



Graduate Programme
in
Clinical Psychology
at the
University of Saskatchewan

Last updated by Mark Olver, June 2016

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1. Clinical Psychology Program Overview

Program Summary

The Graduate Program in Clinical Psychology at the University of Saskatchewan was established in 1971 and has graduated 149 PhD clinical psychologists. The program follows the scientist-practitioner model and has strengths in forensic psychology, personality psychology, clinical neuropsychology, health psychology, and interpersonal, psychodynamic, and cognitive-behavioural psychotherapy. There are currently about 40 students in the program progressing towards their PhD (including those on internship). The clinical psychology program admits about 5-6 students per year from a pool of about 50-65 applicants.

Students in the clinical psychology program complete four years of course work. During their first summer students complete a summer clerkship. For the remaining three years students complete an 8-month one-day-per week fall-winter practicum at various health and mental health settings. In addition to course work, a clerkship, and practicum students are also engaged in research and complete comprehensive examinations. Finally, students complete a twelve-month internship at an accredited internship program to complete their training. There are currently 6.5 core clinical faculty in the department of psychology and about 30 part-time, adjunct, and professional affiliate faculty. The Department of Psychology also has a very close working relationship with the psychology faculty at St. Thomas More College

Philosophy and Model of Training

The program follows the scientist-practitioner model which has been the predominant model of training in North American clinical psychology since the late 1940s. This model places approximately equal emphasis on development of research skills and clinical skills. In this model, trainees are required to carry out independent research for their doctoral dissertation; to meet requirements for breadth of scholarly knowledge; and to complete about 3,000 hours of supervised clinical experience before graduation (including a full-year, accredited internship).

Curriculum

The Clinical Psychology Program offers students the opportunity for professional development and the integration of science with practice through course work, practica, research, and the predoctoral internship. Students also participate in activities such as departmental colloquia, clinical program workshops, case seminars, and complete comprehensive examinations in the area of clinical assessment and treatment, and ethics.

The curriculum balances broad training in research methods and core content areas with opportunities (often through research and clinical practica) for concentration in areas such as personality, psychopathology, forensic psychology, clinical neuropsychology, health psychology, child psychology, and qualitative methods. In each of these areas we encourage students to think critically about current research and practice and to contribute to scientific dialogue through publications, conference presentations, and other formats of professional exchange. Most of students' research training, and much of their clinical training, is grounded in mentorship

experiences tailored to each student's career goals and stage of professional development. Although we are a generalist program there are often opportunities to focus your clinical and research area based on clinical and research supervisor specialization. More information relating to the program and curriculum can be found in the policy page (especially under the heading transfer and progress).

Core Competencies of a Clinical Psychologist

There are six core competencies for the practice of clinical psychology. The Clinical Psychology Program subscribes to these six core areas as laying the foundation for the content and competency domains in the training of clinical psychology students. This information is taken from the Mutual Recognition Agreement (MRA) of the Regulatory Bodies for Professional Psychologists in Canada: <http://www.cpa.ca/docs/File/MRA.pdf>

1. Interpersonal Relationships
2. Assessment and Evaluation
3. Intervention
4. Research
5. Ethics and Standards
6. Supervision

1. Interpersonal Relationships

Definition

This basic competency forms part of all the other competencies. Psychologists normally do their work in the context of interpersonal relationships (parent-child, spouses, boss-employee, etc.). They must therefore be able to establish and maintain a constructive working alliance with their clients, and possess adequate cultural competency.

Knowledge

Knowledge of research and theory related to the development of effective professional relationships, such as:

- Interpersonal relationships
- Power relationships
- Therapeutic alliance
- Interface with social psychology

More specific knowledge of the fluctuations of the therapeutic/professional relationship as a function of intervention setting

Knowledge of self, such as:

- Motivation
- Resources
- Values
- Personal biases
- Factors that may influence the professional relationship (e.g., boundary issues)

Knowledge of others, such as:

- Macro-environment in which the person functions (work, national norms, etc.)
- Micro-environment (personal differences, family, gender differences, etc.)

Skills:

- Effective communication
- Establishment and maintenance of rapport
- Establishment and maintenance of trust and respect in the professional relationship

2. Assessment and Evaluation

Definition

A competent professional psychologist draws on diverse methods of evaluation, determining which methods are best suited to the task at hand, rather than relying solely or primarily on formalized testing as an automatic response to situations requiring assessment. The appropriate subject of evaluation in many instances is not an individual person but a couple, family, organization, or system at some other level of organization. The skills required for assessment can and should be applied to many situations other than initial evaluation, including, for example, treatment outcome, program evaluation, and problems occurring in a broad spectrum of non-clinical settings. The primary purpose of psychological assessment is to provide an understanding that informs a practical plan of action. It may result in a diagnostic classification or in the identification of strengths or competencies.

Knowledge:

- Assessment methods
- Knowledge of populations served
- Human development
- Diagnosis

Skills:

- Formulation of a referral question
- Selection of methods
- Information collection and processing
- Psychometric methods
- Formulation of hypotheses and making a diagnosis when appropriate
- Report writing
- Formulation of an action plan

3. Intervention

Definition:

The intervention competency is conceptualized as activities that promote, restore, sustain, and/or enhance positive functioning and a sense of wellbeing in clients through preventive, developmental and/or remedial services. A broad, comprehensive vision of the intervention competency should explicitly include theory as well as the following knowledge and skills:

Knowledge:

- Learning an array of interventions with individuals and systems (e.g., couples, families, groups and organizations)
- Respect for the positive aspects of all major approaches, which conveys an openness to varied viewpoints and methods
- Awareness of when to make appropriate referrals and consult
- Awareness of context and diversity
- Knowledge of interventions that promote health and wellness

Skills:

- Establish and maintain professional relationships with clients from all populations served.
- Establish and maintain appropriate interdisciplinary relationships with colleagues.
- Gather information about the nature and severity of problems and formulate hypotheses about the factors that are contributing to the problem through qualitative and quantitative means.
- Select appropriate intervention methods.
- Analyze the information, develop a conceptual framework, and communicate this to the client.

4. Research

Definition

Professional psychology programs should include research training such that it will enable students to develop:

- A basic understanding of and respect for the scientific underpinnings of the discipline.
- Knowledge of methods so as to be good consumers of the products of scientific knowledge.
- Sufficient skills in the conduct of research to be able to develop and carry out projects in a professional context and, in certain cases, in an academic context with the aid of specialized consultants (e.g. statisticians)

Knowledge:

Basic knowledge of research methods and of the applications of scientific research, including:

- Applied statistics and measurement theory;
- The logic of different models of scientific research (from laboratory experimentation to quasi-experimental and field research);
- Qualitative research methods (including observation and interviewing), etc., particularly with respect to the nature of reliability and validity in the gathering and interpretation of qualitative data

Skills:

- Critical reasoning skills
- Applications of various research approaches to social systems
- Ability to write professional reports

5. Ethics and Standards

Definition:

Professionals accept their obligations, are sensitive to others, and conduct themselves in an ethical manner. They establish professional relationships within applicable constraints and standards.

Knowledge:

- Ethical principles
- Standards of professional conduct
- Responsibilities to clients, society, the profession, and colleagues
- Awareness of potentially conflicting principles
- Standards for psychological tests and measurements
- Standards for conducting psychological research
- Jurisprudence and local knowledge

Skills:

- Ethical decision-making process
- Proactive identification of potential ethical dilemmas
- Resolution of ethical dilemmas

6. Supervision

Definition:

A kind of management that involves responsibility for the services provided under one's supervision and may involve teaching in the context of a relationship focused on developing or enhancing the competence of the person being supervised. Supervision is a preferred vehicle for the integration of practice, theory and research, with the supervisor as role model.

Knowledge:

- Models for the acquisition of competencies under supervision.
- Methods and techniques of supervision.
- Evaluation modalities.
- Available technical resources.
- Power relationships as well as cultural, gender issues and ethnic differences.

Skills:

- Sensitivity to power, cultural, sex, and ethnic issues.
- Articulation of clear learning objectives.
- Creating an open and participatory climate.
- Learning to be a good supervisee (open to supervision, well prepared, able to use time efficiently, non-defensive, aware of limits, etc.).
- Ability to link learning approaches to specific evaluation criteria.
- Being able to differentiate between teaching and therapy.
- Integration of knowledge.
- Awareness of one's own strengths and limitations as supervisor.
- Preparing a coherent evaluation based on precise learning objectives.

Accreditation

The Clinical Psychology Programme at the University of Saskatchewan is fully accredited by the Canadian Psychological Association, Accreditation Panel for Doctoral Programs and Internships in Professional Psychology of the Canadian Psychological Association. The program received a 6-year renewal of its accreditation in 2011 and is currently accredited until 2017.

CPA Accreditation Office:

Canadian Psychological Association Head Office
141 Laurier Ave West
Suite 702 Ottawa, Ontario K1P 5J3
613-237-1874 (fax)
1-888-472-0657 (toll-free in Canada)

2. Clinical Psychology Faculty

We have eight University of Saskatchewan faculty members working in the area of Clinical Psychology that cover a wide range of topics. Our faculty actively collaborate with other faculty in the Department and with faculty from St. Thomas More College (STM), three of whom are in clinical psychology and are active contributing members of the program and who regularly supervise clinical psychology students. The program offers Ph.D. degrees in clinical psychology and at any given point in time usually has about 35-40 students completing their course work or on internship. Please visit the departmental website for contact details as well as information regarding faculty clinical, research, and teaching interests.

Clinical Psychology Faculty

Dr. Brian Chartier	Associate Professor (STM)
Dr. Lynn Corbett	Assistant Professor, Psychology Services Centre Clinic Director
Dr. Jorden Cummings	Assistant Professor
Dr. Gerry Farthing	Associate Professor (STM)
Dr. Paulette Hunter	Assistant Professor (STM)
Dr. Michael MacGregor	Associate Professor
Dr. Linda McMullen	Professor
Dr. Lachlan McWilliams	Associate Professor
Dr. Megan O'Connell	Associate Professor
Dr. Mark Olver	Associate Professor, Director of Clinical Psychology Training
Dr. Stephen Wormith	Professor

Faculty in Other Areas of Psychology

Dr. Louise Alexitch	Associate Professor, Culture Health and Human Development stream
Dr. Ron Borowsky	Professor, Cognition and Neuroscience stream
Dr. Jamie Campbell	Professor, Cognition and Neuroscience stream
Dr. Valery Chirkov	Professor, Applied Social Psychology stream
Dr. Michel Desjardins	Associate Professor, Culture Health and Human Development stream
Dr. Lorin Elias	Professor, Cognition and Neuroscience stream
Dr. Peter Grant	Professor, Applied Social Psychology stream
Dr. Karen Lawson	Professor, Applied Social Psychology stream
Dr. Janeen Loehr	Assistant Professor, Cognition and Neuroscience stream
Dr. Tammy Marche	Professor (STM), Cognition and Neuroscience stream
Dr. Patti McDougall	Professor, Cognition and Neuroscience stream
Dr. Melanie Morrison	Professor, Applied Social Psychology stream
Dr. Todd Morrison	Professor, Applied Social Psychology stream
Dr. Steven Prime	Assistant Professor, Cognition and Neuroscience stream
Dr. Gordon Sarty	Professor, Cognition and Neuroscience stream
Dr. Ulrich Teucher	Associate Professor, Culture Health and Human Development stream
Dr. Valerie Thompson	Professor, Cognition and Neuroscience stream
Dr. James Waldram	Professor, Culture Health and Human Development stream

Professors Emeriti

Dr. John Conway
Dr. Margaret Crossley
Dr. Carl von Baeyer

Adjunct Professors

Dr. Phil Carverhill	Private Practice
Dr. Richard Katz	First Nations University of Canada
Dr. Jo Nanson	Private Practice (retired)
Dr. Terry Nicholaichuk	Private Practice
Dr. Trevor Olson	FIT for Active Living Program, Saskatoon Health Region
Dr. Cindy Pressé	Regional Psychiatric Centre (retired)
Dr. Brian Rector	Ministry of Justice, Corrections and Policing
Dr. Keira Stockdale	Saskatoon Police Service
Dr. Mirna Vrbancic	Dept. of Clinical Health Psychology, Royal University Hospital, Saskatoon Health Region
Dr. Stephen Wong	Swinburne Institute of Technology, Melbourne, Australia

Professional Affiliates

Dr. Bryan Acton	Dept Clinical Health Psychology, Royal University Hospital, Saskatoon Health Region
Dr. James Arnold	Chartier, Arnold, Brock, Shimp and Associates
Dr. Ruthanne Bell	Child Service Team, Saskatoon Health Region
Dr. Lisa Berg-Kolody	Mental Health Centre, Prince Albert Parkland Health Region
Dr. Steve Boechler	Private Practice
Dr. Rupal Bonli	Dept Clinical Health Psychology, Royal University Hospital, Saskatoon Health Region
Dr. Bette Brazier	Private Practice
Dr. Robert Brown	Prairie North Regional Health Authority, North Battleford
Mr. Dean Carey	Ministry of Justice, Corrections and Policing
Ms. Audrey Gordon	Regional Psychiatric Centre, Correctional Service of Canada
Ms. Delphine Gossner	Ministry of Justice, Corrections and Policing
Dr. D'Arcy Helmer	Adult Community Services, Saskatoon Health Region
Dr. Carrie Hicks	Mental Health Centre, Prince Albert Parkland Health Region
Dr. Sarah Hillis	Dept Clinical Health Psychology, Royal University Hospital, Saskatoon Health Region
Dr. Douglas Jurgens	Mental Health Centre, Prince Albert Parkland Health Region
Mr. Ross Keele	Ministry of Justice, Corrections and Policing
Dr. Ellen Legault	Young Offender Team, Saskatoon Health Region
Dr. Lisa Lejbak	Alvin Buckwold Child Development Program, Saskatoon Health Region
Dr. Michael McGrath	U.S. Probation and Pretrial Services (USPPS), Minot, N.D.
Dr. Annalyn Mercado	FIT for Active Living Program, Saskatoon Health Region
Dr. Susan Nadon	Child Service Team, Saskatoon Health Region
Dr. Glenn Pancyr	Private Practice
Dr. Dawn Phillips	Dept Clinical Health Psychology, Royal University Hospital, Saskatoon Health Region
Dr. Natalie Polvi	Regional Psychiatric Centre, Correctional Service of Canada
Dr. Dallas Savoie	Prairie North Regional Health Authority, North Battleford
Dr. Wayne Schlapkohl	Prairie North Regional Health Authority, North Battleford
Ms. Doris Schnell	Ministry of Justice, Corrections and Policing
Dr. Marc Sheckter	FIT for Active Living Program, Saskatoon Health Region

Dr. Lana Shimp	Chartier, Arnold, Brock, Shimp and Associates
Dr. Lara Spagrud	Alvin Buckwold Child Development Program, Saskatoon Health Region
Dr. Fern Stockdale Winder	The Rehabilitation Centre, Saskatoon Health Region
Dr. Donna Torrens	Young Offender Team, Saskatoon Health Region
Mr. Chris Turner	Ministry of Justice, Corrections and Policing
Dr. Laurene Wilson	Dept Clinical Health Psychology, Royal University Hospital, Saskatoon Health Region
Dr. Marilee Zaharia	Rural Consultation Service, Saskatoon Health Region

3. Resources

Psychology Clinic

Who We Are

The Psychology Services Centre (PSC) was established in 1979 and renamed the University of Saskatchewan Psychology Clinic in 2015. The Psychology Clinic is an in-house training centre in the Department of Psychology where clinical psychology graduate students provide psychotherapy and/or assessment services to members of the public, either in clinical practica placements or for applied aspects of therapy and/or assessment classes. All trainees in the clinic are closely supervised by registered doctoral level psychologists.

