

GUIDEBOOK

TO TRAINING IN CLINICAL PSYCHOLOGY

AT THE UNIVERSITY OF WATERLOO



WYNONA MULCASTER (1984)

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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 June of 2024, the Canadian Psychological Association accredited our Clinical Psychology Program for a five-year period. Our next site visit will be 2030/2031. Among a number of strengths reported by the Site Visit Panel in their letter were the following:

"The Panel would like to begin by commending the program on their comprehensive approach to clinical supervision, as evidenced by the fact that all core faculty provide clinical supervision...as well as the fact that students are typically exposed to 10-12 clinical supervisors before applying to Residency programs"

"The Panel also commended the program on the breadth and depth of their psychotherapy training, including the aforementioned supervision...as well as training in multiple modes of therapy"

"The Panel would like to commend the program on the supportive, collaborative environment fostered by the program's faculty, as evidenced by the positive feedback received by the program's students during the site visit"

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

Diversity, Equity, and Inclusion

Cultural awareness and knowledge is incorporated into our courses, clinical supervision, and research. We understand cultural awareness and culturally informed practice to be a lifelong journey, predicated on cultural humility, curiosity, and courage, as well as continued self-reflection on one's own biases with respect to culture, diversity, and privilege.

The University of Waterloo Clinical Psychology Program seeks to reflect diversity in its student population, teachings, and training. [Applications](#) are welcome from qualified individuals of all ages, gender identities, cultural, racial, ethnic, and religious backgrounds, sexual orientations, and abilities. We are fully committed to fostering a culture that embraces individual uniqueness and creates a diverse and inclusive environment. To do so, we engage in active efforts to remove barriers, address inequities, develop cultural awareness and competence, and promote reconciliation. Our efforts are informed by information shared by equity-deserving groups and empirically-based culturally competent practice. We strongly encourage all students to read and reflect on the [Canadian Psychological Association's response to the Truth and Reconciliation](#) document.

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](#), [Equity in research](#), [inclusive research hub](#), as well as our own growing set of resources on Teams:

[Diversity, Equity, and Inclusion](#)

Theoretical Orientation and Educational Approach

Our goal is to help students develop outstanding research skills and create coherent, novel programs of research on which they can build their future careers, be they research or clinically oriented. 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/adolescents with challenging behaviours, and Friends for Life for anxious teens. In addition to these opportunities, all students see individual therapy cases in CMHRT

(starting in PhD1). People seeking treatment at CMHRT have diverse backgrounds and 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, with this training commencing in MA1/MA2. 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.

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 (and exceptional) feature of our program is its lifespan emphasis: all students are trained 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) Knowledge and skills in assessment and evaluation
 - (c) Knowledge and skills in intervention and consultation
 - (d) Knowledge and skills in professional ethics and standards
 - (e) Knowledge and skills in supervision

3. Additionally, our program supports student training in competencies as per CPA's 2023 [accreditation standards](#). Within these standards, doctoral programs are expected to provide professional psychology training in both **foundational competencies** (i.e., Individual, social and cultural diversity; Indigenous interculturalism; Evidence-based knowledge and methods; Interpersonal skills and communication; Bias evaluation and reflective practice; Ethics, standards, laws, policies, Interdisciplinary collaboration and service settings) and **functional competencies** (Assessment; Intervention; Consultation; Supervision; Research; Program development and evaluation, with Teaching and Leadership, service, and advocacy as optional areas)
4. Students possess a broad appreciation for scholarship and cultural diversity and have 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 213 applications per year (average based on the last six admission cycles).
- 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 who know their work well;
- A well-written **personal statement** that highlights their research interests and experiences, and, importantly, fit with the [prospective lab](#) and [faculty supervisor](#);
- Other **notable accomplishments and experiences** (e.g., diversity, first generation university student, awards, publications, presentations,); 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 note that faculty members are unable to comment on application packages outside of the formal evaluation process. Due to the number of interested applicants, potential supervisors may not respond to emails from interested applicants.**

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

Applicants	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Number of Applicants	186	242	193	209	218	228
Number Offered Admission	6	5	7	6	6	6
Number of Incoming Students	5	4	4	6	6	4
Number of Incoming Students with External Scholarship Support	1	3	2	3	5	4
Undergrad GPA Mean (Incoming)	88	91	91	92	91	92.8

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 from the Faculty of Arts is \$18,000 per year for two years of the Master's degree. The most recent minimum [guaranteed funding](#) by the University of Waterloo is \$29,145 per year for four years of the Ph.D. No student receives less than the [minimum funding package offered to students in the Faculty of Arts](#).

Here are some quick facts about our clinical students:

- In 2025-26, 84.4% (27/32) of our full-time clinical graduate students (excluding those on or post residency/internship) received external funding through OGS or one of the tri-council agencies (SSHRC; CIHR; NSERC).
- Of the clinical students currently enrolled in the program (2025-26), 92.1% (37/38) identify as female and 7.9% (3/38) as male. Current students range in age from 24 to 35, with an average of 28 years. Students in the program have a range of ethno-racial and cultural backgrounds.
- Our program places equal emphasis on research and clinical work. Of the clinical students currently enrolled in the program (MA-residency) (2025-26), there have been a collective total of 78 conference presentations (average 2/student), 198 conference posters (average 5/student), and 89 peer-reviewed publications (average 2/student), since joining the clinical area.
- Over the last six years (2020-2026), our average time to completion for the Ph.D. is 7.55 years. This number **includes** the year-long predoctoral internship year, and is based on how many terms each student was enrolled as an active student, either as full-time (1) or part-time (.5) (i.e., excludes leaves/inactive terms).
- Statistics on student residencies/internships over the last six years (2020-2026): Those who obtained paid internships: 29/29 students = 100%
Those who obtained CPA (or APA) accredited internships: 28/29 students = 96.6%
- In the last six years (2020-2022), two students have left the clinical program after obtaining a Master's degree.

- In the last six years (2020-2026), 25 out of 25 of our doctoral 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 maintain periodic contact with our alumni to collect data on their career progress. Among the Ph.D. graduates who have graduated from our program in the last six years (graduating 2020-2026), all have registered as psychologists or are in the process of becoming registered ($n = 26$). Some of our recent grads (16%, 4/26), are in academic settings (e.g., teaching in universities, post-doc fellowships, etc.), such as the University of Manitoba, University of Saskatchewan, and University of Waterloo. About 24% (6/25) have employment in institutional settings (e.g. community mental health centres, hospitals, and medical centres). Roughly 60% (15/25) of our graduates work in private practice, with 12% (3/25) of graduates conducting private practice work while also working in another community, institutional, or academic setting.

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

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

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

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

Generally speaking, I'm very happy with the training I received at UW: A huge strength of our program is the training in statistics and research methods, which is second to none. Our clinical training is very comprehensive (both didactic and experiential components). Highlights of the clinical training for me included the assessment training, which spanned the first 2-3 years and included both cognitive and personality components (the latter of which seems relatively unique). I also really valued the variety of clinical cases and theoretical orientations of supervisors. Having a solid background in a number of theoretical orientations was a huge asset when going on internship – I left our program feeling very competent in my ability to conceptualize cases from a number of perspectives and tailor interventions accordingly. Opportunity to supervise junior students (in the context of assessment, in my case) was also a valuable experience.

