Area values. We encourage open discussions about self-care between faculty and students and among students. We view self-care as supportive rather than undermining of success in our program. Students often feel that if they can be working they should be working. However, taking time for hobbies and pleasurable activities, spending time in nature, and scheduling no-work/no-email vacations are important to well-being.

Further resources can be found at the [UW Graduate Student Wellness Website](#)

Accessing Mental Health Services

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

The [Oakville Centre for Cognitive Therapy](#) is a large practice located outside the KW area, reducing potential for conflict of interest between our students and the therapists. Services provided through the Oakville Centre for Cognitive Therapy are not gratis but the Oakville Centre will provide our students with immediate access to assessment and therapy (that is, no wait list) and does offer remote services. To access these services, simply contact the main number and explain that you are a UW student.

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.

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:

Students enrolled in doctoral programs must complete the department's breadth requirements which consist of four one-term courses (or approved equivalent) outside of their Departmental Research Area. Breadth courses may be taken for credit/no credit.

Any quantitative courses taken beyond those that fulfil the Departmental Research Area requirement can count toward breadth requirements (i.e. a third and even a fourth statistics course can count toward departmental breadth requirements). Statistics courses required by the Research Area must be taken for a numerical grade.

*Those seeking permission to fulfil breadth requirements by counting courses offered by other departments at the University of Waterloo, or transfer credits from other universities, must submit the request in writing to the Psychology Associate Chair, Graduate Studies. Consent to take courses outside of the department must be obtained **prior to enrolling in the course**. Usually, no more than two one-term courses from such sources are allowed for credit towards breadth requirements.*

Given that the practice of clinical psychology increasingly requires an understanding of the

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

CPA-Mandated Clinical Program Breadth Requirement

CPA accreditation standards also specify certain breadth requirements that all students in clinical programs must complete. Below are these CPA requirements (CPA Accreditation Document 2011, p. 21) :

The CPA has identified core content areas in general psychology that it deems necessary for training and practice in clinical, counselling and school psychology. The programme requires that each student has demonstrated an undergraduate or graduate competence in these areas in any of the following ways:

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

The five core content areas are:

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

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

- The requirement in *individual behaviour* is met by completion of Psych 716: Adult Psychopathology, and Psych 724: Personality & Measurement Theory (both required of all clinical students).
- The requirement in the *historical and scientific foundations of general psychology* is met by completion of a take-home history exam shortly after entry into the program, for students who did not take a senior one-semester undergraduate course.

Thus, there are **three CPA breadth requirements to which clinical students need to attend**, each of which can be fulfilled either with one suitable graduate course, or with two suitable senior undergraduate courses.:

(1) *Biological bases of behaviour*,

- Any graduate course offered by the Cognitive Neuroscience area that covers biological determinants of behaviour (physiology, neuroanatomy, brain functions)

(2) *Cognitive-affective bases of behaviour*, and

- any graduate course offered by the Cognitive area that covers cognitive bases of behaviour (e.g., attention, memory)

(3) *Social bases of behaviour*.

- any course offered by the Social area

Other courses will be considered for satisfaction of either of these requirements in response to a petition from a student. Decisions about the suitability of a course will be made by the DCT, in consultation with the clinical faculty. (**Note that a course may count for both a CPA breadth requirement and a departmental breadth requirement, so long as it fits both criteria.**)

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

GUIDELINES FOR THE MASTER'S THESIS AND DOCTORAL DISSERTATION

Master's Thesis

The MA thesis should consist of two major parts: (1) a review of the literature relevant to the student's area of research; and (2) a journal-article-like write-up of an empirical research study conducted by the student.

A. The Literature Review

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

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

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

B. The Journal-Article-Format Write-up of the Empirical Study

What sections go into this write-up, and how long should they be? The empirical study should have its own focused introduction (the content of which is expected to overlap with that of the literature review and may, in fact, represent a distilling of the literature review), closely akin to what one sees in empirical journal articles. An introduction that exceeds 7 pages is becoming too long for this purpose. The method section needs to be fairly focused and should not normally exceed about 6-7 pages. The results section needs to focus on the most important analyses (rather than everything that was done) and might be about 7-8 pages in length. The discussion section should reconnect the questions in the introduction to the results obtained and consider their main implications; generally, it is best to avoid speculative material that does not really follow from the study and its results. A good discussion might be 6-7 pages long. The entire write-up of the study should probably not exceed about 25-30 pages (excluding the list of references and any tables and figures).

What if there is more of interest than can fit in this journal-length format? (1) It is often very useful (for the purposes of future work that aims to replicate and/or extend the present work) to have a complete description of the method—e.g., the full experimental protocol and all the items of all measures that were invented for the study. Include this material in an appendix if it exceeds the amount of material included in the journal-length manuscript. (2) Most thorough data analyses include at least some analyses that cannot reasonably be shoehorned into a journal-length results section. Consider putting these additional analyses (presuming they are interesting or have a useful archival value) in an appendix as well.

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

C. Additional Comments

You are required to have two readers review your MA thesis, in addition to your research supervisor. The Master’s thesis must be submitted to the Graduate Studies Office (GSO) by **August 6** of Year 2. That is, your supervisor and the two readers need to sign off on the thesis by August 6. You are advised to submit your thesis to your readers at least four weeks before the August 6th deadline. This is to ensure that your committee members have sufficient time to review your thesis and you have sufficient time to incorporate their suggestions and feedback.

Doctoral Dissertation

A. General Guidelines

Guidelines for the doctoral dissertation are similar to those outlined above. The thesis should represent a coherent document with a central theme that is logically related to a set of core research questions - not just a set of loosely connected studies. It is expected that there may be content overlap in the introduction and discussion sections of the Master’s thesis and doctoral dissertation – particularly when the doctoral dissertation is a continuation of the student’s Master’s work; however, the same study should generally not be presented in both documents unless approved by the student’s research advisor and committee.