The priorities of the Psychology Clinic are to: provide psychological services to the community at large; facilitate the clinical training and professional development needs of graduate students in clinical psychology; and to support the applied research interests of students and faculty. Over the years, the Psychology Clinic has supported clinical practicum needs, graduate class requirements, and research projects of many students and faculty in the Department of Psychology.

At the Psychology Clinic, we strive to work collaboratively with people to privilege their voice in determining what is most useful to them in the services they seek out with us. By using a brief clinical tool called PCOMS (Partners for Change Outcome Management Systems), we work with clients to ensure that the therapeutic services they are receiving are addressing their identified areas of concern and are a good fit for them. Tracking the effectiveness of our therapy services with PCOMS allows us to deliver evidence based practices regardless of the type of therapy offered, while still tailoring the services to the particular needs of the client (Duncan, 2014). Providing client-directed, outcome informed services are priorities at the clinic.

At this time, we are able to accept a limited number of referrals for individual and couples therapy during the school year (September – June). Group therapy is also offered depending on client needs, graduate student interests, and clinic capacity. Referrals are accepted based on the assessed fit between client needs and clinic services, as well as in relation to program capacity. Decisions regarding referrals are made by the Director of the Psychology Clinic. Self-referrals and referrals from other professionals are accepted. Referral forms and information sheets outlining how decisions about referrals are made for both types of referrals can be found here.

Who We Serve

Currently, we see adults struggling with a variety of life difficulties, including depression, anxiety, effects of interpersonal abuse, relationship concerns, eating and body image related difficulties, grief and loss, work-life balance, life transitions and identity questions. We embrace diversity along all dimensions, including race, culture, religion, socio-economic status, able-bodiedness, sexuality, gender identity, and types of families. We are LGBTQ friendly. As the Psychology Clinic grows, we plan to offer therapeutic services to children and families as well.

Due to the generally shorter-term nature of therapeutic services offered and the training purposes of the Clinic, we are not able to accept referrals with the following complications:

- High suicidality

- High levels of crisis (with a need for emergent interventions)
- Moderate to high substance abuse difficulties without an involved addictions counsellor
- Involvement in litigation
- Psychosis

Fees for Psychotherapy Services

Fees for psychotherapy services are \$20/session, due at each session. Cash or cheque payment options are available at this time. Receipts are issued for payments made. Fees received are put toward costs associated with running the clinic. We do not want cost to be a deterrent for people who may benefit from our services. If someone is encountering difficulties with the payment structure, we will work with them to create a more manageable payment arrangement. Fees for current University of Saskatchewan and Saskatchewan Polytechnic students are waived.

Psychology Clinic Director

Effective August 1, 2015, the clinical psychology program has a full-time Psychology Clinic Director who will assume many of the clinic's administrative and training functions. The Clinic Director is a member of the CEC and has the following responsibilities:

- Developing a training center in which graduate students provide clinical services to the community at large
- Ensuring all therapeutic services offered are client-directed and outcome-informed
- Working with trainees to create a safe training climate in which professional identity development is centered
- Building and sustaining working relationships with community referrals sources
- Assessing and addressing the gaps in service provision in the community
- Developing a client base, managing referral streams, and monitoring program capacity in relation to referrals
- Supervising clinical psychology student practica through the clinic
- Overseeing all practica offered through the Psychology Clinic
- Delivering clinical services to the campus and broader Saskatoon community
- Ensuring trainees are aware of and are implementing all professional and ethical guidelines and relevant legislation
- Managing graduate teaching fellowship responsibilities for students assigned to the Psychology Clinic
- Managing and training clinic support staff
- Overseeing the test library and Psychology Clinic recording and computer equipment
- Serving as a member of the clinical psychology executive committee (CEC)
- Updating the CEC on clinic issues and professional activities
- Graduate classroom teaching
- Generating long-term planning for growth and sustainability of the Psychology Clinic
- Holding regular monthly meetings with the Psychology Clinic Committee (PCC) to review and discuss clinic operational and professional issues

Psychology Clinic Committee

The Psychology Clinic has a committee (PCC) comprised of Clinical Psychology Program Executive Council (CEC) faculty members, one of whom is the Psychology Clinic Director and chair of the committee. The PCC meets monthly and provides oversight, coordination and consultation of all Psychology Clinic activities including student training, room bookings, test ordering, equipment ordering and repair, and day-to-day operations.

Psychology Clinic Space

The Psychology Clinic space consists of a waiting room, an office containing the test library, and three therapy/assessment rooms. Clinic rooms are equipped with one-way windows and video equipment for training in relation to therapeutic and assessment services offered. In addition, the Psychology Clinic has digital audio recorders that can be used for clinical services and research conducted in the clinic.

Psychology Clinic Room Booking Policies

Graduate student or faculty room bookings for clinical practica, graduate class requirements, or research purposes must be done ahead of time. Room booking requests may be made by sending an email to tcx975@mail.usask.ca. Please include your requested date, time and room number in your email. You will receive a reply confirming your booking. Some courses require specific rooms on a particular weekday for the entire term. Such requirements must be booked in advance of the term. Graduate students completing Graduate Teaching Fellowships in the Psychology Clinic are there to assist with any questions regarding room bookings, equipment usage, and use of the test library.

In keeping with the mandate and priorities of the Psychology Clinic and in support of the University's core values, the Psychology Clinic space and recording equipment is available to book for clinical service provision, training and class instructional needs, and research purposes.

Psychology Clinic space can be booked on the basis of the following priority groups:

1. Faculty and students in the Graduate Program in Clinical Psychology
2. Faculty and students in other programs in the Department of Psychology
3. Professional affiliates of the Department of Psychology
4. Other registered psychologists associated with the Department of Psychology as approved by the PCC

Professional affiliates and other registered psychologists associated with the Department of Psychology are requested to provide a signed letter to the Psychology Clinic Director indicating the proposed use of the space. Space in the Psychology Clinic may be reassigned up to one month before the reserved time according to the priorities above. In these rare circumstances, we have historically been able to provide workable alternate arrangements.

Fees for room bookings

There is no charge for use of space in the Psychology Clinic within programs of the Department of Psychology.

An usage fee of \$15 per hour per room shall be charged to professional affiliates and other registered psychologists associated with the Department of Psychology. Usage fees will be forfeited if the room reservation is not cancelled 24 hours prior to the booking.

Test Library Policies

The Psychology Department maintains an extensive library of psychological assessment materials that is housed in the Psychology Clinic. The primary functions of the test library are to support teaching at the graduate and undergraduate levels, to facilitate assessment and treatment services offered to the community through the Psychology Clinic, and to support student and faculty research.

A) Eligible Borrowers of assessment materials:

Borrowers are restricted to graduate students of the Department of Psychology, and clinical psychology faculty. Adjunct, associate, and professional affiliate faculty may borrow materials for use in teaching and research connected with the Psychology Department. Undergraduate students who wish to use the test library as a resource for work on their honours theses must provide a letter from their faculty supervisor outlining the need for use of test materials, in which the faculty member states that she or he assumes responsibility for the materials.

Consistent with Canadian Psychological Association (CPA) guidelines, the Psychology Clinic maintains a confidential file of biographical and test qualification forms to aid in determining borrowers' eligibility to sign out restricted test materials. All borrowers, including graduate students and faculty, must have a completed an up-to-date biographical and test qualification form, which when approved by the PCC, allows them to sign out assessment materials. Forms can be obtained from the Psychology Clinic Director or graduate students completing Graduate Teaching Fellowships in the Psychology Clinic.

All other requests to use the test library must be approved by the PCC. In keeping with test publishers' restrictions, only requests from Registered Psychologists will be considered, in most cases. It is assumed that off-campus practicum sites will supply consumables and test kits for student use. However, when required, assessment materials can be signed out by graduate students completing off-site practicums for limited periods, and when this work is being supervised by a Registered Psychologist.

B) Assessment Materials:

Borrowers of assessment materials are totally responsible for the safekeeping, security, and well-being of all materials signed out. Any loss of or damage to test materials should be reported to the Psychology Clinic Director. Borrowers will responsible for any replacement costs.

All assessment materials may only be signed out for brief periods of time to be arranged at the time of sign-out, normally not more than a few days. The sign-out period may vary somewhat depending on the demand for the specific assessment tool and the number of copies in the test library. Although not currently required, the test library reserves the right to require a \$10.00 deposit on borrowed materials and to charge late fees when applicable. Late fees may be charged at the rate of \$3.00 per day and are processed through the department's accounts. Permission to sign out additional materials may not be granted if the borrower has overdue materials or if there are other outstanding bills.

Consumables, such as test blanks, will be provided to students in classes requiring their use. All other borrowers will be charged replacement costs plus an administrative fee. The costs of the

consumables will be added to the borrowers photocopying account. The Psychology Clinic Director will be responsible for notifying the Head Secretary when charges are to be added to a borrower's account.

Requests to purchase new testing materials should be forwarded to the Psychology Clinic Director. An inventory of library materials is maintained on the index page of the clinical program website, which can be accessed through the University of Saskatchewan website.

C) Test Library Office Hours:

Each academic term a schedule of test library office hours, which is when assessment materials can be signed out of the test library, will be circulated. If these office hours conflict with your schedule, you may contact one of the TAs working in the Psychology Clinic to make an appointment. Assessment materials will only be signed out to the person making the request for the materials.

Email Listserv:

clinpsy-usask-l@usask.ca

This is an email listserv for students and faculty in the Graduate Programme in Clinical Psychology. Graduate students, alumni, and faculty (including adjunct professors, professional affiliates, and associate members) in the Doctoral Program in Clinical Psychology at the University of Saskatchewan are invited to subscribe to this mailing list. Only subscribed persons can post to the list so there is little or no spam.

Subscribing

Send a message to mark.olver@usask.ca saying "subscribe clinpsy-usask-l" (and giving your name if it's not obvious in the header. You will receive a welcome message that explains how the listserv works and how to post messages or unsubscribe.

Unsubscribing

Send an e-mail to mark.olver@usask.ca asking to be unsubscribed.

Posting Messages

- Send your message to clinpsy-usask-l@usask.ca.
- You can send messages to the listserv only from the e-mail address under which you are subscribed to the listserv.
- If you change e-mail addresses, you'll have to resubscribe. For example, if you are subscribed as [<john.smith@usask.ca>](mailto:john.smith@usask.ca) and you try to post from [<smith@sask.usask.ca>](mailto:smith@sask.usask.ca), your message will not be delivered. Set your "FROM:" address in your e-mail program to be the same as the address under which you are subscribed, or else change your subscription.

Listserv Etiquette

- Messages can be either plain text (ASCII) or formatted (HTML) but plain text is preferred.
- Please avoid using attachments. If you have a lot of information to distribute, just provide the source (person to contact or web address).
- Please keep messages concise, polite, and relevant to training in clinical psychology.
- No confidential information should be posted.

Archive

There is a searchable archive of messages to this list starting 03-Sep-1999. This serves as a permanent public record of announcements, discussions, and notes from meetings. The archive is viewable by people using a computer whose name ends ".usask.ca" (i.e., computers on campus, or connected to the USask network via USask dial-up lines). If you are using an off-campus computer, you must log in using your Network Services ID.

Privacy

Only people who have subscribed are able to post to the list, so little junk e-mail is expected on this list. The list of addresses is accessible only to the list manager and the Director of Clinical Psychology Training. The archive can be viewed only by USask users as explained above.

4. Funding

A longstanding policy of the clinical psychology program is to guarantee at least four years of funding for students in the graduate program. Students are expected to apply for research and teaching fellowships, but the department is prepared to guarantee funding when the student is not successful in acquiring other sources of funds. This would equate to funding for each of the four years of coursework and practica, with the fifth year ideally being the internship year, during which students receive stipend funding from the host training site.

The typical sources of this funding are outlined below. Although students may be funded by more than one of these avenues over the course of their program of studies, typically students can only be funded by a single scholarship or fellowship at a single time. Some common funding opportunities are described below (this is not an exhaustive list).

Graduate Teaching Fellowship (GTF)

This is a \$17,100 per year stipend subdivided into teaching assistant activities for undergraduate and graduate psychology courses (e.g., exam and essay marking, coordinating labs, invigilating exams, etc.) during the academic year (\$13,100) followed by a four month summer scholarship from May through August (\$1,000 per month). GTFs require 240 hours of departmental service; the activities are assigned by the Associate Head.

For more detail please visit:

<http://artsandscience.usask.ca/psychology/department/gradteaching.php>

Tri-Council Funding

Students are expected to apply for external funding from one of the three tri-agencies: Social Sciences and Humanities Research Council (SSHRC), Canadian Institutes of Health Research (CIHR), or Natural Sciences and Engineering Research Council (NSERC). Clinical psychology students have been funded by all three of these granting agencies and historically have been very competitive for these grants. Doctoral awards are available from each agency while master's awards are available from a single harmonized Canada Graduate Scholarship Program. Students externally funded through a Tri-Council award are not expected to undertake teaching assistant activities, but may be eligible for a monetary top-up over and above their award by contributing to a limited number of these activities. Students can consult with their research supervisor and the Graduate Program Chair to determine the most suitable award. Master's awards are 12 months at \$17,500. The value and duration of doctoral awards varies considerably depending on the agency and can range from \$20,000 to \$35,000 per year between one and four years.

Relevant links:

<http://www.sshrc-crsh.gc.ca/funding-financement/programmes-programmes/fellowships/doctoral-doctorat-eng.aspx>

<http://www.cihr-irsc.gc.ca/e/38887.html>

http://www.nserc-crsng.gc.ca/Students-Etudiants/PG-CS/BellandPostgrad-BelletSuperieures_eng.asp

Dean's Scholarship

Students can be put forward for a master's or doctoral Dean's scholarship award. Master's dean awards are up to two years in duration at \$18,000 while doctoral Dean's awards are three years in duration at \$22,000 per year. Students may receive a Dean's scholarship upon admission to the Graduate Program or they may be eligible during their first year of graduate studies. Several criteria are considered in the weighting and evaluation of applicants for Dean's scholarships although a minimum average of 85% is required for eligibility.

For more detail please visit: <http://www.usask.ca/cgsr/funding/canadian.php>

Departmental or University Employment

Students may receive paid employment through sessional teaching of undergraduate psychology courses or through picking up additional research assistant work. Other university jobs may also be available to clinical psychology students.

Clinical Work outside the Program

Clinical psychology students frequently garner employment in clinical settings outside the program at some point in the completion of their program of studies. Clinical psychology students have been clinically employed in several capacities including working as psychometrists and providing supervised assessment, intervention, and consultation services. Students and employing settings are expected to adhere to the program policies for clinical work outside the program, set out in Chapter 12 of this document. Students employed in clinical settings are expected to receive regular ongoing supervision. Students are also expected to inform the DCT, their research advisor, and ensure that they can maintain fulltime commitment to their program of studies.

5. Program Administration

Clinical Psychology Program Executive Committee (CEC)

This committee consists of the core clinical faculty (i.e., those employed full time in the Department of Psychology and STM and identified as members of the clinical psychology doctoral program), together with two student representatives. One student is selected to represent years 1 and 2, and the other represents years 3 and up. The method of selecting a student representative (whether by volunteering, appointment by a student organization, or direct election) is normally left to the respective classes of students. The Director of Clinical Training represents the views of adjunct and professional affiliate faculty and associate members in this committee.

In the past the committee served an advisory, non-decision-making function. This provided a useful forum for discussion but delayed important or necessary decisions. The present structure is adopted [1999-10-07] to facilitate decision-making concerning any issues or concerns related to the program (not individual student matters).

The CEC is very active in all aspects of clinical psychology program administration and is the final arbiter in program decisions. Some of these activities include serving a curriculum evaluation and planning function, active participation in the comprehensive examination process, reviewing program applications and making admissions recommendations, conducting annual student evaluations and monitoring student progress, all in addition to the CEC faculty members' individual roles of graduate teaching, student research supervision, and thesis advisory committee membership. Some of these activities, particularly in regards to any program matters that involve sharing or reviewing student information, are performed in camera (i.e., without the student representatives present).