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

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

OVERVIEW OF THE PROGRAM

Curriculum

Ours is designed as a six year program (though, students often take seven years, depending on their progression and choices) with an even mixture of classroom, clinical skills training, and research experience distributed over the first five years (MA1/2 & PhD1-3 or 4), plus a full-time predoctoral residency in a subsequent year (PhD4 or 5). 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 between MA1 and PhD3), 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

Clinical Skills Courses and CMHRT 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 MA1 and MA2 students focus on diagnostic and psychoeducational assessment, in the Winter of MA2 they take their first course in intervention, and they begin seeing cases for intervention at CMHRT in Fall of PhD1. This allows students to develop the facilities in case conceptualization and basic interviewing/ clinical skills required to be effective in intervention. In PhD2 students continue seeing cases of increasing complexity and novelty. PhD3 students may have the opportunity to accrue 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 PhD1-3, the CMHRT Director ensures that students see a wide range of different cases and are assigned a different supervisor for every new case. Students carry a caseload of 3 CMHRT clients from September PhD1 to August PhD3, even when engaged in external practicum placements. Students may request a caseload reduction in exceptional circumstances, clearly articulating the reason for the request (e.g., requirements related to specialized external practica such as neuropsych). Approval is required by a student's research supervisor and Director of Clinical Training, in consultation with the CMHRT Director.

Information regarding practicum placements within the CMHRT and externally can be found within the [Practicum Handbook](#).

Enrolling in Clinical Fieldwork Placement and CMHRT and External Practicums

Students are encouraged to discuss with their research supervisor the best way to integrate practicum opportunities with other program/research demands. Additionally, students are encouraged to meet with the CMHRT Director regularly (at least once a year) to discuss goals for clinical training and to learn about possible internal (i.e., within the CMHRT) and external practicum opportunities and availability.

Students are required to enrol in all practicums via Quest. Instructions for enrolment are found in the links within, i.e., Fieldwork and Practicum Enrollment Instructions: [Appendix A](#).

External Practicum Placements

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), Starling (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.

Practicum sites are formally approved by our program. The CMHRT Director coordinates the site application and facilitates meetings between faculty and site supervisors, as appropriate. This approval process by our program ensures that clinical supervisors at the site are aware of our requirements for practicum as well as our focus on student learning and development. 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.).

The CMHRT Director maintains a database of approved practica on the [Clinical Psychology Area Teams Site](#), updated each term to reflect current availability. All external practicum placements are approved by the DCT, using the following form: [Clinical Practicum Information and Approval Form](#).

Mandatory External Practicum

We require all clinical students to complete an off-campus 400 hour (4 month, 4 days a week or 8 months 2 days a week) fieldwork practicum by the end of the winter term of PhD1, but preferably in MA2.

Based on their particular interests, students may work at an off-campus institution where they gain practical experience in psychological assessment (if taken in Spring of MA1 or Fall/Winter of MA2) and/or therapy (if taken after Winter of MA2). Please note that the **only option for a practicum in the summer of MA1 and Fall/Winter of MA2 is one that is 100% assessment**, with no intervention, as students will have to have taken a course in intervention. Such practica are very rare and highly competitive.

Students must meet with their supervisor in September of MA1 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 MA2. The CMHRT Director will assist students with identifying practicums of interest, preparing students' applications, and conducting mock interviews. Please see the Practicum Handbook and other practicum related documents via links in [Appendix B](#).

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. A second external practicum, in addition to the required practicum is *highly recommended* in order to be competitive for residency. In some cases, a third practicum may be recommended (e.g., for students seeking a career in neuropsychological assessment, students whose interests shift later in the program and who need to build more hours in a particular area). These practicums are meant to provide students with the breadth and depth of training required to be competitive for residences and to prepare them for their desired career.

We strongly encourage students in PhD1 to reflect on their career goals and begin looking at Residencies in the APPIC match that suit their interests and get a sense of the kind of experiences and skills those sites would like applicants to have. Students may consult with the CMHRT Director and CMHRT faculty liaison, as well as their supervisor at any time for guidance on external practicums.

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. Students often do one additional practicum in PhD2 and one in PhD3 (additional practica in PhD1 are not encouraged as it is a time when students start CMHRT cases). The additional external practicum placements are typically 1 day/week.

Over the course of their clinical training, it is anticipated that students will not complete practicum placements once they have accrued clinical hours clearly beyond the recommended hours for residency (see [Residency](#) section in this Guidebook), which typically can be accrued through the required clinical fieldwork practicum and no more than two additional practicum placements. All practicum placements require approval from research supervisors and DCT, in coordination with the CMHRT Director. Students whose clinical hours exceed recommended hours will be asked to provide further justification for any additional external practicum

placement requests and should be aware that such requests may be declined by the DCT (in consultation with the student's research supervisor and CMHRT Director).

Residency

In accordance with accreditation standards our students are required to complete a full-year Predoctoral Residency, usually in PhD5 or 6, after or just prior to defending their Ph.D. thesis. For more information on residency, including process and eligibility requirements, see [Residency](#) section in this Guidebook, as well as our [Residency Preparation Handbook](#).

Opportunities for training in Teaching/Supervision

Students in our program are provided with training in clinical supervision through Psych 734 (Group Supervision practicum course) that takes place in PhD 3. Additionally, experience in teaching/mentorship may be accrued through the Teaching Assistant positions that all students hold as part of their funding package, though the nature of these positions varies by course/instructor.

Additional training in teaching and helpful resources are provided to graduate students through the [Centre for Teaching Excellence](#). Students wishing to pursue the training should consult with their research supervisors to determine if such opportunities are a good fit for their career goals and are realistic given the other demands of our program.

ADVISEMENT AND EVALUATION

Advice and Counsel

Upon entry into the program, all clinical students attend a series of orientation meetings at which they will receive advice regarding facilities, registration, assignments of rooms and keys, teaching assistantship duties, payroll instructions, computer use and other technical matters.

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

In the advisement process we emphasize 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, anonymous survey of students prior to the Program Review meeting, and feedback via the CMHRT student liaison.

Grades and Evaluation Practices

As with most graduate courses at the University of Waterloo, program coursework is 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.

All core courses and the mandatory statistics courses must be taken for a numerical grade. In the case of some breadth courses, including statistics courses that will be counted as a breadth course (that is, a third statistics course), 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. No more than half of one's courses (practicums excluded) for the MA and PhD can be done on a Credit/No-Credit basis.

The expected minimum grade in all graduate courses is 80%. Students whose performance is below expectations in any area of the program, including coursework, may be subject to remediation (see section on Remediation and Grievance procedures).

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 receive extensive feedback.

The relevant practicum 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 in April or May in which there is comprehensive discussion of each student's progress (see below). The 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.

Mid-Year Review

At the end of the Fall term, students are expected to submit a brief summary of progress since the last annual student review, as well as a research plan for the upcoming academic year, including expected stages of research with estimated timelines of completion. If relevant (i.e., for PhD students who have not yet had their proposal meeting), this plan should include plan/timeline for the dissertation proposal meeting. All students should also note proposed timing for external practicum placements. This plan is developed in collaboration with students' research supervisor, then signed by both student and supervisor prior to submission. The faculty meet to review such progress, with the purpose of identifying any challenges in meeting expectations, and discussing strategies for supporting student success.