B. Dissertation Proposal

All Clinical students are expected to prepare a dissertation proposal, which must be approved by the dissertation committee, usually before the student’s dissertation research begins. Suggested milestones for dissertation research progress are provided in the Guidebook. Typically, students will decide on a dissertation focus and strike their dissertation committee in PhD 1 and will work toward completion of the dissertation proposal in PhD 1 or PhD 2. It is worth noting that the

timing of the proposal relative to the start of the dissertation research can vary from lab to lab and Area to Area across our department. We recommend that the student discuss this issue with his/her supervisor and committee as early as possible so that everyone is on the same page.

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

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

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

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

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

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

C. Structure of the Doctoral Dissertation

The doctoral dissertation will adhere to one of the following formats:

- i. A manuscript-style dissertation, which is comprised of independent chapters that are thematically related and book-ended by a general introduction (expected to be somewhat more expansive in scope than the Master's thesis) and by a general discussion. All work contained within the dissertation is written primarily by the student with guidance from the doctoral research supervisor. Samples of manuscript-style theses can be viewed on UW Space (e.g., [Kevin Barber](#), [Jessica Dupasquier](#)).
 - a. Typically, three chapters will be included in addition to the general introduction and discussion. The number and nature of chapters may vary somewhat given the nature of research that is undertaken by a student and should be approved by the student's research advisor and (if applicable) dissertation committee.
 - b. A chapter is defined as a piece of scientific standalone work that is consistent with the scope and quality of a peer-reviewed publication in a scholarly journal.
 - c. Each chapter will include a list of all co-authors and their contributions to the work, a conclusion, and a self-contained reference section, plus any other elements that are customary in the field in which the doctoral research was conducted (e.g., tables, figures, etc.).
 - d. Each chapter should also contain a statement regarding publication status (e.g., published or accepted for publication in a peer-reviewed outlet, submitted for publication, not sent out for publication, an expanded version of published/accepted for publication work).
- ii. A more traditional-style monograph, which is a single coherent document in which the doctoral research is presented in its entirety. The monograph is written by the student with guidance from the doctoral research supervisor. Samples of traditional monograph-style theses can be viewed on UW Space ([Brenda Chiang](#), [Vanessa Huyder](#)).

D. Other Considerations Relevant to the Dissertation

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

If the thesis or dissertation contain previously published work, the student *may* be required to obtain permission from the copyright holder, in which case this permission must be acknowledged in the document (e.g., in the preface or appendix). For more information regarding copyright, consult [Library and Archives Canada](#) and [relevant thesis regulations at the University of Waterloo](#). Tables and figures that have been published elsewhere need to have “Reprinted with permission of ...” in the captions unless this is handled by the copyright acknowledgement (e.g., as noted in the preface or appendix). Previously published work must be appropriately cited in the document and should conform to [formatting standards at the University of Waterloo](#).

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

CLINICAL PROGRAM MILESTONES

Clinical Psychology Milestones for Masters Degree Progress

These are **flexible milestones**, developed primarily to provide structure and support throughout the MA. Depending on the nature and scope of a student's MA there will be variability in when students achieve the milestones below. For example, some MA thesis studies may involve mining a database that already exists, whereas others may involve individual testing of a selected community sample.

MA1 and 2 (Years 1 and 2 of the Clinical Program)

The goals of MA1 and MA2 are for students to develop strong skills in diagnostic and psychoeducational/cognitive assessment, excellent foundational skills in cognitive-behaviour therapy, a solid grounding in psychopathology, ethics, multiple regression or advanced analysis of variance, and gain experience in a professional setting in which psychological services are provided. Students are also expected to develop independence in designing and executing a research project, develop advanced skills in scientific writing, via the MA thesis.

Masters Thesis

1. In your first meeting with your research supervisor you will no doubt discuss the topic/area of your thesis and first steps
2. The MA thesis must be **submitted** to the Administrative Coordinator, Graduate, of the Department **by the first week of August of MA2**
3. You and your supervisor will want to discuss timing for:
 - (a) Submitting ethics
 - (b) Beginning data collection
 - (c) Data analysis
 - (d) MA thesis write up (see MA and PhD Thesis Guidelines in the Guidebook)
 - (e) Submitting to the MA thesis readers (2 Clinical Area faculty)
 - (f) Final submission
 - (g) Write-up for publication
4. When you meet with your supervisor in early September of MA1 you will also have a conversation about the timing and nature of Clinical Field Placement-I (see below) as this will bear on your MA thesis timeline
5. Here is a potential timeline:
 - (a) Winter of MA1, submit ethics

- Particularly if you plan to use the REG pool, as summer recruitment tends to be much slower and the sample has different characteristics
- (b) Winter of MA2, complete data collection
 - (c) Winter of MA2, identify 2 faculty as Readers, contact
 - (d) April of MA2, write up thesis
 - (e) Early June of MA2 submit to supervisor
 - (f) By mid-July at the latest, submit to your readers
 - (g) In Fall of PhD1 (Year 3) submit your thesis for publication

Clinical Field Placement-I

This mandatory placement requires that you work primarily under the supervision of a PhD-level psychologist in an approved external setting, either 4-days per week for four months (Spring MA1 or MA2 only) or 2-days/week over two terms in Years 1-2, with a placement in Year 3 possible under very specific circumstances (e.g., if you are specializing in neuropsychology and the only opportunity for a desirable practicum is in Year 3). (Note that a 2-day/week placement over two terms must be conducted in consecutive terms in the same setting.)

You and your supervisor will want to consult the **Clinical Field Placement-I Guide** for critical information about dates and procedures, as well as checklists to ensure you do not miss critical deadlines for applying. The Guide is available on the [Clinical Psychology Area Teams Site](#). It will also have been forwarded to you and your supervisor prior to your arrival.