The committee functions under simplified Roberts Rules, with the following additional guidelines:

- Notice of motions on substantive issues: at least 5 days.
- Decisions made by a majority of only one vote or requiring the chair to break a tie will be reviewed at the next meeting.
- Quorum for voting purposes: 4 faculty, 1 student.

Decisions made by the advisory committee will be forwarded to the appropriate person or committee, which may be a committee of clinical psychology faculty and students, the Department Head, the Graduate Committee, the department faculty, or the College of Graduate Studies and Research, depending on the nature of the decision.

The committee meets at least six times a year, at 4:00 p.m., normally on the first Thursday of October, November, December, February, March and April. Business may also be carried out at special meetings or retreats. The Director of Clinical Training distributes the meeting notice and agenda. Discussion of selected issues by email may precede discussion at the meeting.

Student Input in Clinical Program Governance and Role of Student Representatives

Benefits of being active in program governance

Students who participate and contribute actively in the program gain valuable administrative experience. Their contributions can be recognized in letters of reference for internships and post-graduation employment. They may gain a sense of empowerment as they see that their efforts contribute to continuous maintenance and improvement of quality in clinical psychology training. They may learn about issues in training that will be helpful in their own later role as instructor, supervisor, or administrator in training programs. They may gain satisfaction from serving as advocates for their fellow students.

Student representatives and their role

One of the ways for students to participate is to serve as a student representative. One student represents Years 1-2 and another student represents Years 3 and up in the program. The main functions of the student representatives are as follows:

1. Act as a liaison between the graduate students they represent and the Program administration. This liaison role includes summarizing and presenting student views to the Clinical Program Executive Committee (CEC), and also includes communicating information received through Executive meetings back to the students. Representatives can make use of various communication methods to accomplish this liaison work (e.g., the clinical graduate students' listserv, the clinical program listserv, meetings, surveys, phoning trees, etc.).
2. Participate as voting members of the CPEC.
3. When communicating student views (including suggestions, concerns, etc.) to the DCT and/or the CPEC, student representatives will keep the sources of such views anonymous so that all students will feel free to express any concerns to the program administration through their representatives.
4. Participate in review of draft policies, announcements, agendas, and other communications within the clinical program.

Selection or election of representatives

The method of selecting a student representative (whether by volunteering, appointment by a student organization, or direct election) is normally left to the respective classes of students. The term of office is one academic year (September to August), renewable for one additional year.

Other ways of introducing input from students

This list is intended to offer options for enhancing student participation and input; not all of these will be implemented at any one time.

1. Individual meetings between DCT and each student in the program, to assess progress and obtain feedback on program issues
2. 'Town hall' or community meetings of the entire program to discuss issues openly - once a year or once a term.
3. Discussion of issues on e-mail listservs.

4. Evaluation forms for classes, practica, and research supervision.
5. Student committees to address issues of concern to students and make recommendations to faculty.
6. Program evaluation surveys with responses compiled anonymously.

Responsibilities of Director of Clinical Psychology Training (DCT)

Some of these responsibilities are normally delegated to other clinical psychology faculty members or to department staff, with the DCT remaining accountable to the Department Head for supervision of these functions.

Program Administration

1. Chair meetings of Clinical Psychology Executive Committee and maintain minutes
2. Draft, revise, finalize and advertise policies and procedures, obtaining external approval where needed
3. Participate as a member of the departmental Graduate Committee
4. Liaison with student representatives
5. Accreditation: applications and annual reports to CPA, APA, including reports on 'monitoring items'
6. On-campus relationships: Psychology Department, Arts & Science, College of Graduate Studies and Research, Council of Health Sciences Deans
7. External relationships: Saskatoon Health Region, University of Regina, Saskatchewan College of Psychologists, Canadian Council of Professional Psychology Programs (CCPPP), Association of Psychology Postdoctoral and Internship Centers (APPIC), Council of University Directors of Clinical Psychology (CUDCP)
8. Program development and long-term planning
9. Problem resolution

Faculty

1. Recruitment & search subcommittee
2. Support of faculty in promotion, tenure, renewal of probation, merit
3. Professional affiliate & adjunct faculty: nomination & communication
4. Informal support of faculty

Students

1. Recruitment
2. Admissions
3. Registration & advising
4. Annual review of students: provide input to Graduate Committee
5. Application for internship: advising, feedback on draft AAPI, preparation of Verification of Readiness
6. Financial support: coordination with Graduate Chair
7. Completion of CGSR Forms for Transfer to PhD, Program of Studies
8. Informal support of students

Curriculum

1. Clinical course teaching assignments
2. Coordination with complementary faculty re: non-clinical courses required for our students:
PSY 805, 806, 807, 811, 880, 881
3. Practicum: identification of placements; matching of students; receipt of evaluations
4. Internship: contact with external internship directors at mid-term and end of internship
5. Comprehensive examinations: approval of case presentation synopses, arranging oral exams, communicating results to the Department and College, planning for remediation where needed
6. Clinical Psychology Case Seminar Series

Resources

1. Psychology Services Centre
2. Test Library
3. Web site
4. Listserv (clinpsy-usask-l)
5. Request departmental support for conferences and special events
6. Payment of program fees for CPA and APA accreditation, CCPPP and CUDCP membership

6. Program Components and Progress Milestones

This section covers the content, structure, and organization of the clinical psychology program, with a particular emphasis on progress milestones and student responsibilities to make the most of their training experience and to help ensure timely completion of the program.

A Note to Incoming Students

Welcome to the clinical psychology program! Your hard won efforts have paid off and you have been greeted with success at the end of a very competitive process. We look forward to working with you and learning together as you begin this journey of personal growth, professional development, academic scholarship, and clinical training.

The first year of the program is very course intensive. We do this in order for you to complete a number of fundamental courses in theory, clinical applications, statistical methods, and professional issues to prepare you for your supervised summer practicum and to prepare for transfer to the PhD program at the end of the following summer. Usually we try not to schedule more than 3 courses a term given that each is quite heavy and you will have a number of other responsibilities (e.g., teaching assistant or research assistant work) as well as attending other training seminars and events. The required courses and the program milestones are listed in a table on the clinical psychology website as well as later in this chapter.

Although there are a number of goals and objectives in your first year there are at least four primary foci. These foci should be completed by the end of August to prevent delays in transfer from the MA to the Ph.D. program.

1. **Coursework:** A primary goal for you will be to focus on your coursework and to take in as much as possible. It will inevitably be a steep learning curve, as we will be expecting you to learn about mental disorder diagnosis and classification, administration of standardized psychological tests, clinical interviewing, report writing, and ethics in professional practice. You will meet with the DCT for course advising in order to chart out the courses you are required to take, the timing of these courses, and to schedule the foundational courses.
2. **Summer clerkship (PSY 903) and logging of hours:** This is a 15-week 4-day per week summer placement in a clinical setting spanning from May to about the first or second week of August. The practicum coordinator and/or DCT will assign this placement to you based on placement availability, your training interests and the population you would like to work with, and perceptions of fit with the setting and supervisor(s). In some settings you can be expected to work with multiple supervisors, while in others you may have only one. Your clinical coursework is intended to help you develop some of the foundational knowledge, skills, and abilities (and to build on existing ones) to prepare you for this supervised training experience. More information is provided regarding clerkships and practica on the website and further in this document.

It will be important from the first volunteer client you interview and the first test you administer to begin logging your clinical hours. This is done in preparation for your internship application. Most students apply out for their pre-doctoral internship in their fourth or fifth year, which

requires documentation of all face-to-face client hours and supervision hours from applied coursework and clinical practica. Usually more detailed is better since these will be organized into categories based on client demographics, presenting concerns, and the nature of the service delivered. There are also a number of online resources to help clinical psychology students structure and assist with record keeping. Guidelines for application for internships are provided further in this document as well as guidelines on reporting face-to-face hours and supervision.

3. **Transfer document:** This is intended to be a thumbnail sketch of your proposed program of doctoral dissertation research. It is not intended to be a formal dissertation proposal (which comes later) and usually the transfer document can be written in about 10-15 pages, although there is much variability. You will work on your transfer document with feedback from your supervisor, who may be able to provide you with examples of past documents from students in their lab to give you an idea of their expectations and how to structure this. Historically, the summer clerkship was structured at four days a week to allow students the opportunity to work on their transfer documents on a designated day, given that the two terms of academic coursework are very heavy which can make additional research/scholarly activity challenging. The expectations of individual research supervisors vary, however, and yours may expect you to begin basic work and some writing earlier in the academic year. It will be important for you to inquire about your research supervisor's preference and to work with them to plan accordingly. Guidelines for the development of the transfer document and transfer from the Master's to Ph.D. program are provided on the website and further in this chapter.
4. **Formation of advisory committee:** A related goal is the formation of your graduate thesis advisory committee. Usually this will be a dissertation committee (master's thesis committees are structured somewhat differently) which includes: i) your research supervisor as chair, ii) two internal committee members (i.e., faculty members from any stream in the Department of Psychology), and iii) a cognate, that is, an internal-external committee member who is external to the psychology department but internal to the university (e.g., they could be from a college such as Law, Medicine or Nursing, another department within Arts and Science such as philosophy, sociology, etc.). In short, there will be four members who will oversee your doctoral research planning, progress, and development leading up to your defense. They also serve as your broader advisory committee who will evaluate your progress in the program in general, including your progress on coursework, satisfactory progress on the clerkship, and the completion of the transfer document. When it comes time for defense an external examiner and department chair or designate will be added to your committee for a total of six members.

In addition to the four primary foci listed above, there are a number of other training opportunities and program expectations for students. These are listed in brief below to orient you and are described in further detail in this brochure.

- **Clinical Seminar:** These are usually scheduled Tuesday afternoons for an hour from 4:00-5:00. All clinical students from years 1 through 4 are required to attend.
- **Research Team (PSY 900):** Clinical psychology students are expected to attend a weekly or bi-weekly research team meeting, which will be chaired and/or attended by your research supervisor and attended by other graduate students and faculty with similar research interests.

- **Application for External Funding:** Clinical psychology students are expected to apply for external funding from a granting agency. Usually this is the Tri-Council (SSHRC, CIHR, NSERC) but over the years, many of our students have been very successful applying for other external grants and fellowships. There are master's and doctoral level awards, and the one that you should be applying for is determined based on consultation with your research supervisor and/or the Graduate Program Chair. Application deadlines are typically in mid to late fall, which means that most students will have the opportunity to apply for one of these awards in their first term of the program. Please also see Chapter 4 of this brochure and visit the relevant links for further details.
- **Research Activity Outside of your Graduate Thesis:** Research supervisors vary in terms of their expectations for graduate students working under their supervision to participate in the research activities of the lab. Some may have set hours and have structured lab meetings and specific expectations; others may have less specific or minimal expectations for you to be involved in their research. At the most basic level, your top priorities are performance in your coursework, clinical training, and graduate research. That said, participating in additional research projects and having your hand in presenting at conferences, manuscript writing, navigating the publication process, and so on are important professional activities that can enrich your graduate training and increase your competitiveness for internship and future job prospects. It will be important for you to obtain a clear understanding what your research supervisor's expectations are for contribution to their lab research activity, and to negotiate this so that it does not impede your progress in the other major domains of training.

A Note for Continuing Students

Welcome back! You will be abundantly familiar with the information provided above. The years to follow involve a combination of coursework and weekly practica, preparation for your comprehensive exams in year 3, and ongoing progress on your doctoral dissertation research, leading up to the application for, and completion of, your pre-doctoral internship. All of these components are described in further detail in the chapters that follow and on the clinical psychology program website. The program milestones that follow provide a roadmap to keep you oriented toward the primary training activities, coursework, and evaluative components of the program in years 2 through 5.

The program subscribes to a 5-year training model. A stumbling block for many students and which delays graduation is the completion of the doctoral dissertation, but it doesn't have to be. Some basic information about expected stages of dissertation completion is provided in the Program Milestones to follow and further information on the completion of the dissertation is provided in this chapter. Advice on dissertation progress and completion is also provided in the discussion of pre-doctoral internships in Chapter 8 Clinical Placements.

Progress Milestones

Note: College regulations require that the Advisory Committee meet at least annually.

Year 1 (enrollment & first registration as MA student)		Complete by end of
Ethics	PSY 858.3	April
Statistics & research methods	PSY 805.3	April
Individual differences	PSY 831.3	April
Assessment 1	PSY 815.6	April
Case seminar	Attendance required	April
Foundations course	See Foundation Courses below	April
	See Foundation Courses below	April
Research	PSY 900.0 and PSY 994.0. See research team participation	April
	Application for external fellowship	April
	*Brief statement of research program approved at a meeting of the advisory committee. See the following document for more details on the transfer from the MA to the PhD program.	June
Summer clerkship	PSY 903.0	August
Annual report		May
GSR 206 form	Statement re courses, exams, research and committee for PhD program	July
Transfer to PhD program		August

Progress Milestones (Continued)

Year 2 (Registration as PhD student)		Complete by end of
Elective	Any course in psychology or related field approved by DCT	April
Statistics & research methods	PSY 807.3 or PSY 809.3 or equivalent research methods course	April
Program evaluation	PSY 811.3	April
Intervention 1	PSY 850.3	April
Foundations course	See Foundation Courses below	April
Research	PSY 900.0 Research team participation	April
	Application for external fellowship (if not yet awarded)	April
	*Annual meeting of advisory committee	May
	PSY 900.0 & PSY 996.0 Complete formal dissertation proposal and submit to committee for approval in September	August
Practicum & case seminar	PSY 902.0	April
Annual report		September

Progress Milestones (Continued)

Year 3 (Registration as PhD student)		Complete by end of
Elective	Any course in psychology or related field approved by DCT	April
Assessment/Individual Differences 2	PSY 816.3/841.3 - Students intending to take this course must have completed first and second year program requirements (or equivalent).	April
Professional skills	PSY 860.3	April
Intervention 2	PSY 852.3 or School & Counseling Psychology course approved by DCT	April
Comprehensive exams	Case comprehensive examination	May
Comprehensive exams	Ethics oral	June
Foundations course	See Foundation Courses below	April
Research	PSY 900.0 Research team participation	April
	Application for external fellowship (if not yet awarded)	April
	*Annual meeting of advisory committee	May
	PSY 900.0 & PSY 996.0 Completion of data collection	August
Practicum & case seminar	PSY 902.0	April
Annual report		September

Progress Milestones (Continued)

Year 4 (Registration as PhD student)		Complete by end of
Apply for year 5 internship		November
Research	PSY 900.0 Research team participation	April
	Application for external fellowship (if not yet awarded)	April
	*Annual meeting of advisory committee	May
	PSY 900.0 & PSY 996.0 Completion of data analysis and commencement of dissertation writing	August
Practicum & case seminar	PSY 902.0	April
Annual report		September

Year 5 (Registration as PhD student)		Complete by end of
Internship	PSY 904.0	August
Research	PSY 996.0 defend dissertation	August
Annual report		September

Year 6		Complete by end of
Ph.D. Convocation		October

Benefits of Meeting the Progress Deadlines

If the deadlines for each year are met, then for the following year:

- GTF funding is available if needed (for years 2, 3 and 4)
- Full-time student status can be approved if appropriate (this may affect student loans and taxes)
- Practicum placements will be arranged
- Students will be registered in courses in the appropriate year
- Students will be eligible for conference travel, workshop registration, and other minor funding from the Department when it is available

Specifically, GTF funding for Year 2 depends on meeting all of the progress deadlines for Year 1 and being transferred into the PhD program. No funding for the MA-2 year will be available for students entering the program after September, 2000.

In each case where a student does not meet progress deadlines, clinical psychology faculty will consider the situation, with the input of the student's adviser, and recommend a course of action, which may include limiting access to the resources listed above, or in severe cases, recommending probationary status to CGSR.