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 who is prior to residency fills out an online survey consisting of two 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 performance in coursework, 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 may 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. **Not in Good Standing** which means the student is on academic probation or is being terminated from the clinical program. This determination is invariably made at the conclusion of an individualized remediation plan when the student has failed to meet the terms of the plan. If terminated from the clinical program, the student may still be considered a member of the department and 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. However, students who are terminated from the Clinical program cannot apply for a Residency. Finally, 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.

The year-end review meeting is also where the program discusses the advancement of MA2 students to the doctoral program and the degree to which students interested in applying for residency meet eligibility criteria, in particular, whether they, in the opinion of the Clinical Area, have demonstrated the level of competence and professionalism required to succeed in a Residency.

Evaluation of Students' Clinical Activities

CPA accreditation standards require that programs evaluate student progress, that the evaluation of professional competence is the responsibility of the practitioners on the faculty and in the community, and that it is the DCT's responsibility to ensure that minimum competencies have been attained and documented. The way our program has operationalized these standards is to require that all practicum supervisors complete evaluation forms with these evaluation forms stored in a Teams channel that the DCT, Director of the CMHRT, and Administrative Coordinator have access to.

Clinical evaluation forms are stored in students' files with the purpose of providing the DCT with information regarding students' clinical skill progression. These files may also be accessed by CPA accreditation visitors as a way of demonstrating our adherence to standards. All evaluations are to be included in the student file, and managed according to University guidelines. If a student disagrees with an evaluation, they are able to include an addendum to the evaluation which outlines their disagreement, which will be stored with the evaluation form from

their supervisor. (Please see below regarding how best to proceed if there are concerns with a research or clinical supervisor).

Remediation Policies and Grievance Procedures

When is a Remediation Plan Developed?

Our responsibility as a program is to train graduate students who will function independently and effectively in the wide range of activities that registered psychologists perform, with full awareness of and adherence to relevant laws and ethical and practice guidelines. Our program is stepped such that each set of knowledge and skills builds on the previous. It is our job to ensure that students are provided with the opportunities that will enable master each set of knowledge and skills.

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 and collaborative 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 or personal issues interfering with timeliness and/or performance on research, coursework, or clinical work.

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, and the problem persists despite consistent feedback and collaborative troubleshooting;
- There are persistent concerns about professionalism in clinical work, such as completing reports and session notes in a timely fashion despite consistent feedback and collaborative troubleshooting;
- The student does not take initiative with their research and/or does not conduct their research with the level of independence expected of students at their level, and this persists despite consistent feedback and collaborative troubleshooting;

If health/medical issues are present and further contribute to progress in any areas of competency, a remediation plan would be developed in tandem with UW's [AccessAbility Services](#).

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 DCT. 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 they are being placed on remediation. This is intended to be a reflective and constructive statement that helps the student consolidate their 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 their 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, that probation 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 DCT is next informed. The chain then extends to the Departmental Associate Chair for Graduate Studies, the Department Chair, the Faculty Associate Dean of Graduate Studies, and finally to the Associate Vice-President of Graduate Studies and Postdoctoral Affairs. Please note that if more formal avenues are taken, the process is outlined in UW policy, as noted below ([Policy 70](#)).

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 permitted 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. In instances when a graduate student is progressing satisfactorily but when the relationship between the student and their supervisor becomes untenable, it is important that there is clarity on expectations and responsibilities for both the student and the supervisor moving forward (see UW's [Supervisory guidelines](#)).

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.

[Intellectual Property and Copyright](#)

Please apprise yourself of the UW policy on intellectual property and copyright. Of note, all course content and materials are the intellectual property of the course instructor and cannot be circulated without their clear, express permission, and can only be circulated in the manner the instructor has agreed to.

Cell Phone Usage Policy

In addition to these policies, please review our Clinical Area policy on cell phone usage ([Policies](#)). In summary, as 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, 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.

Generative Artificial Intelligence

Clinical Activity

Please refer to [CMHRT Policy 9](#) for specific information regarding the use of generative artificial intelligence (GenAI) for clinical purposes in the CMHRT.

Any use of GenAI within the context of a practicum should be discussed with your clinical supervisor, including, but not limited to: the learning objectives of the practicum (with these not outsourced to AI), informed consent by clients, [standards](#) in relation to the use of technology, and active monitoring of content. (Also see: [CPBAO FAQ](#)).

Resources:

- [APA Ethical guidance for AI in the professional practice of health service psychology](#)
- Guest, O., & van Rooij, I. (2025). Critical artificial intelligence literacy for psychologists. (Can be downloaded from OSF: https://osf.io/preprints/psyarxiv/dkrgj_v1)
- Hutnayan, M., & Gottlieb, M. C. (2025). Artificial intelligence in psychological practice: Applications, ethical considerations, and recommendations. *Professional Psychology: Research and Practice*. Advance online publication. <https://dx.doi.org/10.1037/pro0000631>

Coursework

Each course instructor establishes their own policy regarding use of GenAI in their courses. It is your responsibility to ensure you are fully apprised of the policy stated in the syllabus for each course. Unauthorized use of GenAI, such as running course materials through GenAI or using GenAI to complete a course assessment is considered a violation of [Policy 71](#) (plagiarism or unauthorized aids or assistance). Work produced with the assistance of AI tools does not represent the author's original work and is therefore in violation of the fundamental values of academic integrity including honesty, trust, respect, fairness, responsibility and courage ([ICAI](#), n.d.)

Research

As researchers, we are responsible for the accuracy/content of our work. It is important to recognize that while GenAI can be useful in some contexts, it can provide incorrect information. If students are interested in using GenAI in their research, they must discuss this with their

research supervisor in advance ([Conversations with Students about Generative Artificial Intelligence \(GenAI\) Tools](#)). It is useful to discuss AI use in the context of degree milestones (e.g., thesis work) as well as future plans (e.g., publications) as there are different considerations (e.g., what skills/competencies are being built/evaluated through the research process versus journal requirements regarding disclosing GenAI).

If GenAI use is allowed, it is imperative that students properly acknowledge and cite such use; submission of work for assessment that was created by AI as if it were their own is a violation of UW's Student Discipline policy. It is recommended that students err on the side of transparency in disclosing GenAI use. The UW library provides one option for how to cite AI use: [Disclosing your use of GenAI](#) using [The Artificial Intelligence Disclosure \(AID\) Framework](#).

The University of Waterloo has a number of resources regarding the use of GenAI in research:

- [GenAI guidance for graduate students and supervisors](#)
- [Writing and Communication Centre: Using ChatGPT and GenAI](#)
- [Writing and Communication Centre: AI and the Writing Process - Documenting and Citing](#)
- [Academic Integrity: AI and ChatGPT](#)
- [UW Library: AI-generated content and citation](#)

Please keep in mind that the legal/copyright status of generative AI inputs and outputs is unclear. More information is available from the [Copyright Advisory Committee](#).

Clinical Activity

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If you are interested in using GenAI in your research, you are strongly advised to discuss this with your research supervisor in advance. The University of Waterloo has a number of resources regarding the use of GenAI:

- [GenAI guidance for graduate students and supervisors](#)
- [Writing and Communication Centre: Using ChatGPT and GenAI](#)
- [Writing and Communication Centre: AI and the Writing Process - Documenting and Citing](#)

- [Academic Integrity: AI and ChatGPT](#)
- [UW Library: AI-generated content and citation](#)

Please keep in mind that the legal/copyright status of generative AI inputs and outputs is unclear. More information is available from the [Copyright Advisory Committee](#).