Coursework

The first two years of the program are heavily structured; please see Guidebook for the course requirements in Years 1-2. Note that our program is structured such that each set of skills and knowledge builds on the last. In MA1-2 there is very little flexibility in the course timing or selection; that is, the program is not a buffet but rather *prix fixe*, with very limited flexibility regarding course selection. With few exceptions students must complete their MA-level coursework and Clinical Field Placement-I before starting PhD1.

You will want to discuss with your supervisor the statistics courses that will best suit your chosen area and the type of data you will be working with. All students are required to take either 630 (Advanced Analysis of Variance) or 632 (Multiple Regression) as an MA degree requirement. The doctorate requires students take an additional statistics course that is NOT one of these foundational courses (that is, if you take 630 for your MA, 632 would not count as your second stats course for your PhD).

Clinical Psychology Milestones for Dissertation Research Progress

These are **flexible milestones**, developed primarily to provide structure and support throughout the Ph.D. Depending on the number, scope, and types of studies to comprise a student's Ph.D., there will be variability in when students achieve the milestones below. For students conducting large longitudinal studies, a dissertation may consist of only one study. It could also consist of 2-3 studies (e.g., a series of experimental studies; an experimental study, daily diary study, and cross-sectional study; two intervention studies in clinical samples, etc.).

Ph.D. Year 1 Goals (Year 3 of the Clinical Psychology program)

1. Publish Master's thesis (if not already published) – can be review or empirical paper.
2. Decide on a dissertation focus.
3. Strike a dissertation committee and consult for input/approval on early planning as deemed fit (this can be informally).
 - (a) dissertation committee and student agree on research goals and rough timelines for accomplishing them
4. Depending on the number, scope, and types of studies to comprise the Ph.D.:
 - (a) either complete a first dissertation study that is being written up or has been submitted for publication **OR**
 - (b) complete a dissertation proposal (15-30 pages) and proposal meeting so as to begin data collection in the fall of Ph.D. 2, with ethics clearance ideally obtained before then. Refer to clinical guidebook for more information on the proposal and meeting.

Ph.D. Year 2 (Year 4 of the Clinical Psychology program)

1. *For students who already completed a first doctoral study, but have not yet written a dissertation proposal or met with their committee:*
 - (a) Publish a manuscript based on their first dissertation study (if suitable).
 - (b) Complete a dissertation proposal (15-30 pages) and proposal meeting in which initial findings are presented and the remainder of the Ph.D. studies are planned out with input and approval from the committee. Refer to clinical guidebook for more information on the proposal and meeting.
 - (c) Obtain ethics approval for next study/studies.
 - (d) Review progress and timeline, and make modifications to timeline and goals as required; seek support from supervisor and committee in meeting goals.

2. For students who are beginning their first study and have already written a dissertation proposal and met with their committee:

- (a) Collect data for first dissertation study.
- (b) Plan for next study/studies.
- (c) Consult with dissertation committee as deemed fit.
- (d) Review progress and timeline, and make modifications to timeline and goals as required; seek support from supervisor and committee in meeting goals.

Ph.D. Year 3 (Year 5 of the Clinical Psychology program)

1. If student is ready to apply for residency:

- (a) Ensure approval of supervisor and dissertation committee re: residency.
- (b) Ensure all courses are complete.
- (c) Complete data collection by the end of the fall (at the latest).
- (d) Perform data analyses and manuscript write-up in conjunction with residency applications and interviews.
- (e) Submit complete draft of dissertation to supervisor by August.
- (f) Continue consultation with primary supervisor and, if appropriate, other members of the dissertation committee.

2. If student is NOT yet ready/eligible to apply for residency:

- (a) Continue data collection, manuscript write-up, and consultation with advisor and committee.
- (b) Establish clear goals and timelines for completion of data collection and residency application for the fall of Year 6.
- (c) Monitor goals and timelines with primary supervisor.
- (d) If student is not on track, engage in active problem solving with primary supervisor and committee and consider supportive interventions.

Ph.D. Year 4 (Year 6 of the Clinical Psychology program)

NOTE: It is expected that all students, with few exceptions, should be ready to apply for residency by fall of Ph.D. 4 (year 6 of the program).

1. If student is ready/eligible to apply for residency:

- (a) Ensure approval of supervisor and dissertation committee re: residency.
- (b) Ensure all courses are complete.
- (c) Complete data collection by the end of the fall (at the latest).

- (d) Perform data analyses and manuscript write-up in conjunction with residency applications and interviews.
 - (e) Submit complete draft of dissertation to supervisor by August.
 - (f) Continue consultation with primary supervisor and, if appropriate, other members of the dissertation committee.
- 2. *If student remains off track to apply for residency:***
- (a) Put in place a structured plan to help them get on track to apply for residency in the fall of Ph.D. 5 (Year 7 of the Clinical Psychology program).
 - (b) Please refer to Remediation Policies and Grievance Procedures in the Clinical Guidebook for more information on procedures in this case.

CLINICAL RESEARCH FORUM

The Clinical Research Forum (Psych 621, referred to in the Clinical Area as Research and Development talks) is intended to provide graduate students with an opportunity to present their work and to further develop their public speaking skills in a positive and supportive environment. Students are required to formally **enrol in and attend the forum in years 1 through 5 of the program**, and to present in either in Years 1-4 or in Years 1-2 and 4-5, skipping Year 3. The reason for making a presentation in Year 3 optional is that at this stage many students have no new data to present, and/or are at early stages of planning their dissertation series of studies and haven't much to present on and get feedback about yet, and do not have other side projects or ideas they wish to present.

Supervisors will meet with students in the Spring term of MA2 to discuss whether they will present or not. Students in MA2 must let the Administrative Coordinator know **as early as possible, and definitely by August 1** whether they will be presenting in Year 3 in order to ensure they have adequate time to prepare the schedule of talks.