The goal in all cases will be to facilitate students' continued and timely progress toward completion of the program.

Foundations Courses:

Biological, Cognitive, Social, and Historical Foundations of Behavior

To meet our accreditation requirements and to ensure that students will be qualified under the Mutual Recognition Agreement (MRA), clinical psychology students are required to take 3 credit units of graduate courses in each of biological, cognitive, social/cultural, and historical foundations of behaviour (four foundation areas in total). Up to two of these requirements can be met by evidence of successful completion of the equivalent of 6 credit units in each area at the senior undergraduate level (i.e., year 3 or 4), with the exception of history and systems, for which equivalency can be achieved from 3 credit units at the senior undergraduate level. Exemptions will be determined by the Director of Clinical Psychology Training when students register in their first year of the program. Normally the foundations courses will be taken in Year 1 and Year 2 depending on availability.

Clinical Seminar

Clinical seminars are held for an hour usually on Tuesdays from 4:00-5:00 from September to April. Clinical psychology students are required to attend. The topics are quite varied but typically cover professional and applied issues in diagnosis, conceptualization, assessment, intervention, and ethics in various domains of clinical psychology in research and practice. Usually the lineup of speakers will be psychologists or professionals from allied fields in the community, as well as students and faculty.

Research Teams (PSY 900)

All clinical psychology graduate students should be on research teams from the time they start the program until they go on the full-year internship. As a member of a research team, you may have opportunities to:

1. Bring in references you come across that may interest other members of the team.
2. Present and discuss important articles in the research literature, as in a journal club.
3. Act as a research assistant in a project being carried out by the team leader or by another student.
4. Receive assistance from other team members in carrying out your own research (e.g., rating, scoring, entering data, assistance with analysis).
5. Offer constructive criticism of documents written by other members of the team (e.g., articles to be submitted to journals, thesis proposals, grant proposals, conference presentations, posters).
6. Rehearse talks for conferences, dissertation defenses, etc., and obtain feedback.
7. Carry out a joint research project in which all team members contribute.
8. Brainstorm and refine ideas for further research.
9. Discuss and demonstrate specific research techniques (e.g., statistical methods, psychometric methods).
10. Give and receive social support to help get through the tribulations of completing research.

Normally each student will participate on her or his adviser's research team. If the adviser does not have a research team, or if the adviser is away, the student should take the initiative to locate another research team. In any case students are encouraged to visit other research teams over the course of their time in the program.

Policy for Transfer from MA to PhD Program

Transfer to the PhD program in Clinical Psychology following the First Year

Students admitted to the graduate program in clinical psychology are normally expected to transfer from the MA to the PhD program at the end of their first year. All of the following requirements for transfer must be completed.

1. Successful completion of all first year graduate courses.
2. Successful completion of summer clerkship.
3. Approval of Ph.D. Research Program Proposal (transfer document) by the student's PhD supervisory committee

The Ph.D. Research Program Proposal is a document outlining the student's intended Ph.D. research program. It must include a statement of research objectives, theoretical and empirical rationale and a description of methodology including the population, measures, research design and anticipated analytical strategy for at least the first study, as well as an indication of the direction of future research. Ideally, the document will be 5 or 6 pages long (double-spaced, plus references, and appendices if needed), and will be similar in scope and style to a SSHRC Doctoral

Fellowship proposal. In past years some students have submitted acceptable proposals around 10-15 pages long. The advisory committee will understand that not everything can be covered in this short proposal. Also the student should remember the purpose of this document, which is not to be a comprehensive research protocol, but just a way of showing the advisory committee that the student is embarking on a realistic and well-considered course of research.

Expectations for PhD Dissertations

Thesis

The thesis, based upon original investigation, must demonstrate mature scholarship and critical judgment on the part of the candidate, as well as familiarity with tools and methods of research in the candidate's special field. To be acceptable, it must be a worthwhile contribution to knowledge, and warrant publication in whole or in part. It must comply with specifications described in the Guidelines For Preparation of a Thesis.

Thesis preparation involves a long-term commitment through the stages of preparing a research proposal, completing a literature review, developing methodology, carrying out research and writing the results. Throughout this process the student will maintain contact with the Supervisor, as well as the Advisory Committee. When, in the opinion of the student and the Supervisor, the work is virtually complete and ready for defence, the student will submit a draft of the thesis, substantially in its final form, to the Supervisor. The Supervisor will review the thesis, making any appropriate suggestions to the student and will then submit it to the Advisory Committee. It is the student's responsibility to make available the number of copies needed by the Advisory Committee. When the Advisory Committee has agreed the manuscript is ready for examination the candidate will receive permission to make the final copies required for the Examining Committee.

Examining Committee

The Examining Committee consists of at least six persons in total as follows: the External Examiner, the Supervisor, three members of the Advisory Committee (including the Cognate member), and the academic unit Head, or designate, who will chair that part of the defence devoted to questioning the candidate. The external examiner and unit Head or designate are appointed following the approval of the dissertation to go to oral defense.

In the "sandwich" dissertation which is now becoming well-accepted, the dissertation comprises the following. (See more at www.usask.ca/cgsr/downloads/thesisincludingpapers.pdf)

- An introduction summarizing and critiquing the research on the topic as a whole, and the rationale for the current study
- A brief section between each manuscript indicating its relationship to the thesis in its entirety
- A general discussion which links the separate manuscripts and relates the student's research to the topic as a whole.

For more information, see the Calendar and Guidelines for Preparation of a Thesis.

Additional Information

- The dissertation proposal should be completed by August of Year 2 and defended in September of Year 3.
- It should include a comprehensive and up-to-date literature review followed by detailed protocols for two or more studies (for which pilot work may already have been completed).
- The specific scope and nature of the studies are as determined by the student and supervisor in conjunction with the advisory committee.
- While part of a dissertation may be based on existing data banks or data from previous studies, it is normally expected that at least one study including original data collection will be carried out.

7. Core Courses and Degree Requirements

Overview of Degree Requirements

This information covers the core course and degree requirements that students are expected to complete in the clinical psychology program. Foundations and elective courses are not covered here (see Chapter 6 on Program Components for discussion of foundational courses). The University of Saskatchewan Course Catalogue is updated annually.

The course descriptions and program degree requirements from the College of Graduate Studies and Research for the clinical psychology stream of the Graduate Program can be found at:

<http://www.usask.ca/programs/colleges-schools/grad-studies/programs/psychology.php>

The Department of Psychology has only a single Graduate Program organized into four streams: Clinical Psychology, Applied Social Psychology (ASP), Cognition and Neuroscience (CGNS), and Culture Health and Human Development (CHHD). Each stream represents a different way of obtaining an MA or Ph.D. in psychology and has their own curriculum of coursework, comprehensive examination, and other training requirements. Each stream has its own graduate program coordinator (the DCT is the coordinator for Clinical) while the Graduate Program Chair has a range of administrative responsibilities for the graduate program in general and broad oversight of its four streams.

Normally, students transfer from the M.A. after their first year in the graduate program to the Ph.D. program and then maintain continuous registration in until all requirements for the Ph.D. are met. For students in the transfer program, this will entail a total of 45 credit units of classroom based course work. Note that many of the courses including clinical placements, graduate theses, and other program seminars or course requirements are 0-credit and thus do not contribute to the 45 credit unit total; they are, however, equally as important and their successful completion is required for graduation.

Students are eligible to earn an MA degree from the Graduate Program in the clinical psychology stream, although this tends to be much less common and most students transfer from the MA to Ph.D. program. For the MA degree following clinical stream requirements, this entails the completion of 30 credit units of coursework and concordant clinical and thesis research requirements, while the Ph.D. degree requires an additional 15 credit units and the remaining clinical and thesis research requirements as outlined in the course catalogue. Students directly entering the Ph.D. program from another institution, however, are usually required to complete most, if not all, of the core courses and clinical placements (in addition to the dissertation) to qualify for graduation.

The degree requirements by course listing for the three degree options within the clinical psychology stream are provided in the following pages.

Degree Requirements (Clinical) by Course Listing: MA to PhD Transfer, MA, and PhD

Transfer from Master's to Ph.D. Psychology - Clinical Stream

Normally, students transfer from the M.A. after their first year in the graduate program and then maintain continuous registration in PSY 996.0 until all requirements for the Ph.D. are met.

Degree Requirements

Students must maintain continuous registration in the 996 course.

GSR 960.0

GSR 961.0 if research involves human subjects

GSR 962.0 if research involves animal subjects

a minimum of 45 credit units of course work, including:

PSY 805.3

PSY 807.3 or PSY 809.3

PSY 811.3

PSY 813.3

PSY 814.3

PSY 831.3

PSY 841.3

PSY 845.3

PSY 850.3

PSY 852.3

PSY 858.3

PSY 860.3

A minimum of 9 credit units of approved electives

PSY 900.0

PSY 902.0

PSY 903.0

PSY 904.0

PSY 996.0

comprehensive examinations

Thesis defence

Master of Arts (M.A.) Psychology - Clinical Stream

Degree Requirements

Students must maintain continuous registration in PSY 994

GSR 960.0

GSR 961.0 if research involves human subjects

GSR 962.0 if research involves animal subjects

a minimum of 30 credit units of course work, including:

PSY 805.3

PSY 807.3 or PSY 809.3

PSY 811.3

PSY 813.3

PSY 814.3

PSY 831.3

PSY 850.3

PSY 858.3

A minimum of 6 credit units of restricted electives as approved by the Director of Clinical Psychology Training.

PSY 900.0

PSY 902.0

PSY 903.0

PSY 994.0

Thesis defence

Doctor of Philosophy (Ph.D.) Psychology - Clinical Stream

Degree Requirements

Students must maintain continuous registration in the 996 course.

GSR 960.0

GSR 961.0 if research involves human subjects

GSR 962.0 if research involves animal subjects

Normally, a minimum of 15 credit units, including:

PSY 841.3

PSY 852.3

PSY 845.3

PSY 860.3

A minimum of 3 credit units of restricted electives as approved by the Director of Clinical Psychology Training.

PSY 900.0

PSY 902.0

PSY 903.0

PSY 904.0

PSY 996.0

comprehensive examination

Thesis defence

IMPORTANT: Students entering the program without an M.A. in Clinical Psychology from the University of Saskatchewan (or equivalent degree) may be required to complete additional credit units in order to obtain the Ph.D. in Clinical Psychology, including PSY 805.3, PSY 807.3 or PSY 809.3, PSY 811.3, PSY 813.3, PSY 814.3, PSY 831.3, PSY 850.3, PSY 858.3, and credit units of graduate foundational courses in each of biological, cognitive, and social/cultural foundations of behaviour. (Requirements for foundational coursework will be determined in accordance with individual student background preparation in the foundational areas.)

Brief Course Descriptions

A brief description of core courses is provided below taken from the CGSR Course Catalogue. Please refer to “Progress Milestones” in Chapter 6 for the timing about when it is expected that you will register in and complete each of these courses.

PSY 805: Statistics I Univariate General Linear Models

Description

A theoretical and practical examination of univariate statistical analyses. Topics will include: a review of basic concepts, hypothesis tests on means, power, correlation and regression (simple and multiple), ANOVA (simple, factorial, and repeated measures), multiple comparisons, ANCOVA, overview of general linear models, and chi-square tests. Through several computer assignments, students will develop the necessary experience to be competent at conducting and interpreting univariate statistical analyses.

Credit units

3

Term description

1/2(3L)

College

Graduate Studies and Research

Department

Psychology

PSY 807: Statistics III Multivariate Statistics

Description

The course objective is for graduate students to gain some knowledge of and experience with using multivariate statistics that are frequently used by psychologists dealing with non-experimental or quasi-experimental data. The course will cover multiple regression, factor analysis, multivariate analysis of variance, and structural equation modeling.

Credit units

3

Term description

1/2(3L)

College

Graduate Studies and Research

Department

Psychology

PSY 809: Qualitative Research

Description

This course is designed to introduce students to ways of doing research that are based in a constructionist epistemology and that focus on the generation and analysis of qualitative data. Coverage of specific methodologies (e.g., narrative research, grounded theory, discourse analysis) will be grounded in an understanding of their philosophical foundations.

Credit units

3
Term description
(3S)
College
Graduate Studies and Research
Department
Psychology
Prerequisite(s):
Undergraduate degree.

PSY 811: Program Evaluation

Description

An intensive analysis of the processes of developing and evaluating human service programs. Major topics will include the articulation of program goals, the development of measures, evaluation designs, and statistical techniques.

Credit units

3

Term description

1/2(3S)

College

Graduate Studies and Research

Department

Psychology

PSY 813: Psychological Assessment I

Description

A basic course in techniques for assessment of personality and psychopathology, including objective personality testing, clinical interviewing, report writing, and case formulation.

Credit units

3

Term description

1&2(2L-2S-3P)

College

Graduate Studies and Research

Department

Psychology

PSY 814: Psychological Assessment II

Description

A basic course in techniques of intelligence and cognitive ability assessment across the lifespan, including intelligence test administration and interpretation, other measures of cognitive ability, report writing, and case formulation.

Credit units

3

Term description

1&2(2L-2S-3P)

College

Graduate Studies and Research

Department

Psychology

PSY 831: Psychopathology and Individual Differences I

Description

An intensive study of current theory and research in the field of behavioral pathology designed to provide broad-based exposure to current issues, and to developmental and historical topics. Behavioral disorder in children and adults, including older adults, will be covered in this seminar.

Credit units

3

Term description

1/2(3S)

College

Graduate Studies and Research

Department

Psychology

PSY 841: Psychopathology and Individual Differences II

Description

This course is an intensive seminar focused on complex psychopathology and individual differences. It builds upon PSY831 by including selected topics in psychological assessment of these areas. Topics may also include neuropsychological assessment, forensic assessment, personality assessment, and the intersection of physical illness and psychopathology.

Credit units

3

Term description

1/2(3S)

College

Graduate Studies and Research

Department

Psychology

PSY 845: Clinical Supervision and Consultation

Description

A course in the provision of clinical supervision and consultation including theoretical frameworks of supervision, resolution of issues and dilemmas commonly encountered in supervision, administration, provision of feedback, diversity, the interpersonal context of supervision, and core skills and techniques of supervision and consultation.

Credit units

3

Term description

1/2(3S)

College

Graduate Studies and Research

Department

Psychology

PSY 850: Topics in Psychological Therapy I

Description

Principles and procedures of individual psychological therapy and counselling. One or two specific systems of psychotherapy are studied. Historical development and empirical supports are examined.

Credit units

3

Term description

1/2(3S)

College

Graduate Studies and Research

Department

Psychology

PSY 852: Topics in Psychological Therapy II

Description

An intensive study of principles and procedures of individual psychological therapy and counselling. One or two specific systems of psychotherapy are studied.

Credit units

3

Term description

1/2(3S)

College

Graduate Studies and Research

Department

Psychology

PSY 858: Ethical and Professional Issues in Clinical Psychology

Description

Introduction to ethical principles, codes, and processes for ethical decision-making with a special focus on clinical psychology. Readings and discussion on confidentiality, informed consent, dual relationships, duties to clients, business practices, and other professional issues. Equips students to resolve ethical dilemmas in practice and in licenture examinations.

Credit units

3

Term description

1/2(1.5S)

College
Graduate Studies and Research
Department
Psychology

PSY 860: Seminar in Professional Skills

Description

The seminar is designed to develop professional competence in clinical psychology through the study and discussion of professional issues and problems in clinical and community practice. Both theoretical and practical issues will be considered, including topics such as forensic assessment and awareness of cultural factors in healing. Required for all PhD students in clinical psychology.

Credit units
3

Term description
1/2(3S)

College
Graduate Studies and Research
Department
Psychology

PSY 900: Directed Research in Psychology

Description

Under the supervision of faculty members, students will be involved in one or a combination of research seminars, group, or individualized research projects.