Funds Available

Students are expected to apply for external scholarships, with support in applying from their research supervisors. Information regarding opportunities, eligibility, and application process can be found [here](#). As well, UW maintains a database of graduate funding and awards ([database](#)), which students are encouraged to review.

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

As finances allow, the CMHRT provides \$300 yearly (May 1 to April 30) to help clinical students attend clinical training conferences or workshops to enhance their training. These funds are available to clinical graduate students, including those on residency, 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.** 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.**

At UW there are a few options available to graduate students who demonstrate financial need: [Financial need funding](#)

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 the end of August. 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

Students in the Clinical Program are enrolled as full-time students ([Graduate student definitions](#)) throughout the course of their training prior to residency.

We expect students to commit themselves primarily to their work in the program and to be available for **in-person** classes, training sessions, supervision, Research and Development presentations, meetings with supervisors and other faculty, clinical work, etc. A core value within our program is the importance of community and gathering together (e.g., through formal activities as well as informally through day-to-day activities on campus). **We are no longer offering hybrid courses**, as a rule. Supervisors and course instructors are not required to accommodate the schedules of those opting to be selectively present on campus.

All courses in our program have been very carefully developed to ensure students receive the training they need to be competitive for Residency and function independently and effectively as psychologists; each class will have been carefully crafted as a building block to the next class. We expect students to attend all classes in their courses, particularly skills courses in which there are often demonstrations and role plays that are essential to training but are very challenging for instructors to recreate later for students who are absent. If you are experiencing mild cold symptoms, please consider attending while wearing a mask and sitting at distance. If you are too ill to attend, please let the instructor know as soon as possible. The instructor is not obligated, but may be able to record the class, in which case the onus is on you to attentively watch the recording in advance of the next class.

In PhD1-3 students see three cases in CMHRT, the majority of which will be **in-person**. Additionally, 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. If you accept a TA, you are obligated to fulfill the responsibilities assigned to you*.

With these considerations in mind, the expectation is that all students, while in the program prior to residency, typically will live in proximity of the University of Waterloo¹. There may, however, be periods of time when a student is interested in pursuing a practicum or research opportunity that is out-of-area. In these circumstances, students should discuss the implications of being away from campus with their research supervisor (in consultation with DCT), taking into account program aspects such as course offerings, CMHRT commitments, research progression.

Vacation planning guidance

Our program supports students in taking pauses to rejuvenate during the course of their training. The most convenient time to do so is during the institutionally scheduled times ([1.6 Reading week](#)). Given the added responsibilities within the Fall and Winter terms, students are expected

¹ There may be circumstances where it is important for a student to be present on campus after residency. Students should discuss the advantages/disadvantages of primary location prior to making decisions following residency.

to be available and extended vacations during these terms are discouraged. **Regardless of timing, the most important thing is to discuss your plans with your supervisors (research and clinical well in advance) and *make sure that there are not important responsibilities that need to be met during your proposed time away*.** This means that you need to ensure that research progression, course attendance, clinical commitments, and TA responsibilities will not be compromised.

Regarding the TAs, 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. Taking a vacation during times that you have TA responsibilities or booking a flight that leaves before the required tasks can be completed are unlikely to be viewed by the course instructor as legitimate grounds for excusing you from your responsibilities².

The recommendation for CMHRT clients is that any vacations should be within a two-week period such that no more than two weekly client sessions are missed. For vacations that extend beyond a two week period, students should request an exception from the CMHRT Director. When you are on an external practicum (particularly the required clinical fieldwork placement), taking an *extended* vacation is discouraged. This said, there may be times when you need to take a short break from your practicum for other clinical/research activities (e.g., conference/workshop attendance) or personal reasons, however, it is important to keep the time frame minimal and discuss this activity as soon as possible with a clinical supervisor.

Leaves of Absence

For a variety of personal reasons students occasionally elect to take a leave of absence from the program. (See [Inactive Student Status](#) in the UW Graduate Calendar).

Students who wish to take a leave from the program should communicate their intention to the Director of Clinical Training and to the Department 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 Department 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, TA, 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,

² If the instructor's expectations violate the terms of a TAsip you should consult the Associate Chair for Graduate Studies and/or the Chair.

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. Further resources can be found at through UW [AccessAbility Services](#).

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 Health and well-being](#).

Academic Accommodations

The University of Waterloo's [AccessAbility Services](#) (AAS) is the centralized unit that supports students, including [graduate students](#) who have a known or unknown disability/condition/illness and may be best supported within their academic activities through an accommodation plan. Given the specialized nature of the training of our program and requirement to train students in specified areas of competency as per the accreditation standards, accommodation planning may include a number of meetings between relevant individuals (student, AAS, DCT, CMHRT Director, research supervisor) to develop an appropriate plan.

Accessing Mental Health Services

Students at the University of Waterloo have access to mental health services at both Health Services and Counselling Services with no cost.

To access services with [Counselling Services](#), students can contact the customer service representatives by calling 519-888-4096 and asking to schedule an intake appointment. During the appointment an Intake Specialist will discuss their needs and match them with a psychotherapist (MSW or Registered Psychotherapist). The Intake Specialist will also ask about students' preferred appointment location. Counselling Services now provide virtual appointments and could offer this as an option to maintain the anonymity of the clinical psychology student, if

they would rather not come in to Counselling Services³. Campus wellness information also includes resources regarding [after hours support](#).

Clinical students who wish to access mental health services outside of the University services can face a number of barriers, particularly within our community where a number of local psychologists are adjunct supervisors within our program. As such, our program has made special arrangements with the Oakville Centre for Cognitive Therapy. 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.

Information regarding extended health coverage can be found through the UW Graduate Student Association: [health and dental](#).

³ Previous versions of the Guidebook included special arrangements for clinical students to connect with Counselling Services. Recent structural changes in the campus wellness programs (e.g., psychologists falling under the Health Services unit at UW, availability of virtual appointments) have removed the need for such arrangements.

BREADTH REQUIREMENTS

All clinical students must choose 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.

The availability of breadth courses varies from term to term. Given this, students are encouraged to take breadth courses as early in the program as is possible (i.e., spring term MA1; taking breadth courses in the Fall/Winter of MA1 is not advised). Students are encouraged to plan ahead and discuss with research supervisors when breadth courses should be taken, keeping in mind that an eligibility criteria for program approval to apply for residency is to complete all coursework by December of the year in which they apply (see [Residency section](#) in the Guidebook). While this is a program requirement, students are strongly recommended to complete all coursework in the Spring term prior to applying for residency so that they can state that all coursework is complete on their residency application.

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.

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.*

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., if beyond the departmental statistical requirements).

Students who are child-focused clinicians are encouraged to take a breadth course within the Developmental Areas. There are two important reasons for this: 1) some child-focused residencies require applicants to have a graduate-level developmental course; 2) for authorization to work with children/adolescents, the College requires that applicants have either a senior undergraduate course or a graduate course in developmental psychology.