YEAR ONE

Coursework

- Psych 632: Multiple Regression
- Psych 716: Adult Psychopathology
- Psych 717: Psychological Assessment I
- Psych 718: Psychological Assessment II
- Psych 719: Ethics, Diversity, and Professional Issues in Clinical Psychology (in Year 2 for some cohorts)
- Psych 724: Personality & Measurement Theory (no enrollment; 6 lectures in Year 1)
- Breadth-requirement course (may be deferred to second year)

Clinical Practicums

- Psych 720 A (fall): Practicum in Interviewing & Cognitive Assessment I
- Psych 720 B (winter): Practicum in Interviewing & Cognitive Assessment II
- Psych 721A & B (fall & winter): Diagnostic Assessment Practicum I & II
- Psych 726C (spring): Practicum in Integrated Assessment I, II
- Psych 722 C: Clinical Fieldwork Placement I (see appropriate [Appendix B](#))
 - *Please enroll in 722C if you are doing your MA practicum (fieldwork placement) in the spring term of your first year*

Research Courses & Activities

- Psych 621-SEM 001 (fall & winter): Advanced Clinical Research Forum I
- Research team (beginning Master's research)

Research Training in Year 1

- In close collaboration with the research supervisor, each student outlines an initial research program and submits it as part of a fellowship application (OGS, SSHRC, NSERC, etc.). ***Because these applications are typically due in mid- to late-September, this matter needs immediate attention.*** The Administrative Coordinator for Graduate Studies always sends e-mail notices with specific dates during the first week of term.
- By December 1st, each student submits a formal research plan for the upcoming academic year, outlining expected stages (with a timetable) of the student's work. This plan is developed in collaboration with the student's research supervisor. Please submit a copy of the plan, signed by both the student and the supervisor, to the Administrative Coordinator, Clinical Program, for review by the DCT.

- It is expected that students in their first year will involve themselves immediately with their MA research projects. Students are strongly encouraged to begin writing their review of the relevant literature in the first year of their Master's, rather than waiting until the second year to begin the writing process. At an early stage in Year One, each student is strongly encouraged to discuss a specific MA thesis writing timeline with his/her research supervisor.
- Each student enrolls in Psych 621-SEM 001 and makes an oral presentation on his/her developing research project. The presentations by first year students are rescheduled in the final presentation slots of the Winter term.
- First year students also complete one of the two departmental statistics requirements by taking Psych 632 in the fall or winter term. A satisfactory grade is expected in this course, as is successful research progress over the summer, as assessed by the student's research supervisor.

Clinical Skill Training in Year 1

- The clinical centerpiece of the first year is an 8 month-long course: Psychological Assessment I & II (Psych 717 & 718), together with its associated practicums (Psych 720B). Students learn basic psychological assessment skills, including interviewing and intelligence and achievement testing, and participate in Psychological Assessment Teams (PAT), which conduct assessments of clients in the CMHRT. We cover the assessment of both adults and children, and we emphasize practice in writing and presenting client-focused assessment reports. Please see the *PAT Manual* on the [Clinical Psychology Area Teams Site](#) for more information on this aspect of training.
- In the first year, students will also learn diagnostic assessment (Psych 721A & B) as part of their work in the CMHRT. These practica provide critical groundwork for future clinical work.
- In the first (or sometimes second year), all students take a course covering ethics, diversity, and professional issues, as they affect clinical psychology (Psych 719).
- The six lectures for Psych 724 will cover common assessment instruments for personality disorders. Students do not enroll in Psych 724 this year. The lectures will be held at a time that works for everyone.
- **Psych 722:** Students are required to take a required four-month, four-day per week or 8-month two-day per week fieldwork placement by the end of Year 1 PhD (preferably in Years 1 or 2). 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 722, attached as [Appendix B](#). 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 Practicum Placement Coordinator for guidance on the application process, and be prepared to begin the application process early in the fall term of first year.** The application deadline for many practicum sites is Feb.1, but some practicum sites start accepting applications earlier than that.

- Prior to commencing the Psych 722 placement, students 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 B](#) for the required form).
- In addition, at the conclusion of the Psych 722 practicum, the student's on-site supervisor needs to fill out the form, **Practicum Evaluation for University of Waterloo Clinical Student** (see [Appendix C](#)), and a copy of this form, signed by both the supervisor and the student, needs to be provided to the DCT. The student fills out a practicum site evaluation and provides it to the CMHRT Director.

Breadth Requirement Option in Year 1

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

YEAR TWO

Coursework

- Psych 724: Personality & Measurement Theory (no enrollment; 3 lectures in Year 2)
- Psych 725: Cognitive Behaviour Therapy
- A second statistics course (fall or winter)
- Breadth-requirement course(s) (fall or winter)

Clinical Practicums

- Psych 726A or C (fall or spring): Practicum in Integrated Assessment I, II
(NOTE: this only applies if you did NOT complete your second PAT case in MAI, Spring Term)
- *Elective*: Psych 738A, B, C (fall, winter, spring; terms to be arranged): Clinical Fieldwork Placement II (*requires approval*)

Research Courses & Activities

- Psych 621-SEM 002 (fall & winter): Advanced Clinical Research Forum II
- Research team and Master's thesis

Research Training in Year 2

- Depending on the need for scholarship funding, the student, with the assistance of his/her supervisor, will submit the program of research as part of a fellowship application (OGS, SSHRC, NSERC, etc.), typically due late in September.
- By December 1st, each student submits a formal research plan for the upcoming academic year, outlining expected stages (with a timetable) of the student's work. This plan is developed in collaboration with the student's research supervisor. Please submit a copy of the plan, signed by both the student and the supervisor, to the Administrative Coordinator, Clinical Program, for review by the DCT.
- Each student enrolls in Psych 621-SEM 002 and makes an oral presentation on his/her research and answers questions from the faculty and students.
- **Master's thesis**: See Master's thesis requirements described earlier.