Credit units
Term description
College

Graduate Studies and Research
Department
Psychology

PSY 902: Practicum in Professional Psychology

Description

Consists of supervised field work in professional psychology under the direction of licensed clinical psychologists or individual faculty members.

Credit units
Term description
1&2(3P-2C)

College
Graduate Studies and Research
Department
Psychology

Note:

Taken in conjunction with other courses in the clinical and applied social programs.

PSY 903: Clerkship or Internship in Professional Psychology

Description

The student is engaged for one term as an intern in a clinical, community, or organizational setting. Supervision is provided by departmental faculty members and psychologists in field settings.

Credit units

Term description

College

Graduate Studies and Research

Department

Psychology

Note:

Taken in conjunction with other courses in the clinical and applied social programs.

PSY 904: Internship in Clinical Psychology

Description

After completing four years of course based and practicum training, clinical psychology graduate students complete a full-time, one year internship in a health setting accredited by the Canadian Psychological Association. Supervision is provided by clinical psychologists affiliated with the internship setting.

Credit units

Term description

1&2&3(31C)

College

Graduate Studies and Research

Department

Psychology

PSY 994: Research

Description

Completion of original research and writing of Master's thesis.

Credit units

Term description

College

Graduate Studies and Research

Department

Psychology

PSY 996: Research

Description

Completion of original research and writing of Ph.D. dissertation.

Credit units

Term description

College

Graduate Studies and Research

Department

Psychology

GSR 960: Introduction to Ethics and Integrity

Description

This is a required course for all first year graduate students at the University of Saskatchewan. The purpose of this course is to discuss ethical issues that graduate students may face during their time at the University. All students will complete modules dealing with integrity and scholarship, graduate student-supervisor relationships, conflict of interest, conflict resolution and intellectual property and credit.

Credit units

0

Term description

College

Graduate Studies and Research

GSR 961: Ethics and Integrity in Human Research

Description

Introduces students to the ethics of research with human subjects. Students will complete the Tri-Council Policy Statement: Ethics Conduct for Research involving Humans (TCPS) Tutorial and become familiar with the human ethics processes at the University of Saskatchewan.

Credit units

0

Term description

College

Graduate Studies and Research

8. Clinical Placements

A key program training component for clinical psychology students are the completion of clinical placements in an applied setting. There are generally three types of placements: 1) summer clerkships (completed at the end of year 1 of the program), 2) fall-winter practica (three in total, held weekly for students in years 2 through 4), and 3) pre-doctoral internships (a full year of intensive supervised clinical practice and training typically completed in the final year of the program). The policy, guidelines, and structure regarding these three sets of clinical placements are described below.

Summer Clerkships

General Expectations for Summer Clerkships:

- Taken following Year 1 of the program.
- 15 weeks at 4 days per week, or equivalent, allowing one full day per week for research.
- Minimum of 4 hours weekly supervision, of which at least 2 hours should be regularly scheduled individual supervision.
- Exposure to a variety of clients and professional roles (assessment, therapy, consultation, program evaluation).
- Informal mutual verbal evaluation after 2 months; formal mutual evaluation at the end of the placement.
- Beginning with an orientation to the setting (e.g., meeting all professional staff; learning the agency's expectations concerning scheduling, appropriate clothing, etc. observing the work of professional staff; learning recording procedures and office requirements).
- It is desirable to create a written agreement specifying the student's goals and planned clinical activities and the plans for group and individual supervision. A copy of this agreement should be given to the Director of Clinical Training.

The following expectations for practicum and clerkship training are derived from CPA accreditation criteria:

- Practicum training should facilitate the development of the following important capacities:
- understanding of and commitment to professional and social responsibility as defined by the statutes of the ethical code of the profession,
- the capability to conceptualize human problems,
- awareness of the full range of human variability,
- understanding of one's own personality and biases and of one's impact upon others in professional interactions,
- skill in relevant interpersonal interactions such as systematic observation of behavior, interviewing, psychological testing, psychotherapy, counselling, and consultation, and
- ability to contribute to current knowledge and practice.

Out of Province Placements

The summer clerkships typically involve placements in the Saskatoon area although students may complete their summer placements elsewhere in the province, or with approval of the DCT, at an setting outside of the province; for instance, if the student knows of a possible placement willing to provide a training experience in their home city. As there are administrative and legal procedures to arrange summer placements outside of the province, interested students should make their interest known to the DCT as soon as possible to facilitate this.

Fall-Winter Practica

Expectations for Practica

- Total time normally 7 to 9 hours per week; no more than 12 hours per week.
- Including at least 2 hours per week of scheduled supervision (of which at least 1 hour is individual).
- Including 2 to 5 hours of direct contact with clients per week.
- Beginning in September and ending in April (24-26 weeks).
- Beginning with an orientation to the setting (e.g. meeting all professional staff; learning the agency's expectations concerning scheduling, appropriate clothing, etc.; observing the work of professional staff; learning recording procedures and office requirements).
- Informal mutual verbal evaluation mid-year; formal mutual written evaluation at end of practicum.
- It is desirable to create a written agreement specifying the student's goals and planned clinical activities and the plans for group and individual supervision. A copy of this agreement should be given to the Director of Clinical Training.
- Professional liability insurance in private practice settings: If students in private practice settings do not already have liability coverage, they should obtain liability coverage prior to beginning the practicum. Such liability insurance will be paid for by the practicum setting, exclusive of any required membership to obtain such coverage. Reduced rates are available through student membership in the Canadian Psychological Association.

Process of Matching Students to Practica

Information about available practica is made available to students (on the bulletin board in the mail room) in mid- to late August, and students are asked to rank order their top three choices by a date shortly before the beginning of the fall term. Matches of students to settings are made by the Practicum Coordinator/DCT based on consideration of the following factors, among others:

- the student's preference (many students are assigned to their first choice, all other things being equal)
- the student's past placement and other experiences (normally, students are placed in settings that will broaden their experience in terms of client population, type of service offered, etc.)
- the student's seniority (in the last practicum, efforts are made to provide missing or highly ranked experiences if possible)
- personal circumstances of the student such as parenting or health issues
- requests for assignment of particular students that may be made by agency practicum coordinators (e.g., when a specific previous training experience is required for a practicum).

None of these factors necessarily takes priority; instead, an effort is made to balance all of these so as to make assignments equitable across students in the long run.

The variety of practicum experiences made available through our program and the careful consideration given to matching students to placements are considered to be special strengths of our doctoral program in clinical psychology.

The following expectations for practicum and clerkship training are derived from CPA accreditation criteria. Practicum training should facilitate the development of the following important capacities:

- understanding of and commitment to professional and social responsibility as defined by the statutes of the ethical code of the profession,
- the capability to conceptualize human problems,
- awareness of the full range of human variability,
- understanding of one's own personality and biases and of one's impact upon others in professional interactions,
- skill in relevant interpersonal interactions such as systematic observation of behavior, interviewing, psychological testing, psychotherapy, counselling, and consultation, and
- ability to contribute to current knowledge and practice.

All students are required to receive ratings of "meets expectations" or higher in all areas in order to pass the practicum (see Form for evaluation of student by supervisor). If a student does not meet this standard, remedial plans will be made by the Practicum Coordinator/DCT based on the recommendations of the practicum supervisor. For example, the student may be asked to carry out additional supervised therapy and/or additional integrated assessments, or to meet a specified criterion such as error-free administration and scoring of a test, in order to advance to the next practicum.

Internships (12-month pre-doctoral)

Process for Students Applying for the 12-Month Internship (PSY 904)

Am I ready to apply out for internship?

The process of applying out for internship has become increasingly competitive in recent years as the demand for internship placements has considerably exceeded the supply. It is extremely important that you carefully consider your readiness to apply out for internship, in consultation with the DCT and your research supervisor, to help maximize the competitiveness of your application. As noted previously, one of the biggest stumbling blocks is dissertation research progress. Nobody wants to be in the position of having to return following internship to resume data collection or to face the arduous task of writing up a dissertation tomb from scratch while trying to find employment; this includes the internship sites that review a very large volume of strong applications. As such, the program requirements outlined below should be viewed as a bare minimum when considering the decision to apply out for internship in a given year.

- Students are required to have all classroom-based coursework and practica completed prior to commencing internship (45 credit units); however, students are strongly encouraged to have all classroom coursework completed by the fall semester in which

they apply out. Some placements will not consider applications from students with coursework still in progress.

- Students are required to have the final draft of their dissertation proposal approved by their advisory committee and to have commenced data collection by September 1 in the year they plan to apply out.

Directories of internships:

The directory of Canadian internships published by the Canadian Council of Professional Psychology Programs (CCPPP) is available online. See these other useful tips for students.

The Directory of the Association of Psychology Postdoctoral and Internship Centers (APPIC) is available online.

Starting now students should:

Get the latest AAPI Application for Psychology Internship Form.

Consult the website of the Canadian Council of Professional Psychology Programs and the internship binder (Survival Manual for Internship Applicants).

Request updated brochures from sites you are interested in if these are not already available on their website (most sites have electronic copies of their brochures).

Contact the National Matching Service (NMS) online to request applicant registration materials. Once this material is received, complete the "Applicant Agreement" and return to NMS along with the non-refundable fee (in US Funds).

Our NMS school code is 825 and our APPIC subscriber number is CCPPP.

In late September or early October please submit the following materials electronically to the DCT:

- Complete draft AAPI form (PDF) and your four essays in Word
- Draft CV
- One draft sample covering letter; you can send multiple essays for multiple sites
- Copy of approval of the dissertation proposal by the advisory committee.
- List of programs to which you are applying, giving for each program:
- Indicate whether a letter is required from me or only the verification form (this depends on whether I have supervised the student and on the program's application requirements)
- Anything special I should know about the application or letter needed
- Application deadline for that program

Students for whom the above information is submitted in full by October 15 will receive priority in DCT feedback and letter writing, on a first-come first-served basis.

The DCT's tasks for each student application are as follows:

- Provide feedback to student on draft AAPI, CV, and covering letter.
- Write letters of reference where these are required (not for all students/programs).
- Finish completing the verification form - verifying that the student has met all program requirements to apply out for internship and uploading this to the AAPI website.

Students are encouraged to consider large, well-established and accredited (CPA or APA) internship programs with several intern positions, including those in the USA. It is hard to suggest a "right" number of applications to complete, but a rough guide would be 10 to 15. Do not apply to any program that you are sure you would not attend if matched to it.

If I am asked to recommend a student to any non-accredited site, I will have a lot of questions about number of interns, history of training program, seminars, supervision, structure of rotations, plans for future accreditation, membership in training councils, etc., in order to be satisfied that the program is 'equivalent' to accredited. Our policy on this matter appears below. Please let me know if you have any questions.

Guidelines for Non-Accredited Internships:

Students in the Graduate Program in Clinical Psychology are required to seek an internship accredited by either CPA or APA. However, a few students are matched with a non-accredited internship or choose it for other reasons. Often, the reason for this decision is that the internship provides a particular experience that is of interest to the student and is not available at any other site (e.g., a special population or treatment modality). In other instances, the student may not be matched to an accreditation during Phase I of the match process and may need to consider a non-accredited placement during Phase II. As well, some placements are also fairly new and have not yet had an accreditation site visit.

In order to assure the quality of training and to protect students from being used as underpaid and overworked staff, the following guidelines serve as minimum standards for non-accredited internship programs.

Students anticipating applying to a non-accredited site should review these guidelines and submit materials about the proposed training program for approval to the DCT outlining the nature of the proposed internship in enough detail to allow us to determine whether these minimal standards are likely to be met.

If the internship program is not a member of APPIC, it must nevertheless meet the criteria for APPIC membership, check the APPIC website.

The student must be clearly designated as a trainee as opposed to being hired as a junior staff member. The program must have a registered/certified/licensed psychologist (PhD) who functions as training director and who is responsible for:

- establishing a contract with the trainee regarding the content of the training program.
- insuring that the trainee's program is evaluated periodically (at least at the mid year mark) so that the training program can be modified, if necessary.
- insuring that mid-year and end-of-year evaluation is made of the trainee's skills and deficits as a clinical psychologist and that it is sent to the Director of Clinical Training.

The trainee's internship experiences must represent a reasonable balance of activities undertaken by a clinical psychologist, including activities such as direct assessment and treatment, group and individual contact, consultation, program development, program evaluation and research. A variety of different treatment approaches and client populations should also be available. However, we recognize that the range of experiences will vary widely. The decision about whether the activities are appropriate will take into account the student's career goals.

The trainee must be supervised by at least two different registered/licensed psychologists for a minimum of two hours per week of scheduled individual supervision. The total amount of regularly scheduled supervision must be at least four hours per week, supplemented by additional unscheduled or group supervision, or supervision by staff who are not registered psychologists (e.g., social workers, psychiatrists, psychological associates).

The internship must have at least one other predoctoral intern in clinical psychology (in addition to any practicum students or trainees in other disciplines). This is to promote peer interaction and learning.

The following will serve as positive evidence of a non-accredited program's commitment to quality in training:

- an application for accreditation underway with either CPA or APA
- membership in the Canadian Council of Professional Psychology Programs
- membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Even if the non-accredited internship site meets or is trying to meet the structural requirements above, there may still be questions concerning the quality of the program, and more documentation may be requested before any decision concerning approval of the site. The decision rests with the Director of Clinical Training in consultation with clinical psychology faculty, and a decision with which the student disagrees may be appealed to the Department head.

Guidelines for Communication between Graduate Programs and Internship Programs

The following guidelines are recommended to enhance communication between graduate programs and internship programs regarding students on internship:

Shortly after interns are selected, it is recommended that the graduate program communicate by letter with the internship programs that accepted its students. It is suggested that this letter at a minimum indicate (a) the faculty member in the graduate program with whom the internship program should communicate regarding the intern (the faculty contact person); and (b) any additional information about the training needs of the intern, especially information not covered in the intern's application and letter of recommendation. In addition to the sharing of formal evaluations, it is recommended that the faculty contact person and the internship training director have at least 1-2 informal (telephone or email) contacts about the intern. It is suggested that one of these contacts be initiated by the internship training director shortly after the beginning of the internship. If either party has difficulty contacting someone from the other site, it is recommended that they be persistent in their efforts at contacting someone. It is expected that if there is a change in the contact person at either site, that the other contact person will be notified and provided with a new contact person.

It is recommended that, the internship training director should send formal written evaluations of the intern to the faculty contact person at least semi-annually during the internship. We encourage this communication to occur at the sixth month point and at the completion of the internship. Concurrent with this, internship staff/faculty should meet in person with the intern to provide detailed feedback. Additionally, it is suggested that the internship training director provide the intern a copy of the formal evaluation sent to the intern's graduate program.

Graduate program faculty and internship program staff/faculty are encouraged to share any communications they have about an intern with the intern via face-to-face contacts, emails, telephone contacts, or copies of written correspondence, etc. They are also encouraged to solicit intern input about these communications throughout the internship year. This recommendation is intended to enhance the climate of openness and support for professional development in the training of the intern.

When major changes in the structure of the internship occur (e.g., alterations in rotations or available placements), internship program staff/faculty are encouraged to inform the graduate program faculty contact.

Guidelines for Communication When Problems Arise About an Intern

The following guidelines are recommended to facilitate open communication about intern difficulties and effective problem-solving in response to them. Programs are encouraged to review their Due Process Guidelines and see how these recommendations can be integrated into their Due Process Guidelines.

It is suggested that when significant problems arise that are resolvable and/or resolved at the internship site that the faculty contact be informed.