CPA-Mandated Clinical Program Requirements for Core Content Areas

CPA accreditation standards also specify certain general psychology core content areas (i.e., CPA-breadth requirements) that all students in clinical programs must complete. Below are these CPA requirements (CPA Accreditation Document 2023, p. 14; [accreditation standards](#)):

There are core content areas in general psychology deemed necessary for training and practice in professional psychology, though these areas differ between practice specialties. The program requires that each student demonstrate undergraduate or graduate competence in these areas in one of the following ways:

- *by passing suitable evaluations in each of the following areas, or*
- *successful completion of at least one half-year graduate course, or a 2-semester (or two 1-semester) **senior undergraduate course**.*

The general psychology core content areas are:

1. **Biological bases of behaviour:** *Includes education in the theoretical and empirical foundations of physiological psychology, comparative psychology, and neuropsychology.*
2. **Cognitive–affective bases of behaviour:** *Includes education in the theoretical and empirical foundations of learning, sensation, perception, cognition, thinking, motivation, and emotion.*

3. ***Social-cultural bases of behaviour:*** Includes education in the theoretical and empirical foundations of social psychology; cultural, ethnic, and group processes; gender roles; organizational and systems theory.
4. ***Individual differences, diversity, growth, and lifespan development:*** Includes education in the theoretical and empirical foundations of personality; human development; individual differences; individual, social, and cultural diversity; and abnormal psychology, and includes education in cognitive, affective, and behavioural changes and growth from conception to death.
5. ***Historical and scientific foundations of general psychology:*** Includes education in the relevant historical bases of the study and profession of psychology, including the cultural origins and contexts of the discipline and profession.
6. ***Foundations of psychopharmacology:*** Includes education in the biological basis of neuropsychopharmacology, classes of drugs, drug interactions and contraindications, medication compliance, and models of psychologist interaction with prescribing professionals.

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

- The requirement in *individual differences* is met by completion of Psych 716: Adult Psychopathology, Psych 723: Child Psychopathology and Psychotherapy, and Psych 724: Personality & Measurement Theory (all 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.
- Given the addition of *psychopharmacology* (since the 2011 Accreditation Standards), our program addresses training in this area in various ways (e.g., workshops). The 2023 standards note that training in this area could include workshops, webinars, directed readings, or formal coursework that includes psychopharmacology.

Thus, currently, 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-cultural bases of behaviour.

- any course offered by the Social area

Carefully note the following:

1. Graduate courses from outside the Clinical Area taken to meet CPA breadth requirements can be taken for either grade or credit (noting the department rule that students are not able to fulfil more than half of the minimum department course requirements by Credit/No Credit courses; practicum courses that are always credit/no credit do not count in this ratio calculation).
2. Students wishing to receive credit for CPA breadth based on having had **two 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.
3. A CPA breadth requirement that was met via a combination of two senior undergraduate courses CANNOT be counted as a Department breadth requirement.
4. Other graduate 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.

GUIDELINES FOR THE MASTER'S THESIS AND DOCTORAL DISSERTATION

Department of Psychology Guidelines for Students and Supervisors

Graduate Studies and Postdoctoral Affairs and the Department of Psychology have established a set of expectations regarding Master's and Dissertation research:

- [Psychology Graduate Research and Supervision Guide](#) (PDF)
- [Guide for Graduate Research and Supervision](#)

Research Competencies

CPA's accreditation standards outline that students should accrue training such that they understand the philosophy of science, research, research methodology, and data collection/analysis, as well as being supported in disseminating their work in order to contribute to the professional knowledge base. Competency in research requires demonstrable competence in foundational areas, including (but not limited to) individual, social, and cultural diversity as it pertains to research, research professionalism, bias evaluation and reflective practice in research activities, and research ethics.

Students are provided with feedback on their progression in the areas of research competence during the formal review periods (mid-year; year-end) as well as in an ongoing fashion through regular student-supervisor meetings. Within the year-end review, students and research supervisors will discuss students' progression in the areas of: oral presentation skills; knowledge in area of research expertise as well as broader knowledge of psychology; scientific writing skills; ability to conceptualize, design, and implement research; knowledge and familiarity with data analysis; research collaboration skills; research independence; research initiative; research ethics; receptivity to research feedback; consistency of progress; communication with research supervisor; collegiality, etiquette and leadership.

Master's Thesis

The Master's Thesis is an independent piece of scholarship guided by a central research question that is novel, addresses important lacunae in the area of interest, and affords students the opportunity to develop the expertise in their area and the level of scholarship, research design, data analytic skills, and independence necessary to launch a dissertation series of studies in the PhD. In our program, an MA thesis may comprise a large-scale single experiment or study, two or three smaller scale experiments or studies, one large-scale survey study or a series of smaller scale survey studies, or a novel and comprehensive analysis of an existing large-scale database.

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.

In order to meet the fall convocation deadline, students must be degree complete by August 31st. This means that you must have your thesis finalized, signed off on by all committee members, submitted to the Graduate Studies and Postdoctoral Affairs (GSPA), uploaded to UW Space, and you must apply to graduate all before the August 31st deadline. To meet this deadline, **it is highly recommended that students complete their thesis and submit it to [GSPA](#) by the first week of August** to ensure adequate time for completion. You are advised to submit your thesis to your readers at least two to three weeks before the first week of August. 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.

For information on submission of the MA thesis please see the following links:

1. [Department Approval Steps](#)
2. [GSPA Approval Steps](#)
5. [Thesis Submission Guide](#)
6. [Title page formatting](#)
7. [Sample thesis formatting and templates](#) (requires WatIAM login and macros enabled upon opening the document - tools > Macros)

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 subsequent sections of the Guidebook. Typically, students will decide on a dissertation focus during Fall/Winter PhD 1, will strike their dissertation committee in PhD 1, and will work toward completion of the dissertation proposal in Spring PhD 1 or Fall 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. Regardless of proposal timing, UW guidelines are for students to meet with their advisory committee at least once per year ([advisory committee](#)) to discuss research progression.

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 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 (see guidance on thesis [editing](#)).

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. Dissertation Defense Planning

Information regarding the PhD thesis defense can be found both on the Psychology Department [webpage](#) as well as through the [GSPA](#).

Each Faculty at UW has slightly different timelines – the backward planning tool for Arts can be found here: [here](#). Below is a brief overview of the process within our Clinical Area to give students a sense of timing as well as who does what; note that a more detailed overview is provided in the links above.

1. Once a student has completed a full draft of their dissertation (which has been reviewed by their supervisor), they would send this to their internal committee members. This constitutes an informal review where your committee will provide you with feedback and let you know if they feel it is fine for you to move ahead with submitting a final draft. Usually, committee members are given 2-3 weeks to review.
2. The student would revise dissertation based on internal committee feedback. If there are major issues flagged, they may send the dissertation back to the committee member for their feedback again – but if it is mainly editorial changes, they may not. Students can ask their committee members if they need to see dissertation again or not.
3. Next step is to submit the dissertation to the Psych Grad Office. Note that Arts asks that there is an eight-week minimum period between providing a dissertation to the Grad Administrator and your proposed defense date. When students submit their dissertation, their supervisor will provide the Grad Administrator/Officer with additional information such as the names of the Examining Committee, including the external examiner and internal-external examiner, and proposed dates. Research supervisors will have reached out to possible examiners leading up to the submission date to find out about their willingness and availability – students are not to have any contact with the external examiner.
4. Between submitting their dissertation and the defense, students will prepare their defense presentation, prepare for questions, potentially do a mock defense, etc.
5. One week prior to the defense, supervisors will receive the report from the external examiner. They are not able to show this to the student (at this time), but can discuss the content.
6. Defense – this is a time for students to showcase their knowledge / good work and discuss the rationale behind their various choices! If this is a student's first defense, there are 3 possible outcomes: accept, accept conditionally, re-examination. Even with an "accept" outcome, there may be minor revisions. It is useful to anticipate that there may be revisions to the dissertation as opposed to thinking that when the defense is done, a student is finished. Further information can be found here: [preparing for defence](#).