Clinical Skill Training in Year 2

- The three lectures for Psych 724 will cover psychometrics. Students do not enroll in Psych 724 this year. The lectures will be held at a time that works for everyone.
- In Year 2, students begin their training in adult psychotherapy skills with the course on cognitive behaviour therapy (Psych 725). This course includes closely supervised mini-

skills components which the student must pass successfully before proceeding to treatment work with clients.

- In Year 1 or Year 2, in either the Fall (A) or Spring (C) term, students work one-on-one with a clinical supervisor to complete a comprehensive psychological assessment (Psych 726; PAT), emphasizing administration and interpretation of interviews and diverse types of tests, and the development of students' skill in conceptualizing cases and writing sound integrative assessment reports. Enrol in the proper course after you find out in which term you will be completing your assessment.

(NOTE: this only applies if you did NOT complete your second PAT case in MAI, Spring Term)

Breadth Requirements and Other Options in Year 2

1. 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**).
2. 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.
3. **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.**
 - (a) Starting in the spring, the second-year student may choose to see a **therapy client in the CMHRT**. The advantage of this option is that it allows the student to put the CBT skills just learned in Psych 725 into practice without any delay.
 - (b) 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 722). 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 B](#) 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 C](#)), and a copy of this form, signed by both the supervisor and the student, needs to be provided to the DCT.

YEAR THREE

Coursework

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

Clinical Practicums

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

Research Courses & Activities

- Psych 621-SEM 003 (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.
- Each student enrolls in Psych 621-SEM 003. However, in Year 3 students have the option of making an oral presentation on his/her research, or skipping an oral presentation this year and instead presenting in Year 5. **That decision must be communicated to the Administrative Coordinator by August 1 of MA2.**
- **Dissertation Committee:** See dissertation milestones. During the third year, each student forms a doctoral dissertation committee, which consists of the research supervisor and two other regular or adjunct faculty members. (Additional committee members are permissible.) If the supervisor works primarily in an area other than Clinical, or is from a department other than the University of Waterloo Department of Psychology, the three-person committee must include a member of the Clinical Program, who will serve either as a co-supervisor or as a clinical program research advisor to monitor the student's progress on behalf of the Clinical Training Program. The dissertation committee is

responsible for formally approving the student's dissertation proposal and provides regular consultations during the course of the dissertation research.

Clinical Skill Training in Year 3

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

Breadth Requirements and Other Options in Year 3

- Third-year students are well-advised to make a reasonable attempt to complete their breadth requirements. See the preceding section on **Breadth Requirements**, and check the courses that the department is offering in this particular academic year.

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

YEAR FOUR

Coursework

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

Clinical Practicums

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

Research Courses & Activities

- Psych 621-SEM 004 (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 enrolls in Psych 621-SEM 004 and makes an oral presentation on his/her research, and answers questions from faculty and students.
- The dissertation study should be fully underway with the hope that data collection and analyses will be completed in a timely manner. See dissertation requirements described earlier. It is expected that senior students will make good progress in writing their dissertation, and also give conference presentations and submit articles for publication.

Clinical Training in Year 4

- Fourth-year students are introduced to major personality theory and research, personality assessment, personality disorder assessment and clinical implications. These topics are covered in Psych 724. Students enrol in Psych 724 this year.

- **Note about Psych 727: Efficacy and Program Evaluation:** If this required course, offered in alternating years, was not offered in the student's third year, it will need to be taken in Year 4.
- Senior students further expand their knowledge of psychotherapy by learning principles and techniques of **Emotion-Focused Therapy** (Psych 731).
- **Choice of caseload composition:** We allow students in their fourth and fifth years to select the age composition of their clinical work. Students may choose any of the following possibilities: **(a) the usual regimen of two adult cases and one child case; (b) two child cases and one adult case, (c) all adult cases; or (d) all child cases.** This important choice should reflect the particular student's internship and career goals.
- Students who choose to see child therapy cases exclusively should not enroll in Psych 733A, B, & C. Students who choose to see adult cases exclusively should not enroll in Psych 732A, B, & C.
- As part of the student's year-end review meeting in April, the student and research supervisor should discuss whether the student should plan to apply for internships in the following November (in Year 5), or, alternatively, wait another year before applying. 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 a one-off assessment case:** Senior students are encouraged to consider completing a short-term assessment through the CMHRT in the interval between therapy cases. This may be especially advisable for students interested in child clinical work who may need to boost their assessment hours in preparation for applying for the pre-doctoral internship. Interested students should discuss this option with the Director of the CMHRT. Students typically find that an assessment case takes substantially more time each week than a therapy case; thus, plan accordingly.
- Senior students may wish to consider the possibility of doing an optional, part-time sanctioned external practicum, which requires enrolling in Psych 738A, B, C, or 739A, B, C, for the appropriate term or terms. (Use Psych 738 unless you have already used it for an external practicum in the past; in that case, enroll in Psych 739.) **Note that these options require consultation with and approval by the student's research supervisor.** A student wishing to pursue this possibility must submit to the DCT a **Clinical Practicum Information and Approval Form** that briefly outlines the plans for the practicum and the arrangements for supervision (see [Appendix B](#) for the form). The student should notify the CMHRT Director once the sanctioned practicum placement has been approved. In addition, at the conclusion of the practicum, the student's on-site

supervisor needs to fill out the form, **Practicum Evaluation for University of Waterloo Clinical Student** (see [Appendix C](#)), and a copy of this form, signed by both the supervisor and the student, needs to be provided to the DCT. The student completes a Student Evaluation of the Practicum Site and gives the completed form to the CMHRT Director.

YEAR 5 (AND BEYOND)

Clinical Practicums

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

Research Courses & Activities

- Psych 621-SEM 005 (fall and winter): Advanced Clinical Research Forum V
- 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.
- Students enrol in and attend 621-SEM 005. Students who did not make an oral presentation in Year 3 must make an oral presentation on his/her research as part of the Psych 621-SEM 005 course and answers questions from faculty and students.
- This year (and any subsequent ones) is principally devoted to completing the student's doctoral dissertation. We urge the student to maintain close contact with his or her dissertation committee.
- Students who have completed all of their dissertation requirements and are waiting to go to an internship, or are waiting for job opportunities, can use time on campus to enhance research skills and to further develop their publication portfolios. If they continue in the program after the internship, we try to accommodate them with laboratory space and other resources that would assist career development.