It is recommended that the internship training director communicate with the faculty contact person in a timely manner when problems arise with an intern that are not readily resolvable at the internship site, that are recurrent, or that may lead to the institution of due process procedures or an alteration in the intern's program. The mode of communication will vary to suit the circumstance, but may include formal letters or emails, phone or conference calls, and on-site visits. It is recommended that the graduate and internship programs keep written records of all communications between them. It is suggested that this communication include: (a) a clear statement of the problem, remediation plan, and expected outcomes needed to resolve the problem; (b) what the internship program's response has been to date; and (c) what role, if any, the internship program would like the graduate program to play in addressing the problem. It is also recommended that the internship training director ask for the graduate program's policies and procedures for identifying and dealing with problem trainees. This will assist in handling and documenting problems that arise in the internship, so as to facilitate graduate program's dealing with the trainee's difficulties.

Once communication about a problem is initiated, it is suggested that the graduate and internship programs maintain ongoing contact until the problem is resolved. It is recommended that this include discussions of the remediation plan and plan for monitoring and evaluating the intern's performance. The intern may request and should receive copies of all formal communications regarding his or her performance.

9. Comprehensive Examinations

The comprehensive examinations comprise two parts, normally taken in the third year of the Graduate Program in Clinical Psychology. Both parts must be passed in order to meet the comprehensive examination requirement. Policies and procedures for the two parts of the examination are shown on the following pages:

1. Case comprehensive exam
2. Oral comprehensive examination in ethics

The description below is quoted from the *Graduate Student Handbook* of the College of Graduate Studies and Research. These provisions apply to both the case comprehensive and ethics components of the comprehensive examination process for clinical psychology.

The Ph.D. Comprehensive Examination covers a broad aspect of the appropriate discipline and may be in written and/or oral form. This examination is on topics cognate to the candidate's field of research and is used as a means of judging whether or not the individual has a mature and substantial grasp of the discipline as a whole. A comprehensive knowledge of the subject will not only help to validate the Ph.D. student as an expert in the general field of his/her choice, but will also complement research activity in the specific area under investigation. Normally this examination is scheduled after the student has completed all requirements except the doctoral thesis. Unsuccessful candidates for the Comprehensive Examination may repeat the examination once with the permission of the CGSR. A second failure will result in the student being required to withdraw from the program. The Ph.D. Qualifying and/or Comprehensive Examination may be in written and/or oral form. Each academic unit shall establish and make available clear, written and specific regulations regarding the Qualifying and Comprehensive Examinations.

Case Comprehensive Exam

Background and purpose

In 1996-1997, the former comprehensive examination process involving three sit-down examinations (in assessment, therapy, personality, and psychopathology) was replaced with a requirement for a single 40- to 60-page essay integrating these domains in a review of a topic of the student's choice.

In 1999-2000, because of comments that the essay requirement did not accomplish the goal of integration and that it constituted just another time-consuming term paper, the essay was replaced with a requirement to do a clinical case presentation as part of the program's clinical psychology seminar series. The purpose of the oral case presentation was to show that the student is in the process of meeting these goals and has achieved a level of proficiency that will qualify him or her to apply for the internship. This served as a very satisfactory model for the comprehensive examination process for approximately 15 years. During this time frame, over 70 high quality comprehensive case presentations would be generated and presented by our doctoral students.

Over time, concerns developed that the case presentation in its original form was no longer fulfilling its objectives. Not uncommonly students would prepare an inordinate amount of material, often with numerous supplemental slides, and proceed to read quickly from their presentation notes for nearly an hour, prior to undergoing a vigorous period of examination. Faculty were thus also

concerned about the high levels of pressure and anxiety students often reported regarding the process. While students are expected to present clinical cases under more relaxed circumstances (e.g., in a grand rounds type of manner) in clinical seminar, as this is a valuable professional skill, this is no longer a component of the comprehensive examination process. In consultation with the clinical psychology student body, the CEC revamped this component of the comprehensive examination process, to be an oral sit-down examination on a clinical case that the student has prepared from a previous practicum, along with two case vignettes prepared by clinical faculty. The examination would cover the MRA competency domains and was intended to be a closer simulation to the oral examinations.

An oral exam in ethics remains the second component of the comprehensive exam.

Case Comprehensive Exam Policy (Approved February 2, 2015)

The oral case comprehensive examination will provide students with an opportunity to apply and integrate classroom-based knowledge, practicum based knowledge, and information from a standardized reading list. It also contains elements of the process students will experience throughout their careers (e.g., residency interviews, registration, grand rounds, consultation).

Preamble

The purpose of the case comprehensive examination is to broadly examine students' clinical knowledge and experience. It will ask students to integrate classroom-based knowledge, practicum-based knowledge, and information from a standardized reading list. The case comprehensive exam will still take place generally in the third year of the program following students' assessment and therapy coursework, clerkship, and two practicum placements. It will consist of an oral examination related to three clinical vignettes, one of which is supplied by the student and based on his or her previous work with a client. Examiners will supply the other two vignettes at the time of the exam. The case comprehensive exam will be scheduled for late April/early May each year, occurring at least one week before or after the Oral Ethics Comprehensive Exam.

A. Student Preparation and Submitted Documents

1. Comprehensive Exam Reading List. Students will be provided with a comprehensive exam reading list, which was prepared by faculty and students (via the Clinical Executive Committee student representatives) in the Fall 2014 semester. This reading list will be placed on the program website so that students can access it at any time. Any minor annual changes to the comprehensive exam reading list (i.e., additions or removals of readings) will be done by January of each year.

2. Student submitted written documents. Students will provide faculty examiners with a deidentified written case example for use in their examination. This case should be a client that students have been through the course of their practicum experience. There are no restrictions on whether or not this client is primarily assessment or intervention focused, although students should be prepared to answer questions related to both assessment and intervention. For example, students might be asked what interventions they might choose for an assessment client, or what assessment tools would have been helpful for an intervention client. Client permission to be used for the case

comprehensive exam must be obtained. The purpose of this document is to provide examiners with material from which to prepare questions for the student. While it is expected that this document will be written in a clear manner, students will not be examined on the document per se. At least two weeks prior to their exam, students must provide the DCT and both examiners with a 5-8 page (double spaced, typed, 12-point font) case example, consisting of the following components:

(Note: This policy is adopted from the SKCP Candidate's Handbook)

1. Non-identifying descriptive information
2. Presenting problem
3. Diagnosis (if applicable)
4. Brief History
5. Observations
6. Other sources of information
7. Summary of assessment information (if applicable)
8. Number and nature of sessions, including rationale for interventions used (if intervention client)
9. Outcome and evaluation of intervention (if applicable)
10. Appendix with any supplemental score information for assessment tools discussed in the work sample

3. Selection of Examiners. Students are permitted to select one of their examiners, from the Clinical faculty. The Clinical Executive Committee will assign the other examiner. If students have concerns regarding a potential conflict of interest with their examiners they are advised to discuss this with the DCT. Research supervisors will not be permitted to examine their own students.

B. Student Examination and Evaluation Criteria

1. Procedure for Exam. The examiners will provide students with the 2 faculty-selected vignettes for examination. Students will be given up to 60 minutes of time to prepare for the examination and may use their materials (e.g., standardized examination reading list, notes) to do so. Students will be permitted to bring a test booklet (provided by the examiners) of notes, created during the preparation period, into the examination. Students will not, however, be permitted to bring other materials into the exam (e.g., articles from the reading list or notes prepared prior to the exam date). Both examiners will be provided with opportunity to examine and evaluate students. No time limit is placed on the examination; examiners are permitted to ask students for as much information as they deem necessarily to be able to evaluate students. However, similar to the previous case comprehensive exam format it is expected that exams might take 60- 90 minutes, as a rough guideline.

2. Examination Questions. Students will be examined using broad-level questions adopted from the SKCP Candidate's Handbook, examiner's previously prepared questions related to the students' vignette, and additional questions that arise during the exam. That is, although examiners will have a core list of potential questions they are not restricted to asking only questions from this list. The examination is focused on the broad-based application and integration of knowledge the student has learned and is expected to know given his or her level of training. It is focused on the 4 Mutual Recognition Agreement Competency areas used by the SKCP Oral Exam for independent registration.

The 5 MRA Competency Areas evaluated are (*definitions from the SKCP Candidate's Handbook*):

- A) **Interpersonal Relations**: Examines ability to form and maintain constructive relationships with clients and families. Essential is for the Candidate to: 1) form respectful, helpful, professional relationships; 2) develop working alliances; 3) deal with conflict; 4) maintain appropriate professional boundaries; and, 5) incorporate an understanding of diversity in the practice of psychology. Relationships with colleagues also fall within this domain including providing and receiving feedback from colleagues and other professionals. **(e.g. What diversity issues were relevant to this case? What personal or professional limitations do you think could potentially affect your work with this client?)**
- B) **Assessment and Evaluation**: Assesses Candidate's ability to gather and integrate information (tests, observations, clinical interviews, collateral sources and context) to evaluate the patient's functioning as well as the outcome of psychological services. Candidate should demonstrate an understanding of populations served, multiple assessment methods, and psychometric theory. Candidate should be able to integrate findings, formulate hypotheses and action plans, explain any apparent inconsistencies in the clinical data and present a comprehensive description of the patient. Should also have knowledge about the nature and impact of diversity on the assessment process. **(e.g. What areas were not fully assessed? What assessment tools would you consider? What diagnoses did you have to rule out for this client? What additional information do you need to confirm a diagnosis?)**
- C) **Intervention and Consultation**: Tests the Candidate's ability to plan and implement a course of treatment that is: consistent with the case formulation; sensitive to the patient's background, needs and values; theoretically based; empirically justified; and, designed to resolve the problem(s). Should have knowledge of a variety of interventions and select appropriate interventions from these. Candidate should demonstrate the ability to integrate/coordinate services from other care providers and community resources into an overall intervention plan. Furthermore, the Candidate should be able to evaluate the progress and outcome of interventions. **(e.g. What methods of intervention would work with this client? What other professionals might you have to work with the best help this client?)**
- D) **Research**: Designed to examine a core research knowledge base, and training in assessing and applying research knowledge in clinical practice. Clinical practice in all health-care fields is based on accumulating research knowledge and using good judgment in applying this knowledge. Candidate should have a basic knowledge of research methods and critical reasoning skills. Should be able to demonstrate how research findings are integrated into their practice, and as such should be prepared to discuss the research that has informed their practice. **(e.g. What research is there to support your intervention? What research is there to support your choice of assessment tools?)**
- E) ***Ethics and Standards*** ← *this MRA competency is covered by the Ethics Oral Exam and not the Case Comprehensive Examination*

3. Evaluation Criteria and Procedure. The evaluation criteria for the case comprehensive exam are based on the competency benchmarks developed by the American Psychological Association and adopted by professional psychological agencies such as APPIC, which are outlined in Fouad et al., 2009. Competency benchmarks focus on preparation for health care service. In this model, foundational and functional core competencies are operationally defined and assigned behavioural markers to evaluate students and candidates at various levels of practice (i.e., readiness for practicum, readiness for internship, readiness for independent practice). These functional competencies include four that overlap with the MRA competencies and are the focus of the case comprehensive exam: assessment, intervention, consultation, research and evaluation. Students completing the comprehensive exam will be just prior to their final practicum placement in their training, and thus the “Readiness for Internship” standards were deemed closest to expectations for the case comprehensive exam. However, students are advised that the examiners do not expect them to be fully prepared for internship given that they have one remaining practicum placement.

The exam will be audio recorded and audio files stored by the Director of Clinical Psychology Training.

Following completion of the oral exam, students will be asked to leave the room. Both examiners will independently rate the student on the core competency benchmarks using the evaluation form. Following this, the examiners will discuss and reach consensus ratings. The final consensus ratings sheet will be provided to the DCT. The comprehensive exam is rated on a Pass/Fail basis (see below). After reaching consensus the student will be asked to return to the examination room where the examiners will provide the student with his or her exam results and feedback on his or her examination. The examiners will provide the DCT with the evaluation sheet and a summary of the student’s exam results via email.

Pass: Assigned when it is clear to both examiners that the student’s work is of sufficient quality, both in terms of breadth and depth, to demonstrate the student’s competency and preparedness for the final practicum placement and PhD Candidate Status

Pass Pending Revisions: Assigned when it is clear to both examiners that the student has a specific area of gap in his or her knowledge that would be expected to be known by any clinical psychology trainee at his or her level (e.g., based on classes and clinical training to date and knowledge covered in the standardized reading list). This is also assigned when it is suspected the student has sufficient knowledge but requires another opportunity to demonstrate this knowledge. Specific revisions are assigned at the discretion of the examiners.

Fail: Assigned when it is clear to both examiners that the student lacks sufficient knowledge and/or integration of comprehensive knowledge in clinical psychology (based on training to date and the standardized reading list) to be prepared for the final practicum placement and PhD Candidate status. Students who fail the case comprehensive exam will be provided with another oral examination opportunity. A second failure will result in the student being asked to withdraw from the program, consistent with CGSR policy.

Ethical guidelines:

The student and field supervisor are collectively responsible for ensuring that confidentiality and dignity are respected by applying the appropriate combination of the following means, among others:

1. Review of the Canadian Code of Ethics for Psychologists as it pertains to the case presentation
2. Prior approval from the agency through which the client was served
3. Consent of the client for the student to do the presentation -- the client has the option to refuse or to restrict certain information from being presented
4. Disguise of personal information in such a way as to make it impossible to identify the client
5. Prior to the examination, the field supervisor will review the information to be presented as further protection of privacy and confidentiality.
6. The field supervisor, with input from the student, will evaluate the appropriateness of the work sample occurring either during, or after, the student's contact with the client, giving consideration to the particulars of both the client and the treatment modality and giving highest consideration to the wellbeing of the client and also to aspects of the client-student relationship. This may often result in the examination occurring only after contact between the student and client has terminated.
7. The possibility of using a client's clinical material for the case comprehensive examination will first be discussed in individual supervision with the field supervisor and, if considered appropriate, broached with the client at a point in the clinical services mutually agreed upon by the supervisor and student. A primary consideration around the appropriateness and timing of such a request will be the impact on the client and on the clinical relationship. It must be noted that the client's consent would not constitute the primary supervisor's approval of use of the clinical material in this manner.
8. Decisions by practicum agencies about the appropriateness of particular cases for use as part of the comprehensive examinations will be made on a case by case basis, in a manner consistent with the agency's policies concerning cases referred to practicum students, in general. Although agencies are not able to guarantee the availability of appropriate cases for this purpose, efforts will be made by those involved in training to ensure that students are able to gain direct-contact clinical experiences which will provide the necessary context for their case presentation requirement.
9. In certain circumstances (e.g., when the client is not from the student's current caseload, or when a current client is experiencing crisis), it may not be possible - or ethical - to approach a particular client about attaining their consent for the student to use client information for the examination. In such circumstances, the student will need to consult with the field supervisor, and may also need to consult with the presentation adviser, the DCT, and/or the Clinical Executive Committee (CEC), to receive guidance.

Recommendations for Students and Practicum Settings:

To minimize logistical difficulties in students being able to present current clinical cases, and to ensure that free and informed consent is obtained from clients, the following recommendations are made:

1. Agencies should be made aware of the case comprehensive examination requirement and guidelines, and their input into this process should be encouraged and welcomed.
2. The student should discuss his/her need to be examined on a clinical case with the field supervisor. Such discussion should take place as a matter of course at the beginning of each practicum placement (i.e., after completion of the summer clerkship).
3. As part of the routine solicitation of consent from clients (e.g., to videotape, discuss case material in clinical team, etc.), the student will discuss and solicit specific consent from the client to have his/her case material presented to faculty and graduate students in the graduate program in clinical psychology, as part of his/her training requirements.
4. It is advisable that separate documentation forms and processes be developed for the purpose of recording clients' consent for the purpose presenting their case.
5. In consultation with the field supervisor the student will identify particular cases that might be suitable for presentation.

Oral Comprehensive Examination in Ethics

Date

The examination is offered annually, and is taken in the third year of the Graduate Program in Clinical Psychology. A sign-up sheet is posted. Individual appointments should be arranged for the identified date.