7. Students then revise their thesis (and if they received an “accept conditionally” re-submit to designated committee members).
8. Once students have ensured that all formatting is in accordance with UW thesis [guidelines](#), they would upload their dissertation to UW Space. The GSPA will review the thesis and let you know if it is approved.
9. Final submission to UW Space.

E. 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](#).

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.

E. Guidance for Student Use of Previously Collected Data

i. When Research is Part of a Larger Study

Multiple publications arising from the same dataset are not uncommon, particularly for large-scale, longitudinal, or multi-faceted projects where the scope and complexity of findings warrant separate scholarly contributions. When students submit an MA thesis or PhD dissertation using a dataset that has been used for multiple publications, their thesis/dissertation must differ from prior publications in at least three ways: (1) addressing distinct research questions, (2) examining different combinations of variables, and (3) offering unique theoretical or clinical implications. In the thesis/dissertation document, students should include a list of other publications from that dataset (published to date) and provide a clear statement explaining how their work is distinct from these other publications. If, within their dissertation, students report multiple studies that

derive from the same dataset, the distinction between the studies should similarly be clearly outlined.

ii. When the MA Thesis or Doctoral Dissertation includes Secondary Data Analyses

Secondary analyses refer to the analysis of data that were originally collected, typically by other researchers, for different research purposes. In many cases, the student will not have participated in the original data collection process and is re-analyzing existing datasets to address new research questions or to test different hypotheses than those examined in the original study. This includes analysis of publicly available datasets, archived data from previous studies conducted by faculty or other researchers (or same researcher but for different research purposes), or re-analysis of published datasets. For secondary analyses using existing datasets, students must: (1) obtain appropriate permissions from the original researchers or data custodians, (2) clearly acknowledge the original data source in their thesis/dissertation, (3) include an explanation of how their secondary analysis differs from previous work, (4) demonstrate what new contribution their analysis makes to the scientific literature, (5) show that they have appropriately credited original researchers, and (6) ensure their analysis represents a meaningful extension of previous work rather than duplication.

Throughout this process, the guiding principle for thesis and dissertation work should be whether each analysis advances scientific knowledge in a meaningful way and meets the educational objectives of the degree program. Students are expected to maintain complete transparency about data sources and previous publications in all thesis and dissertation documentation.

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 analyzing 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 the independence in designing and executing a research project, and the advanced skills in scientific writing, via the MA thesis required to launch their dissertation research.

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. Early in MA1, 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 MA2, with a placement in PhD1 possible under very specific circumstances (e.g., if you are specializing in neuropsychology and the only opportunity for a desirable practicum is in PhD1). (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](#).

Coursework

The first two years of the program are heavily structured; please see later in the Guidebook for the course requirements in MA1&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 a *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. You are encouraged to take an advanced statistics course as your second course rather than the two foundational courses.

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.).

PhD 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). UW guidelines indicate that students should meet with advisory committees at least once per year.
 - (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 earlier sections in this guidebook for more information on the proposal and meeting.

PhD 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 held a proposal meeting):*
 - (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 PhD 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.

PhD 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 (with the exception of the Group Supervision practicum course given that it is only appropriate for senior students).
- (c) Complete data collection by the end of the fall term (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 PhD4.
- (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.

PhD 4 (Year 6 of the Clinical Psychology program)

NOTE: It is expected that all students, with few exceptions, should be ready to apply for an accredited Residency by fall of PhD 4 (year 6 of the program) via the Association of Psychology Postdoctoral and Internship Centers (APPIC) match system. According to APPIC policy, only students who have been approved to do so by their program can enter the match.

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 term (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 PhD 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 MA1-2 and PhD1-4 of the program**, and to present in either in MA1-PhD2 or in Years MA1&2 and PhD2&3, skipping PhD1. A presentation in PhD1 is optional because 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 therefore haven't anything new to present.

Students are required to send a Title and Abstract to the Administrative Coordinator ****by noon on the Friday preceding their talk****. This timing is important for notifying the Department of the talks and facilitate attendance by those outside the Clinical Area.

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 PhD1 in order to ensure they have adequate time to prepare the schedule of talks.

MA1 (YEAR ONE)

Coursework

- Psych 632: Multiple Regression
- Psych 716: Adult Psychopathology
- Psych 717: Psychological Assessment I
- Psych 718: Psychological Assessment II
- Psych 719: Ethics and Professional Issues in Clinical Psychology
- 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 (information on what course code to use is provided in [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 MA1

- 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- 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. Research is an ongoing process that requires careful thought and development of ideas in collaboration with the supervisor, who also needs to regularly see samples of your work to ensure you are on track and to evaluate your research skills. 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 MA1, 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).
- **Psych 722C OR 811A/B/C:** Students are required to take a required four-month, four-day per week (722C) or 8-month two-day per week fieldwork placement by the end of Year 1 PhD (but most preferably in MA 1 or 2) (811A/B, 811B/C, 811C/A – A=Fall term, B=Winter term, C=Spring term).
- This placement provides practical experience in diagnostic assessment in an institution off-campus, as well as some exposure to psychotherapy.

- Important information about this placement is provided in the syllabus for Psych 722C/811A/B/C, 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 / CMHRT Director for guidance on the application process and be prepared to begin the application process early in the fall term of first year.** The application deadline for many practicum sites is Feb.1, but some practicum sites start accepting applications earlier than that.
- Prior to commencing the Psych 722C/811A/B/C 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 722C/811A/B/C 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 CMHRT Director and 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.

MA 2 (YEAR TWO)

Coursework

- Psych 724: Personality & Measurement Theory
- 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 MA1, 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 MA2

- In MA2, students complete a course on major personality theory and research, personality assessment, personality disorder assessment and clinical implications. (Psych 724).
- In Year 2, students begin their training in adult psychotherapy skills with the course on cognitive behaviour therapy (Psych 725). This course includes closely supervised mini-

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

- 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 MA1, Spring Term)

Breadth Requirements and Other Options in MA2

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, if available. **Note that these clinical opportunities are optional and require consultation with and approval by one's research supervisor as well as a discussion regarding availability with the CMHRT Director.**
 - (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.

Applying to the PhD

When you are admitted to our program, it is under the assumption that you will proceed from the MA to the PhD. However, in the Winter of MA2 you still need to submit an application to the PhD program.

If you wish to transition to the PhD program after completing your MA you that you will need to [apply for admission](#). The deadline to complete this application is **December 1st of your MA2 year.**

Applying to PhD (please submit an application before December 1st):

To ensure that you are enrolled as a PhD student in the following Fall term, you must follow the application procedures we have on our [webpage](#) and read the following notes:

1. When applying, you **do not need to provide new GRE scores or reference letters.**
 - a. When asked to provide an email for your references, please use Emily Jakel's (emily.jakel@uwaterloo.ca) email addresses as your supervisors/referees. (Please note that Michelle Bauer is covering the position for 2026 – 2027; michelle.bauer@uwaterloo.ca)
2. Confirm with your supervisor if they require you to upload a new **Personal Statement** and **Supplementary Information Form**.