Clinical Skill Training in Year 5 (and Beyond)

- In Year 5, students participate in a supervision practicum (Psych 734A, B, & C) which involves supervising the clinical work of a junior student and meeting regularly with a faculty supervisor for case rounds and supervisory skill development and discussion.
- In spring term of Year 5, students are not normally assigned any further CMHRT cases; instead, casework winds up as cases terminate and are not replaced.
- If the student did not already arrange a full-year predoctoral internship, then as part of the student's year-end review meeting in April, the student and research supervisor should discuss plans to apply for internships in the following November (in Year 6). 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 may include the following:
 - (a) Seeing a couples case in the CMHRT if supervision is available (Psych 737A, B, & C)
 - (b) A one-off assessment case in the CMHRT
 - (c) Taking a part-time external practicum (Psych 738A, B, or C, or 739A, B, or C).
- See **Breadth Requirements and Other Options in Year 4** for further details about these possibilities.
- Another option for students in their fifth year and beyond is a **senior practicum**, offering advanced training in assessment and treatment procedures, which requires enrolling in one or more of **Psych 740A, B, C, or Psych 741A, B, C, or Psych 742A, B, C**. (Use the lowest course number you have not used before. A, B, and C should designate the term or terms in which the practicum occurs - Fall, Winter, Spring.) A student wishing to pursue this possibility must submit to the DCT a **Clinical Practicum Information and Approval Form** that briefly outlines the plans for the practicum and the arrangements for supervision (see [Appendix B](#) 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 C](#)), 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:
 - (a) **Working part-time in an approved local private practice.**

- (b) **Doing a block placement in the CMHRT.** Students interested in this possibility need to **consult with the Director of the CMHRT, Marjory Phillips**, for current information.

FULL-YEAR PREDOCTORAL INTERNSHIP/RESIDENCY

All clinical Ph.D. students are required to take a full-year predoctoral internship (also called a predoctoral residency). Accreditation of internships is based on standards developed by the Canadian Psychological Association (CPA), the Canadian Council of Professional Psychology Programs (CCPPP), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). Because these standards help to ensure a high-quality internship experience, it is greatly to the student's advantage to attend an accredited internship, and, indeed, we expect our students to apply widely to accredited programs.

Eligibility for Residency

1. In order to be eligible to apply for the Residency, CPA requires that students have a minimum of 600 hours of supervised clinical experience. However, Residency sites typically look for 1000-1200 hours. If you are applying to a child-oriented or neuropsychology Residency minimum specialized experience in assessment will be required in order to be competitive. It will be critically important for students to read Residency brochures very carefully and well in advance to determine what skills/experiences they are looking for.
2. Residency sites also require that students be in good standing when they apply and that will have completed all coursework by December 31 of the year in which they apply.
3. Our program also requires that a student's dissertation proposal has been approved and that they will have all of their dissertation data collected by December 31 of the year in which they apply, as verified by the research supervisor. If, come early December, it becomes clear that a student's data will not be collected by the end of December, the student 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).
4. Other important considerations when to apply for the internship have to do with the student's intended career path. For example, for a student planning for an academic or other strongly research-orientated career may opt to complete a sixth year to build a strong publication record and CV.

Residency Preparation

Students are required to participate in the Residency preparation process under the direction of the Residency Preparation Committee, two Clinical Area faculty members. The Committee supports students through the application process. Residency applications comprise cover letters for each site to which you are applying, an autobiographical statement, a statement regarding your theoretical orientation, a CV, and a summary of your clinical hours/experience from Time2Track, our database for tracking clinical work.

The process starts in August of the year in which you are applying and applications are typically due in late October. However, the Residency Preparation Committee will have internal deadlines so they can review your materials and offer feedback. The Director of Clinical Training also requires lead time to review the penultimate or final draft of the materials in order to provide an informed letter of support.

Association of Psychology Postdoctoral and Internship Centers (APPIC)

Students apply through the Association of Psychology Postdoctoral and Internship Centers (APPIC) which has standardized and formalized the application process. The APPIC match system only includes sites that have been accredited by the American and/or Canadian Psychological Associations, as well as sites that are currently in the process of applying for accreditation.

Residency Application Policy

- (a) Students are not permitted to seek a Residency outside the APPIC match.
- (b) Students who do not match at an accredited Residency in Phase I of the APPIC match may apply for a site that is in the process of becoming accredited and is participating in the APPIC match in Phases II and III of the match.
- (c) If a student does not match in any phase they may re-apply the next year, and as many years they choose to provided they remain in good standing in the program.

Other considerations

- Residencies are competitive and students are encouraged to apply very widely, even if it may feel inconvenient
- Students may need to purchase their own liability insurance for their internship.
- The Graduate Studies Office has approved the possibility of tuition reduction while on the year-long internship by applying 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:
 - If you hold an Ontario Student Loan or Canada Student Loan, you will not be able to maintain interest-free status.
 - 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.

Failure to Complete the Residency

Students who fail their Residency (i.e., Clinical Internship), are **not permitted to re-apply** for the Residency match. However, students may submit a **request for reconsideration** of this rule if there are extenuating circumstances that they believe should be considered. The request for

reconsideration should be made in writing to the Director of Clinical Training (DCT) who, in consultation with the Clinical Area group, will make a determination. Students will be informed of the outcome of their request in writing by the DCT. As with other academic decisions at the University, students may petition or grieve this decision using [Policy 70](#).