Examiners

Two members appointed by the Director of Clinical Psychology Training, at least one of which is a clinical psychology faculty member. Historically, professional affiliates and adjunct faculty members to the Clinical Psychology Program have served in the examiner role.

Recommended Reading

1. The Companion Manual (current edition) to the Canadian Code of Ethics for Psychologists, together with its bibliography. You should use your own judgment in selecting materials from the bibliography for further study.
2. Saskatchewan College of Psychologists Professional Practice Guidelines
3. The Psychologists Act, 1997
4. Health and mental health jurisprudence (Saskatchewan) relevant to professional psychology. Relevant examples include but are not limited to:
 - a. Health Information Protection Act
 - b. Mental Health Services Act
 - c. Child and Family Services Act
5. Ethics-related articles in *Professional Psychology: Research and Practice* or *Canadian Psychology*
6. APA Ethical Principles of Psychologists and Code of Conduct

Examination

The examination will consist of a 50- to 55minute discussion with the examiners. The format will be similar to the oral examinations which are required for registration/licensing as a psychologist in most North American jurisdictions. You will be asked to present one case, preferably from your own practicum experience, that involved difficult ethical decisions. You should be prepared to discuss application of ethical principles to the handling of the case. You may keep notes with you during the exam, but since the exam is in the form of a conversation, you should minimize your reference to these materials. You will also be given three vignettes to look over 60 minutes before the oral examination begins, and you will be asked to discuss one or two of these cases. The vignettes may pertain to clinical practice, teaching, or research. You should be prepared to state any assumptions you wish to make about details that are not specified in the vignettes but that are necessary to resolution of the dilemmas. You should be thoroughly familiar with the current Canadian Code of Ethics for Psychologists (but you will not be asked to quote passages from it!) as well as the Practice Guidelines for Providers of Psychological Services. You will be asked to demonstrate your understanding and good judgment concerning (a) clear delineation of the ethical dilemmas faced in the vignettes, (b) the principles underlying the Code, (c) the difference between ethical principles and rules of conduct, and (d) the process for resolving ethical dilemmas presented in the Companion Manual.

The CPA process for resolving ethical dilemmas should be used with the following additional features:

- (a) Ethical principles, values, and standards should be presented in their order of importance or salience to the situation, rather than in the order in which they appear in the Code. Each should be explained in terms of the situation.
- (b) Before presenting alternative courses of action, concisely outline what the core dilemma is, in a sentence that incorporates the most important conflicting values, standards, and biases as well as the practical aspects of the situation.
- (c) Also before presenting alternative courses of action, explain what consultation you would seek and why.

Recording and Results of Examination

The discussion will be audio-recorded and the Director of Clinical Psychology Training will keep the recording until after the results are final.

The examiners' evaluation will normally be relayed to the student by the Director of Clinical Psychology Training within a week after all examinations are complete. The evaluation report will be one of the following:

1. pass with distinction
2. pass
3. pass with suggestions for self-directed study of identified areas of minor weakness
4. pass with required remediation (written or oral) to be assigned by a specified date and completed by a specified date
5. fail with re-examination required, normally one year later.

Under option 4, if the recommended remedial work is completed to the satisfaction of the examiners by the specified date, the examination result will be reported as a pass to the College of Graduate Studies and Research. If not, the result becomes a fail.

In the event of two failures, procedures are governed by policies of the College of Graduate Studies and Research.

Options 4 and 5 may be appealed to the Director of Clinical Psychology Training in writing within 30 days of notification of the examination result. Depending on the nature of the appeal, independent examiners may be appointed to review the audiotape of the examination.

Common Difficulties

Over the years that this exam has been offered, most students have passed the exam on their first try. For the minority who do not get a full pass the first time, some of the more common difficulties encountered include the following. Each of these would be a less serious deficiency on only one dilemma, and more serious if repeated on two or three different exam questions/dilemmas.

1. Describing a situation well in practical terms but never identifying what the ethical dilemma is in terms of conflicting principles.
2. Being too exhaustive and wordy in attempting to mention every possible standard in the Code, so that no time is left to identify and analyse the really important issues. (Discernment is required to tell the forest from the trees.)
3. Failing to identify important parties affected by dilemmas and by the psychologist's choice of action.
4. Considering too few alternative courses of action, or missing important possible courses of action other than the obvious ones. In other words, lacking creativity in addressing the problem.
5. Limiting oneself entirely to standards and interventions at the individual level, without considering the system within which the individual is functioning.
6. Failing to mention consultation, supervision, or codes, laws and professional guidelines where these are relevant.
7. Citing terms from the Code only in generalities or in vague language, without explaining their application to the case at hand.
8. Prematurely taking one side in a conflict without considering the other side's point of view.
9. Speaking so much from previously prepared notes that the examiners are left wondering how well the student would handle ethical issues as they arise in face-to-face sessions with clients, colleagues, and supervisors.

10. Monitoring Student Progress

Annual Reviews

The progress of all students is evaluated annually by the CEC with the student's research supervisor taking the lead on providing substantive details for the evaluation. Also important in assisting this is the annual progress report that students complete documenting their progress in areas that include completed coursework, research progress (including publications, posters, and presentations), practica completed, training events attended, and the like.

In the event that the student's primary research supervisor is not a clinical faculty member, and hence, not a member of the CEC, the CEC will appoint one of its faculty to liaise with the research supervisor to provide an update for annual reviews.

Student progress is evaluated in the domains of progress in coursework, clinical training, and research activity. The MRA competency areas are broadly considered as they intersect with these domains. Annual letters authored by the DCT and research supervisor are provided to students with feedback provided in the aforementioned areas. A copy of the letter is placed on the student's file. As per Graduate Program policy, students broadly receive an overall progress rating from the CEC of **Satisfactory**, **Slow**, or **Unsatisfactory**. Constructive and specific opportunities for improvement should be provided, particularly for slow and unsatisfactory performance ratings, although more detail can be obtained from the research supervisor or DCT.

Delayed doctoral research progress is perhaps the most frequent reason for slow or unsatisfactory progress appraisals. Students in the MA to Ph.D. transfer program have up to seven years to complete their degree before applying for extensions: one year for the first year in the MA program and six years for the Ph.D. After year seven (for students in the MA to Ph.D. transfer program, for direct entry Ph.D. students this would be year 6), students, with the approval of their thesis advisory committee may apply for extensions in four-month increments. CGSR now requires that students also provide a timeline to completion when they apply for extensions. For more information, visit the CGSR website for policy and procedures on applying for graduate program extensions.

https://www.usask.ca/cgsr/for_students/Appeals_Leaves_Extensions.php#Extension_to_time_in_program

Please also inquire with the psychology department's Graduate Program Coordinator and Graduate Program Chair who serve crucial roles in the extension application process.

Policy on Evaluation of Student Competence in the Clinical Psychology Program

Professional psychologists are expected to demonstrate competence within and across a number of different but interrelated dimensions. Programs that educate and train professional psychologists also strive to protect the public and profession. Therefore, faculty, supervisors and administrators in such programs have a duty and responsibility to evaluate the competence of students across multiple aspects of performance, development and functioning.

Students in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know that faculty, supervisors and administrators have a professional, ethical and potentially legal obligation to evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, clerkships, practica or related program requirements. Within a developmental proactive framework, and with due regard for the inherent power difference between students and faculty, these evaluative areas include, but are not limited to, demonstration of sufficient:

1. Interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients/patients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);
2. Self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on patients/clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);
3. Openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and
4. Resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

Actions based on this policy will be considered when a student's conduct clearly and demonstrably:

1. Impacts the performance, development, or functioning of the student,
2. Raises questions of an ethical nature,
3. Represents a risk to public safety,
4. Damages the representation of psychology to the profession or public.

Clinical psychology faculty may review such conduct within the context of the program's evaluation processes.

11. Resolution of Student Difficulties and Remediation

A Note to Students about Personal Difficulties

Personal difficulties are an expected part of life and can be anticipated to occur among clinicians and students (e.g., relationship conflict or loss, bereavement, anxiety, depression, stress, the need to contribute to care of a family member or child, etc.). They also have the potential to interfere with one's ability to function as a clinical psychologist or trainee, or to make timely progress in the program. For example, personal stress can interfere with learning during graduate school (Bischoff, Barton, Thober, & Hawley, 2002), lead to burnout and compassion fatigue, and might lead to impairment and improper behaviour (Wise & Gibson, <http://www.apa.org/education/ce/ccw0012.aspx>). Unfortunately, such stress is not uncommon. For example, there is an up to 60% prevalence rate of burnout in helping professions such as ours (Brodie & Robinson, 1991) and survey research indicates that 75% of psychotherapists experience major distress in any 3-year period (Epstein, 1997). In one survey, up to 85% of graduate students surveyed reported having been aware of at least one peer experiencing substantial problems during their training (Boxley et al., 1986; Hupruch & Rudd, 2004). Stress as a clinical psychology trainee, and clinical psychologist, is unfortunately very common.

An important first step is to monitor your stress and look after yourself. As stated in Ethical Standards II.11-12* of the Canadian Code of Ethics for Psychologists, it is students' responsibility to be alert for and to recognize when personal problems are interfering with their effectiveness, and to take appropriate action. The Saskatchewan College of Psychologists Professional Practice Guidelines note that “members must recognize that personal problems and conflicts may interfere with their effectiveness in work-related activities” and “they must take appropriate measures, and determine whether they should limit or terminate their work-related duties.” In summary, personal difficulties are likely to arise and it is important to notice and address them, both for your own well-being, client care, and to help you continue to make progress toward your goal of obtaining a Ph.D. in Clinical Psychology.

It is also the program's responsibility to facilitate and encourage such self-reflection and self-care, and to provide support for this process. Such support may be received in practicum supervision, research supervision, seminars, and in positive relationships among students and faculty. A necessary step for trainees who are facing personal problems might be to discuss the possible impact of these problems with the Director of Clinical Psychology Training, and/or with the student's clinical supervisor and/or research supervisor. There are a variety of avenues to explore, such as obtaining counselling, modifying or suspending the program of training, or arranging a probationary period with specified actions to correct the problem, or taking medical leave from the program temporarily (which stops the “clock” allotted for program completion). Mentors and peers can be an important buffer against distress and burnout (Skovholt & Trotter-Mathison, 2011).

Faculty and students also collectively share an ethical responsibility to take action if we believe that another person's personal problems may be harmful to current or future clients. Specific procedures (see below) are in place for faculty-recognized signs of distress and impairment (see below)

If you believe one of your peers is impaired to the point of negatively impacting client care or their progress in the program, it is important to discuss this with your peer and potentially bring it to the attention of faculty. We recognize this might be difficult – in one survey less than 60% of graduate students who identified peers as distressed took action about that distress. You might also be worried about negatively impacting a peer's training and program progress. However, we all have a responsibility to ensure that we are providing competent client care. We hope acknowledging this openly, both in this policy and our program, will make this potentially difficult task easier. Further, by identifying concerns early we can provide support to one another and prevent stress from becoming distress, burnout, or impairment. We also encourage students to be open to feedback regarding distress and burnout. Unfortunately, although psychologists are very skilled at recognizing distress in others, they are often poor observers of their own distress.

A. Process for Concerns Identified by Faculty or Student Peers

Under conditions where a significant problem is identified by a faculty member or other student peer (i.e., conditions that compromise a student's ability to achieve the competencies required of a psychologist or to achieve progress milestones), a faculty member will discuss this concern with the student experiencing the problem. At this stage, it is possible the faculty member will also consult, confidentially, with CEC to advise them of the concern and consult regarding recommendations for action.

If problems are not resolved, or are egregious, CEC will review the relevant information and make recommendations that will also be conveyed to the Graduate Committee for action. Example recommendations might include discussion of the functional and foundational competencies that are not being met and outlining specific steps to help the student meet them, regular meetings regarding the concern with their faculty advisor and/or the DCT, considering personal therapy, temporary discontinuation of practicum, a formal remediation plan, recommendation of a temporary leave from the program, or discontinuation in the program. CEC recommendations are designed with the following goals in mind: protecting client care, the integrity of our profession, and supporting our students through difficulties as much as possible. Recommendations are generally designed to provide the student with as many opportunities to address the concern as possible and more severe recommendations (e.g., discontinuation from the program) are reserved for particularly serious concerns (i.e., ethical violations) or concerns that have not been amenable to remediation plans.

Initial discussion of such confidential student issues will be among faculty only. When any formal recommendation to the Graduate Committee is to be considered, the student being discussed may request to attend the meeting, and/or may ask a faculty member to attend the meeting on his/her behalf to ensure that his/her interest or point of view is represented. In addition, a graduate student representative or ombudsperson from outside the Department of Psychology may be present as an observer (at the request of the student being discussed), on the understanding that s/he will comment only on due process issues. Such a student representative or ombudsperson may be sought through the Graduate Students' Association or the College of Graduate Studies and Research, at the discretion of the student being discussed. Appeals of recommendations regarding suspension, remediation, probation, or termination may be directed in the first instance to the Graduate Committee, then to the Department Head, and finally to the Dean of Graduate Studies and Research.

****Standards cited from the Canadian Code of Ethics for Psychologists:***

II.11 Seek appropriate help and/or discontinue scientific or professional activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others.

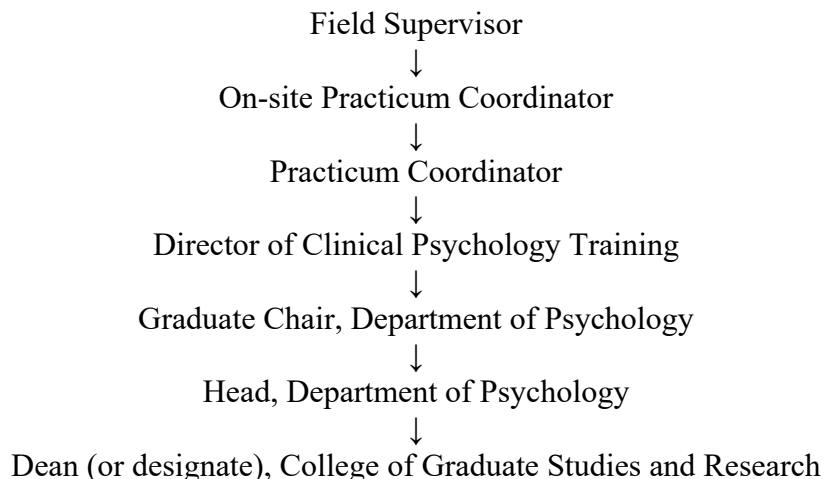
II.12 Engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others.

B. Process for Students to Deal with Personal Difficulties

1. Process for students to deal with difficulties relating to clerkship or practicum

In the event that students experience difficulties* while on clerkship or practicum it is important that they initiate discussions with the appropriate person(s) as soon as possible to resolve/address the situation. Students should first discuss the difficulties, if possible, with their field supervisor(s). It may be helpful to informally consult with faculty members, as preparation for this discussion.

In the event that discussions with the field supervisor(s) do not adequately address the difficulties, students should then bring the situation to the attention of the On-site Practicum Coordinator (if applicable) for the agency, and then, if necessary, to the Department of Psychology's Practicum Coordinator and Director of Clinical Psychology Training (DCT). If the difficulties still remain unresolved students should then bring the situation to the attention of the DCT. This process may be continued, if necessary, by contacting the other individuals listed below in the order shown. Care and planning should occur before discussing problems informally with persons not directly involved in your program or training. A student can unwittingly place a fellow student, colleague, or faculty member in a difficult situation by "informally" discussing a situation which the recipient may construe as something which they must ethically act on. Remember, when you start a conversation with someone about a clinical training matter, who decides what is and is not a consultation becomes a shared responsibility between the speaker and listener.