Next steps to keep in mind:

In order to make the fall deadline to start your PhD, you will need to have your MA thesis completed, approved and uploaded to UWSpace by **August 30th of your MA2 year (no later)**. Please read over this [webpage](#) for more details.

Please be advised that although acceptance to the PhD is overwhelmingly the norm, it is not guaranteed. Following the Year-end student review meeting, students in MA2 will be informed as to whether they will be admitted to the PhD program by the DCT.

PHD 1 (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 PhD1

- 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 MA1 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 PhD1 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 PhD1, 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 PhD1

- 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 cases, continuously.
 - 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 a caseload such 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 PhD1

- PhD1 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, PhD1 students may wish to consider the possibility of doing an optional, part-time external practicum. A student wishing to pursue an additional practicum 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](#)). Practicum options should not be pursued without consultation with your research supervisor first.
- 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. Please see ([Appendix A](#)) for information on which course to enroll in. 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.
 - (Students should enroll in Psych 738 unless you have already done a second summer external practicum; in that case, enroll in Psych 739; use 738A or 739A for a fall-term practicum, and 738B or 739B for a winter-term practicum, 738C or 739 C for spring-term practicum)
- The Practicum Placement Coordinator posts evaluation forms that are completed at the conclusion of the practicum by the student's on-site supervisor available within a shared folder (**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 available to the DCT. The student completes a Student Evaluation of Practicum Site form (see [Appendix B](#)) and returns it to the CMHRT Director who saves this to your student file.

PHD2 (YEAR FOUR)

Coursework

- 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 PhD2

- 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 mid 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 PhD2

- **Note about Psych 727: Efficacy and Program Evaluation:** This is a mandatory course that is offered every second year. If it is not offered in students' PhD1, they will need to take it in PhD2.

- 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 PhD2 and PhD3 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/May, the student and research supervisor should discuss whether the student should plan to apply for internships in the following November (in PhD3), 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 PhD2

- If the student still has any unfulfilled breadth requirements, these should be attended to.
- **Option of an 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 increase 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 and should plan accordingly.
- Senior students may wish to consider the possibility of doing an optional, part-time sanctioned external practicum. **Note that these options require consultation with and approval by the student's research supervisor.** A student wishing to pursue this possibility must submit to the DCT a **Clinical Practicum Information and Approval Form** that briefly outlines the plans for the practicum and the arrangements for supervision (see [Appendix B](#) for the form). The student should notify the CMHRT Director once the sanctioned practicum placement has been approved.
 - (Students should use course code 738 unless they have already used it for an external practicum in the past, in that case enroll in 739 – for both it would be A for Fall, B for Winter, and C for spring term).
- 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 available to the DCT. The student completes a Student Evaluation of the Practicum Site and gives the completed form to the CMHRT Director.

PHD3 (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 PhD3 (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 mid-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 their residency, 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 residency, we try to accommodate them with laboratory space and other resources that would assist career development.

Clinical Skill Training in PhD3 (and Beyond)

- In PhD3, 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 PhD3, 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 residency, then as part of the student's year-end review meeting in April/May, the student and research supervisor should discuss plans to apply for residency in the following November (PhD4). See the succeeding section, **Full-Year Predoctoral Internship/Residency**, for more information.

Options in PhD3 (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 PhD2** 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. 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).
 - (Students should enroll in 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.)
- 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 available to the DCT. Evaluations are provided to the CMHRT Director who will save these to the student's file.

FULL-YEAR PREDOCTORAL INTERNSHIP/RESIDENCY

All clinical Ph.D. students are required to take a full-year predoctoral internship (also called a predoctoral residency) through the Association of Psychology Postdoctoral and Internships Centers (APPIC) match system. Accreditation of internships is based on standards developed by the Canadian Psychological Association (CPA), the Canadian Council of Professional Psychology Programs (CCPPP), and APPIC.

Our program requires that students apply only to accredited sites in the APPIC match (note that if a student is not matched in Phase I they may also apply to unaccredited sites in the APPIC match, which comprise sites that are undergoing the accreditation process).

See also our [Residency Preparation Handbook](#).

Eligibility for Residency

1. APPIC rules stipulate that only students who have been approved by their program may apply for the match. Prior to the Spring Student Review meeting, students will indicate their interest in applying for residency in the upcoming match. At the Year-end Student Review meeting, the clinical faculty will discuss student readiness, and the DCT will communicate to students whether they have met the conditions of being program-approved to move forward with their application.

Approval from our program requires that students:

- (a) Be in good standing in the program
- (b) Have accrued the required number of supervised clinical hours (see below) and the range of experiences required to make them competitive for the settings of interest to them (e.g., if applying for a child-oriented Residency have completed 10-11 psychoeducational assessments by the application deadline)
- (c) Participate in Residency Preparation (see below)
- (d) Have had their dissertation proposal approved and will have collected all dissertation data collection by December of the year in which they apply, as verified by the research supervisor
- (e) Have completed all coursework by December of the year in which they apply⁴
- (f) Have, in the opinion of the Clinical Area, demonstrated the level of competence and professionalism required to succeed in a Residency

Students wishing to be exempt from one or more of the eligibility criteria, in that they wish to be program-approved to apply for residency without meeting all eligibility criteria must provide the

⁴ This eligibility criterion does not include the Group Supervision practicum course for students applying in PhD3.

DCT with a request in advance of the Student Review meeting that includes: a clear statement of the nature of the request (i.e., indicating which criteria they wish to be exempt from); a rationale for the request; a description as to how other criteria have been met. Following the Student Review Meeting, the DCT will communicate the decision to the student.

Clinical Hours

CPA recommends no more than 1000 hours of supervised clinical experience. However, Residency sites typically look for 1000-1200 hours of total experience. If you are applying to a child-oriented or neuropsychology Residency a 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. 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.

The following guidelines are suggested to optimize competitiveness for residency applications:

- **Child/youth track:** minimum 150 direct hours (i.e. face-to-face client contact) assessment; minimum of 7-8 WISC administrations; minimum 250 direct hours intervention; at least one placement in a school board, hospital or community mental health agency; (Note that practicum sites may require a graduate course in developmental psychology; child-track residencies often require a developmental course).
- **Adult track:** minimum 125 direct hours assessment; minimum 250 direct hours intervention; at least one placement in a hospital if a hospital-based residency is desired.
- **Neuropsychology track:** Specialization that is possible but not common for students in our program. Minimum 600-1000 total hours (depending on site) of formal neuropsychological practicum experience which includes a minimum of 200-300 hours direct neuropsychological activities; minimum 150 hours supervision by a registered clinical neuropsychologist. The bulk of practica hours should be derived from a multidisciplinary hospital/rehabilitation setting. Additionally, students need graduate-level didactics that map onto [Houston Conference Guidelines](#) or [Minnesota Conference Guidelines](#)

Please note that we are working on an initiative that provides students with additional information regarding average/range of direct and indirect practicum hours for students in our program at various stages of training (including at residency match). This information will be shared when there are a few cohorts' data at each stage.

Withdrawing from the match

Students who registered for the match, but whose data collection or coursework is not complete by December of the year in which they apply, or who are no longer in good standing will be required to withdraw from the APPIC match.