Students who do not complete a Residency will not be able to receive a degree with Clinical Psychology as their Research Field because the Graduate Studies Clinical Internship is a required milestone for a PhD in the [Clinical Psychology](#). Students do, however, have the option of switching to Special Programs and completing a dissertation. Students will need to consult with their research supervisor and the Associate Chair of Graduate Studies for more information about this [option](#) and associated process.

Recent sites at which our students have completed their Residency

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), Surrey Place (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).

APPENDIX A: FIELDWORK AND PRACTICUM ENROLLMENT INSTRUCTIONS

File Location: Psych-area-clin MS Team > General Channel > Files Tab > Practicum Resources & Forms > Practicum Enrolment Resources & Forms > “External Fieldwork Placements Enrolment Instructions”

[Click to Access Instructions on MS Teams](#)

APPENDIX B: CLINICAL EXTERNAL PRACTICUM PLACEMENTS

1. Clinical Practicum Information and Approval Form

File Location: Psych-area-clin MS Team > General Channel > Files Tab > Practicum Resources & Forms > Practicum Enrolment Resources & Forms > “Clinical Practicum Information and Approval Form”

[Click to Access Form on MS Teams](#)

2. External Clinical Practica Policy & Procedures

| | |
|--|---------------------------|
| External Clinical Practica | |
| APPROVAL BY: | APPROVAL DATE: |
| FIRST DEVELOPED: March 2018 | REVISION DATES: July 2020 |
| <i>Relevant Attachments:</i> Sanctioned External Practicum Application Form ; External Practicum Student Application Form; Summer Assessment Practica: Considerations for Sites; Student Declaration of Understanding ; Letter to Placement Employers ; Pre-Placement/Field Trip Due Diligence Checklist | |

PURPOSE

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

POLICY

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

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

All external sites must be formally approved by the DCT before inviting applications from clinical graduate students. Sites must also be vetted by the Director of the CMHRT, who will complete the UW Safety Office Pre-Placement Safety Checklist with each site supervisor. A

formal Memorandum of Agreement will be signed by the site supervisor and a representative of the UW clinical program.

The Director of the CMHRT will maintain a master list of approved external practicum sites. Sites should notify the Director of the CMHRT with updates and changes to site services or supervisors.

Once approved to take an external practicum, students must enroll in the appropriate practicum course number to ensure that the course is listed on their transcript and that they are covered for liability insurance. Students must sign a Declaration of Understanding for the particular site to reflect their acknowledgement of managing issues of workplace health and safety. To optimize goals for breadth of clinical experiences, students are encouraged to complete no more than two placements at the same external site.

PROCEDURES

1. *Approval for external practicum site*

- a. Potential practicum sites may be identified in a number of ways, including graduate students or faculty who become aware of training opportunities; or psychologists in the community who approach the university.
- b. Once a potential site has been identified, the Director of the CMHRT contacts the site psychologist to explain the nature of our external practica and basic expectations for training and supervision.
- c. The Director of the CMHRT provides the site psychologist with the Application for External Practicum Approval form, to be completed and returned to the Director. If there are questions or if a broader conversation may be helpful, the Director schedules a meeting and may invite the site psychologists, the DCT and the Executive Director of the CMHRT.
- d. The Director of the CMHRT completes a PRE-PLACEMENT/FIELD TRIP DUE DILIGENCE CHECKLIST with the site supervisor.
- e. The Director of the CMHRT provides the DCT with the completed Application form, the completed Due Diligence Checklist and a recommendation for approval for the site.
- f. If approved, the CMHRT Director drafts a Memorandum of Understanding (MOU) between the Clinical Psychology program and the practicum site. The MOU includes components recommended by the UW Safety Office, including:
 - i. The setting must identify all in-person activities that are required of the practicum, the nature of the activity, and the frequency with which these activities are conducted
 - ii. The setting must have safety protocols that meet or exceed UW safety standards. Any setting that is unable to do this will no longer be considered an approved site. It is important to note that all settings in which psychological services are conducted are bound by College regulations and should be compliant with Operational Requirements for Health Sector Restart.
 - iii. Students have the right to withdraw from in-person activities at any time and the site must have accommodations in place for remote completion of

outstanding clinical work, such as reports, file notes, and supervision. The practicum site will need to accept the risk the student may discontinue if they become uncomfortable with in-person activities.

- g. The CMHRT Director asks the site supervisor to sign off on the Placement Letter to indicate an agreement to provide the supervisee with health and safety training and to report any workplace injuries.
- h. The DCT signs off on the site. The Director of the CMHRT adds the site information to the master list of approved external practica.

2. *Application to enroll in an external practicum site*

- a. At set times prior to the start of each academic term, the Director of the CMHRT emails all approved external practica site for any updates and to learn of their availability to take on graduate students.
- b. In March (for the spring/summer term), August (for fall) and December (for winter), the Director of the CMHRT advises eligible students of any available external practica, and of the process for application.
- c. Students meet with the Director of the CMHRT to learn more about the proposed external practicum site and to take information about the site to their research supervisor and to the DCT for discussion about compatibility with clinical training goals and timing.
- d. Students must have signed approval from both the research supervisor and the DCT, using the External Practicum Student Application Form.
- e. Students follow the application process that is delineated by the external site supervisor. This may include the completion of a written application, or participation in an interview, for example.
- f. Once the student has been offered an approved placement, the student formally enrolls in the appropriate course number (Psych 738 or 739 A for fall term, B for winter term, C for spring term).
- g. Students bring the signed approval form to the Director of the CMHRT, who tracks all external placements. The Director of the CMHRT then gives the form to the Administrative Coordinator for filing in the student's file.
- h. The CMHRT Director will contact the site and, using the Pre-placement Safety Checklists as a guide, confirm that safety protocols are in place.

3. *Supporting students on external practicum*

- a. The Director of the CMHRT has responsibility for tracking student placements.
- b. Students who experience any challenges while on practicum may contact the Director of the CMHRT as a first line in trouble shooting. The Director may speak with the supervising psychologist.
- c. If there are concerns, the Director will alert the DCT for further discussion and action if necessary.
- d. The Director will cue supervisors to provide final evaluations, as needed, and may provide other supports to supervisors, as available.