Residency Application Policy

- (a) Students are not permitted to seek a Residency outside the APPIC match. If a student fails to match in Phase I, in Phase II they will be permitted to apply to sites in the APPIC match that are currently undergoing the accreditation process.
- (b) 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 continue to meet all eligibility criteria listed above.

Residency Preparation

Students are required to participate in the Residency preparation process under the direction of the Residency Preparation Committee, comprising two members of the Clinical Area. The Committee supports students through the application process. Residency applications require 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 students apply 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. For more information on residency, see our [Residency Preparation Handbook](#).

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, and those currently in the process of applying for accreditation. Students are required to apply to Accredited sites only in Phase I.

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 Residency.
- The Graduate Studies Office has approved the possibility of tuition reduction while on the year-long Residency 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 Residency:
 - If you hold an Ontario Student Loan or Canada Student Loan, you will not be able to maintain interest-free status.

- During the internship, if your status is part-time, 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), will **not be considered eligible to re-apply** for the residency match by the program (this is an internal decision, not an APPIC decision). 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 may, however, may have the option of switching to Special Programs and completing a dissertation, provided they have secured a supervisor. Students will need to consult with their research supervisor and the Associate Chair of Graduate Studies for more information about this option and associated processes.

Recent sites at which our students have completed their Residency

Over the past few years, our students have done internships at the following sites: Centre for Addiction and Mental Health (Toronto), Alberta Health Services (Calgary), Edmonton Consortium (Edmonton), London Clinical Psychology Residency Consortium (London), Surrey Place (Toronto), Baycrest (Toronto), Alberta Children's Hospital (Calgary), St. Joseph's Healthcare (Hamilton), Fraser Health (Vancouver), Toronto Area Residency Consortium (Toronto).

APPENDIX A: FIELDWORK AND PRACTICUM ENROLLMENT INSTRUCTIONS

File Location: Psych-area-clin MS Team > General Channel > Files Tab > 3_Practicum Guidebook, Resources & Forms > Practicum Enrolment Resources & Forms > “External Fieldwork Placements Enrolment Instructions”

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

APPENDIX B: CLINICAL EXTERNAL PRACTICUM PLACEMENTS

1. Practicum Handbook

File Location: Psych-area-clin MS Team > General Channel > Files Tab > 3_Practicum Guidebook, Resources & Forms > Practicum Handbook

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

2. Clinical Practicum Information and Approval Form

File Location: Psych-area-clin MS Team > General Channel > Files Tab > 3_Practicum Guidebook, Resources & Forms > Practicum Enrolment Resources & Forms > “Clinical Practicum Information and Approval Form”

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

3. Student Evaluation of External Practicum Site Form

File Location: Psych-area-clin MS Team > General Channel > Files Tab > 3_Practicum Guidebook, Resources & Forms > Practicum Evaluation Forms > External Practicum Evaluation Forms > “Student Evaluation of Practicum Site Form”

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

4. Practicum Policy (previous)

File Location: Psych-area-clin MS Team > General Channel > Files Tab > 2_Guidelines, Policies & Procedures, Professional Conduct > Clinical Program Guidebook and Practicum Enrolment > Policies > “External Clinical Practica Policy (2020)”

[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 > 3_Practicum Guidebook, 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 > 3_Practicum Guidebook, Resources & Forms > Practicum Evaluation Forms > Internal Practicum Evaluation Forms > “CMHRT Assessment Case Evaluation”

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

3. Consultation Case Evaluation Form

File Location: Psych-area-clin MS Team > General Channel > Files Tab > 3_Practicum Guidebook, Resources & Forms > Practicum Evaluation Forms > Internal Practicum Evaluation Forms > “CMHRT Consultation Case Evaluation”

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

4. External Practicum Evaluation Form

File Location: Psych-area-clin MS Team > General Channel > Files Tab > 3_Practicum Guidebook, 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

Every year, in April, students complete a year-end review of their progress in the clinical program with their research supervisors and submit this evaluation package to the program. Below are instructions for how you (the student) must complete this evaluation package. Please be aware, some components of the evaluation are completed by you alone, while others are completed in collaboration with your research supervisor. It is suggested that you review all the required steps of this evaluation as soon as possible so you can plan the applicable meetings with your research supervisor in advance of the evaluation due date.

If you have any questions, please reach out to the Clinical Area Administrative Coordinator, Janel Silva.

Steps to complete this Year-End Review Package:

1. Review this package in full to understand all the components of the year-end review process and this evaluation package.
2. Book your year-end meeting with your research supervisor. This meeting should be completed well in advance of the evaluation deadline (see front page of this package for deadline) to allow for appropriate time to submit this evaluation to the Administrative Coordinator.
3. Complete the **Year-End Clinical Student Progress Summary** and the **Breadth Requirement Summary** on Qualtrics using the following link:
https://uwaterloo.ca/qualtrics.com/jfe/form/SV_1laPS4ipDAJ2SkR
4. Complete the **Year-End Clinical Competence Evaluation Form – Section II**
 - a. See the coversheet for further instructions.
 - b. **Section II**, is to be completed by you (in advance of your evaluation meeting) based on feedback from your clinical supervisor evaluation forms, including PAT and any external practica you completed this year, if applicable. If you had more than one clinical supervisor, combine evaluations to indicate a range of ratings for each statement, if needed. Then, discuss this section with your supervisor at your evaluation meeting.
 - c. **The rest of this evaluation form** is to be completed with your research supervisor during your evaluation meeting.
5. Review the **Year-End Academic/Research Competence Evaluation Form**
 - a. **This evaluation form** is to be completed with your research supervisor

during your evaluation meeting to review your academic and research progress.

6. Create (or update) a well-organized **curriculum vitae (CV)** and share this with your research supervisor in advance of your evaluation meeting. This CV will be needed to apply to residency and other positions in the future. You and your research supervisor will review your CV during your evaluation meeting. See instructions in this package for how to create a CV.
7. 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 residency. Use the **Guidelines for T2T** (on the [Clinical Area MS Teams site](#)) to aid in figuring out how to count each type of activity. This needs to be included in your year-end evaluation package submission.
8. Complete your **year-end evaluation meeting with your research supervisor**:
 - a. Please have the following **completed and shared with your research supervisor in advance** of the meeting:
 - i. **The Year-End Clinical Student Progress Summary and Breadth Requirement Summary in Qualtrics** (not required to share with supervisor)
 - ii. **Section II of the Year-End Clinical Competence Evaluation form**
 - iii. **Well-organized, professional curriculum vitae (CV)**
 - iv. **APPIC-style account of your clinical hours and experience**
 - b. You and your supervisor will review and discuss all these materials and **collaboratively complete**:
 - i. **Year-End Clinical Competence Evaluation**
 - ii. **Year-End Academic/Research Competence Evaluation forms**
 - c. As a reminder, you are encouraged to continue to use **the DEI self-study initiative** (hyperlinked here), and discuss with your supervisor in relation to competencies.
 - d. If you would like to apply for residency in the next cycle, please discuss with your research supervisor and let Janel know when you email your evaluation package.
9. Submit completed and signed package to Janel Silva via email by **April 30, 2026**.
 - a. Please ensure **to include your CV and APPIC-style summary of your hours**
 - b. Please submit **ALL components as a single PDF file using the naming convention listed below**:

YearEndEvaluationPackage-Last Name-2026

Instructions for a CV

Please refer to the Year-End Evaluation Package for instructions on how to create your CV and the required sections/information to be included.

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](#)