3. Clinical Fieldwork Placement I Guide

File Location: Psych-area-clin MS Team > General Channel > Files Tab > Practicum Resources & Forms > “Clinical Fieldwork Placement I Guidebook”

[Click to Access Form on MS Teams](#)

4. Student Evaluation of External Practicum Site Form

File Location: Psych-area-clin MS Team > General Channel > Files Tab > Practicum Resources & Forms > Practicum Evaluation Forms > External Practicum Evaluation Forms > “Student Evaluation of Practicum Site Form”

[Click to Access Form on MS Teams](#)

APPENDIX C: CLINICAL CASE AND PRACTICUM EVALUATION FORMS

1. Treatment Case Evaluation Form

File Location: Psych-area-clin MS Team > General Channel > Files Tab > Practicum Resources & Forms > Practicum Evaluation Forms > Internal Practicum Evaluation Forms > “CMHRT Treatment Case Evaluation”

[Click to Access Form on MS Teams](#)

2. Assessment Case Evaluation Form

File Location: Psych-area-clin MS Team > General Channel > Files Tab > Practicum Resources & Forms > Practicum Evaluation Forms > Internal Practicum Evaluation Forms > “CMHRT Assessment Case Evaluation”

[Click to Access Form on MS Teams](#)

3. External Practicum Evaluation Form

File Location: Psych-area-clin MS Team > General Channel > Files Tab > Practicum Resources & Forms > Practicum Evaluation Forms > External Practicum Evaluation Forms > “External Practicum Evaluation Form”

[Click to Access Form on MS Teams](#)

APPENDIX D: YEAR-END STUDENT EVALUATION FORMS

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 **Year-End Clinical Student Progress Summary** and the **Breadth Requirement Summary**. These two forms can be found on [Qualtrics](#) (so we can collect the data electronically). These forms are due by the applicable deadline outlined by the Administrative Coordinator of the Clinical Program. The Administrative Coordinator will email you a copy of your submission to use in your meeting with your supervisor (see below).
2. Book your year-end meeting with your supervisor. See next steps for work to complete prior to the meeting and during the meeting.
3. Please see the attached form, **Updated 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.) **Section II will be done in collaboration with your research supervisor.**
4. 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.
5. 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.)
6. 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.)
7. Arrange a **meeting with your research supervisor**. Please have 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.
8. 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.**
9. When you are done, please **email all the completed materials** in the order listed in Step #7 above **to the Administrative Coordinator of the CMHRT, Shealyn May**, to go in your student file by the third Friday of April. Make sure to 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 Evaluation Package

File Location: Psych-area-clin MS Team > General Channel > Files Tab > End-of-Year Evaluation Documents > “Year-End Student Evaluation Package”

[Click to Access Form on MS Teams](#)

APPENDIX E: CELL PHONE POLICY

| | |
|---|----------------------------------|
| Policy: Cell Phone Policy | Section: |
| APPROVAL BY: Clinical Area | APPROVAL DATE: December 12, 2019 |
| FIRST DEVELOPED: 2019 | REVISION DATES: February 7, 2020 |
| Related Policies /Relevant Attachments: | |

PURPOSE

This policy outlines the expectations and procedures at the CMHRT and in the Clinical Area with regards to the use of cell phones. This policy applies to all faculty, staff, and students.

POLICY

The priority in our professional duties is to pay full attention to the event taking place, whether it is conducting clinical work, conducting and receiving supervision,; attending and participating in professional meetings, Research and Development talks, teaching, and attending and participating in classes. As such, the presence of cell phones is discouraged in these contexts, barring exceptional personal circumstances (e.g., expecting a call from a childcare provider, or from a medical facility), or when their use is directly related to the professional activities taking place (e.g., as a resource for obtaining information). In such instances, you are encouraged to provide advance notice to those present that cell phone use may be necessary.

PROCEDURE

1. In advance of attending meetings, courses, etc., each person should decide whether it is necessary to bring their cell phone, based on:
 - (a) The likelihood of needing it for direct meeting-related professional activities;
 - (b) The likelihood of being distracted by it, even if it is put away in a bag or pocket;
 - (c) and Whether one needs to be reachable for personal reasons.
2. If you deem it necessary to have your phone you are encouraged to ensure that its presence will cause minimal distraction to yourself and others (e.g., silenced or set to vibrate if concerned about an emergency call; placed face down; placed in a bag or pocket).
3. Use of a cell phone in the CMHRT hallways is strongly discouraged.
4. Cell phone communication that is confidential should be conducted in a confidential setting (that is, not in hallways, elevator, or where others can overhear your conversation or see your device).
5. If you are distracted by another person's cell phone use in a professional context, you should feel free to address it.

APPENDIX F: PROTOCOL FOR CLINICAL GRAD STUDENTS ACCESSING MENTAL HEALTH SERVICES

Context

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

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

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

Process

1. The student will call the Director of Counselling Services (x43121) or the Associate Director of Counselling Services (x48431) to request services. A message can be left on either of these lines if not answered.
2. Once contact is made with the student, the director or associate director will request the same information that is gathered in a typical CS intake appointment. This information is used to determine urgency as well as best fit.
3. The student will be provided with a range of options for service including single session, group (as appropriate), workshops, or ongoing counselling.
4. The director or associate will seek the most appropriate and available counselor or psychologist and will pass on the intake information.
5. By previous arrangement, students will meet the designated counselor or psychologist in the offices of Graduate and Postdoctoral Affairs (GSPA) on the second floor of Needles Hall.
6. The selected counselor or psychologist will make the room arrangements in the GSPA.
7. The selected counselor or psychologist will communicate appointment times to the student.
8. Service will proceed as per usual, in the alternate (GSPA) location.

Additional considerations

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

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