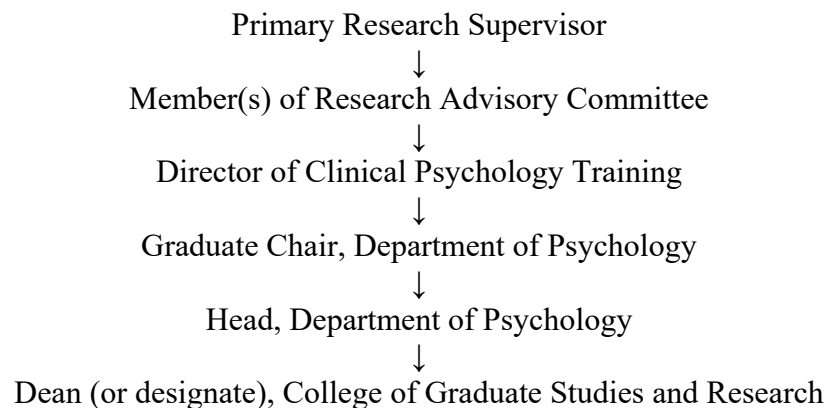
**The word “difficulties” is used in the broadest sense and may refer to difficulties with supervision, the number of hours, the activities engaged in, etc. or personal difficulties.*

2. Process for students to deal with difficulties relating to research

In the event that students experiences difficulties* relating to their research or to the process of research supervision, it is important that they initiate discussions with the appropriate person(s) as soon as possible to resolve/address the situation. Students should first discuss the difficulties, if possible, with their primary research supervisor. It may be helpful to informally consult with other faculty members as preparation for this discussion.

In the event that discussions with the primary research supervisor do not adequately address the difficulties students should then bring the situation to the attention of the members of their research/thesis committee. If the difficulties still remain unresolved students should then bring the situation to the attention of the Director of Clinical Training. This process may be continued, if necessary, by contacting the other individuals listed below in the order shown.

Care and planning should occur before discussing problems informally with persons not directly involved in your program or training. A student can unwittingly place a fellow student, colleague, or faculty member in a difficult situation by "informally" discussing a situation which the recipient may construe as something which they must ethically act on. Remember, when you start a conversation with someone about a clinical training matter, who decides what is and is not a consultation becomes a shared responsibility between the speaker and listener.



*The word difficulties is used in the broadest sense and may refer to difficulties with supervision, availability of resources, number of hours engaged in research, type of activities engaged in, etc. or personal difficulties.

Therapy for Students

Students may be interested in seeking psychotherapy for themselves during their clinical training, and we feel it is appropriate for them to do so. In some cases, therapy might be recommended to a student to help resolve issues that seem to interfere with personal or professional development. Even in the absence of such issues, psychotherapy can be very helpful for both. For example, it can increase your lived understanding of the process of psychotherapeutic change, and increase your empathy for clients' experiences of psychotherapy. An estimated 38-75% of clinical psychology doctoral students are involved in, or have been involved in, personal therapy. In that study, personal growth was given as the main reason for seeking therapy (Holzman, Searight, & Hughes, 1996).

It is the policy of the program that no student enter a therapeutic relationship with a core clinical faculty member, nor a current clinical supervisor. Psychotherapy is available to you at the University of Saskatchewan Student Counselling Services at no charge. Services for students from the program are provided only by the staff psychologists and counsellors. The services provided are strictly confidential and no information is released to the program faculty except at the student's request. The following guidelines are in place to minimize the possibility of dual relationships occurring.

1. Students completing a practicum placement at Student Counselling Services (SCS) will not be seen concurrently for psychotherapy.
2. Students who have completed a practicum at SCS are encouraged to make this fact known at the time of scheduling the initial appointment in order to avoid inadvertently scheduling an appointment with a former supervisor.
3. Students planning to do a practicum at SCS are encouraged to discuss the implications of entering therapy for the selection of supervisors for a future placement.

Feel free to talk to the Director of Clinical Training, your research or clinical supervisor, any other clinical faculty members, or your peers for more information.

See also:

Holzman, L.A., Searight, H.R., & Hughes, H.M. (1996). Clinical psychology graduate students and personal psychotherapy: Results of an exploratory survey. *Professional Psychology: Research and Practice*, 27, 98-101.

Other Recommended Resources

Books and Articles

Carter, L. A. & Barnett, J. E. (2014). *Self-care for clinicians in training: A guide to psychological wellness for graduate students in psychology*. Oxford University Press.

Norcross, J. C., & Guy, J. D. Jr. (2007). *Leaving it at the office: A guide to psychotherapist self-care*. Guilford.

Peters, R. (1997). *Getting what you came for: The smart student's guide to earning an M.A. or a Ph.D.* Farrar, Straus, & Giroux.

Skovholt, T. M., & Trotter-Mathison, M. J. (2010). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. Routledge.

Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care, and well-being for psychologists: Reenvisioning the stress-distress continuum. *Professional Psychology: Research & Practice*, 43, 487-494. DOI: 10.1037/a0029446

Online Resources

www.phinished.org - Discussion & support group for graduate students

<http://thesiswhisperer.com/useful-resources-for-students-and-supervisors/> - Online resources link from The Thesis Whisperer, edited by Dr. Inger Mewburn, Australian National University

<http://apa.org/education/grad/mentoring-care.aspx> - Mentoring & self-care resources from the American Psychological Association

C. Policy and Procedures for Student Remediation, Suspension, or Program Discontinuation

As noted above, students can be expected to face personal and professional challenges during the long journey of completing a Ph.D. from a clinical psychology program. There are helpful administrative procedures within existing Graduate Program and CGSR policy and many issues can be resolved on an informal basis. However, for particularly serious cases in which client care is adversely affected or students might be required to discontinue the Clinical Psychology training stream, the following policy has been adopted by the CEC. It is anticipated having such policy and procedures formalized will help enhance fairness and rigor in decision making, reduce the stress and burden on students and faculty, and increase efficiency of such processes.

The guidelines presented below concerning suspension of clinical activity, steps to remediation, and requirement for discontinuation are either adopted directly from, or informed heavily by, the APA accredited clinical psychology program at Clark University, Worcester Massachusetts, with permission: <https://www.clarku.edu/departments/psychology/grad/clinical>

Suspension of Clinical Activity

Because clinical psychologists often work with vulnerable individuals, it is critical that students take their clinical responsibilities seriously, fulfill their clinical obligations, and generally conduct themselves in a professional manner. Repeated failure to do so could lead to suspension of clinical work. In general, there exist three ways in which students may be suspended from conducting clinical work. Fortunately, these cases are not common.

1. Any student who is found to engage in unethical behavior will immediately be suspended from conducting clinical work or practicum training. These include, but are not limited to, the student's use of inappropriate language or actions with clients, unprofessional behavior, violation of university rules, or violation of provincial jurisprudence or professional practice guidelines, all of which demonstrate the student is not meeting professional standards.

2. Students who receive multiple unsatisfactory reviews may be suspended from conducting clinical work/training for one semester. During this semester, the student will meet regularly with the DCT and the clinical supervisor to chart a corrective course of action (see section below on Remediation Procedures). Should the DCT deem that the student is eligible to return to clinical work following the suspension, the student will be considered on clinical probation. Clinical probation is a status under which any further unsatisfactory reviews may result in permanent prohibition of clinical training. In such extremely unusual cases, the clinical faculty would meet with the Department Head to discuss subsequent steps, which may include requiring the student to withdraw from the clinical program and/or the graduate program in general (see below).
3. Students who have demonstrated poor performance in their academic work by virtue of having been assigned Probationary Status by the department may not conduct clinical work until such status has been corrected. This Probationary Status can be assigned to students for a variety of reasons, including receiving a failing grade in any class, making poor progress in the completion of their program of studies, presenting an inadequate or incomplete independent research project, or making poor progress in their dissertation research.

A student who has had to terminate a practicum for professional, ethical, or competence-based concerns or has had to perform remediation on a practicum for will be required to disclose their evaluation and resolution of this matter to potential future practicum supervisors. Such disclosure would be done with the support of the practicum coordinator/DCT.

Remediation Policy and Procedures

Students who receive an **unsatisfactory** annual review or who have been suspended from conducting clinical work are required to meet with the DCT, and possibly their research advisor, in order to identify a specific set of remediation procedures that must be followed. On some occasions, a student may be asked to meet with the DCT to set up remediation procedures to address concerns about a student's behavioral, academic, or ethical performance even if they do not reach the level of warranting either an *unsatisfactory review* or suspension of clinical work. For example, a student who receives a marginal evaluation in a particular course or who is making marginal progress in an MRA competency, or about whom the CEC has identified concerns may be asked to set up a remediation plan to address the concerns about that particular performance. In all cases, due process is utilized in resolving concerns about a student's behavioral, academic, or ethical performance.

The general remediation procedure is outlined as follows. Please note that this is not necessarily a strictly linear process. For example, some steps might happen simultaneously or be repeated.

1. Matter brought to attention of Director of Clinical Psychology Training (DCT)
2. Concerns shared with student and relevant parties most directly affected. Clarification sought on the matter and all versions of events are obtained.
3. Evaluate if informal resolution of matter is appropriate or if may require a formal response
4. Matter discussed with CEC in camera
5. Consultation with Graduate Chair, Department Head, College of Graduate Studies and Research and other relevant parties, as needed

6. Decision made by CEC if a formal response is required. If formal response is required, CEC decides on feasibility of remediation vs suspension or discontinuation from clinical training
7. CPA Code of Ethics, Saskatchewan College of Psychologists Professional Practice Guidelines, and College of Graduate Studies and Research policy on student academic and professional conduct are consulted to guide decision making.
8. Remediation plan drafted by CEC or options for the student to consider if required to suspend or discontinue clinical training will be formalized.
9. CEC decision and rationale is written up as a formal document/letter to be shared with the student. Should the student's status change, specific expectations that the student must meet before the student is reconsidered for reinstatement to full status in the program will be clearly outlined in the letter.
10. The letter will be written by the DCT, in consultation with the student's faculty advisor, and the Department Head. The letter will include:
 - a. A description of the issues to be addressed
 - b. A plan for addressing each issue
 - c. A description of any previous efforts to address or prevent each issue
 - d. Criteria for determining that the issues have been remedied or resolved
 - e. A timeline for review
11. The DCT, in conjunction with the student, determines the nature, type, and frequency of subsequent reviews.
12. If the student, having notification of the faculty member(s)'s recommendations, believes the procedure to be unjust or the decision to be unfair, or that new information could lead to a different decision, he/she may present an appeal in writing to the DCT.
13. If a student is to be suspended from participation in training, he/she must be notified in writing. The letter will state the time frames and limits of the temporary suspension and its rationale. A copy of the letter is to be maintained in the student's permanent file.
14. In the case of remediation the student's progress on the plan will be monitored by the CEC.

Student Discontinuation from Clinical Program

Student requirement to discontinue from the clinical program could occur for one of the following two reasons:

1. Inability or unwillingness to satisfactorily address concerns raised in an unsatisfactory review through the remediation process (see above). This is also in keeping with College of Graduate Studies and Research policy for the ***Requirement to Discontinue***:

<http://www.usask.ca/cgsr/policy-and-procedure/requirement-to-discontinue.php>

2. Conduct that is deemed so egregiously unprofessional or unethical that remediation is not appropriate. When such situations arise, program faculty must review the student's behavior at the next available program meeting. Prior to this meeting, the faculty member involved (e.g., supervisor or DCT) will notify the affected student as to the issues and concerns. The student may choose to work with this faculty person, or another faculty person, to present information to the faculty. Information may be presented in verbal or written form. Upon request through the DCT, the student may be invited to appear before the CEC to present her/his side of the issues.

After presentation of information by all parties involved, the CEC, in consultation with the Graduate Chair and Department Head will then determine whether the student's behavior warrants a recommendation to the College of Graduate Studies and Research for formal discontinuation. If the student is not dismissed, the faculty must specify the specific contingencies for retention including the behavioral change necessary (see section on Remediation Procedures), the criteria and process to be used in evaluating progress, and the dates by which change must be evidenced. The student's advisory committee will be responsible for monitoring the remediation program and bringing information back to the faculty within the guidelines and timelines established. Failure to satisfactorily complete the remediation program will result in discontinuation of the program.

Grievance Procedures

In general, students who feel that they have not been treated fairly should follow the grievance procedures through the University of Saskatchewan's Graduate Students' Association (GSA). Students are encouraged to make efforts to resolve the problem with the relevant faculty member through informal discussion. In the event that the student feels that such discussions have not led to a fair outcome, the student should then consult with the DCT. If the student remains unsatisfied, he or she may ask the Graduate Program Chair to convene a meeting of Graduate Program coordinators in an effort to resolve the matter. Students who believe that they have not been treated fairly through such procedures may also bring their grievance to the Associate Dean of the College of Graduate Studies and Research.

12. Policy on Clinical Work outside the Program

Preamble and Guidelines

There are three classes of issues related to student's paid clinical work outside the program:

1. Students' autonomy and their progress in the program
2. College regulations concerning full-time vs. part-time registration and teaching fellowship support
3. Issues related to ethics and professional standards: responsible caring, integrity, supervision, accountability, responsibilities of employers toward students, students as representatives of our program in outside agencies

1. Students' Autonomy and their Progress in the Program

Faculty and students of the clinical program are committed to seeing that students make timely progress through the program. The reasons for this include ensuring that the discipline of psychology has a steady stream of doctoral level practitioners, and ensuring that the resources, such as supervision and space, are available to admit new students to the program on a yearly basis.

The 1998 accreditation review of the program rated the program highly, but did express concern regarding the length of time students are taking to complete the program. Faculty, students and the discipline of psychology are best served when students complete their doctoral degree and registration as a psychologist in a timely fashion.

The purpose of the following policy is to balance the students' desire for autonomy, their financial responsibilities, and their training needs against the program's responsibilities to the students, and to the ethical practice of psychology in the community. Some graduate programs require students to obtain prior approval of work outside the program; our program faculty respect students' ability to monitor their time commitments and act responsibly and so would prefer not to have this authority. Instead, the policy is intended to encourage clear, open communication between faculty and students about their time commitments and their ethical practice of skills learned through the program so that pertinent regulations and standards can be respected.

Students' primary work responsibility while in graduate school should be to their progress through the program. A recent study has shown that work outside the program is the strongest single predictor of time to completion of a graduate degree across a wide range of disciplines including psychology (Chiste, 1999). Thus students should be careful to give their academic work priority during their time in graduate school. We recognize that students do gain financial, social and emotional benefits from outside work, but that these must be balanced against their need to complete the program in a timely manner.

2. College Regulations Concerning Full-Time vs. Part-Time Registration and Teaching Fellowship Support

According to regulations of the College of Graduate Studies and Research (effective since December 13, 1996):

Students:

- Must be registered as full time students to receive scholarship or Graduate Teaching Fellowship (GTF) support.
- To register as full time, must declare themselves to be working at least 40 hours per week on their graduate program, not including their obligations to the department (~9¼ hours per week for a regular GTF).
- May register as part-time students if not receiving GTF support from the department, and working less than 40 hours per week on their academic program. (This may have implications with respect to income tax, employment insurance, and eligibility for, or obligation to repay, student loans.)
- If accepting external awards, are bound by the conditions of those awards respecting registration and hours of work.
- Director of Clinical Training:
- Shares joint responsibility with the students for certifying that these regulations are met . The DCT will not sign for full-time registration without discussion of these issues.

For students receiving GTF funding, the program discourages employment beyond the required 40 hours a week spent on the graduate program plus the GTF hours, as students also have obligations for self-care and for time with their families.

3. Issues related to ethics and professional standards: responsible caring, integrity, supervision, accountability, responsibilities of employers toward students, students as representatives of our program in outside agencies

Students:

- Should have completed the summer clerkship and at least one practicum prior to accepting any clinical work.
- Should request a job title other than psychologist unless they were employed as a psychologist in the employing agency before entering the doctoral program.
- Students admitted in September, 1999, or later: are required to notify the Director of Clinical Training of all outside work related to their training in clinical psychology as part of their annual review and student registration.
- Students already in the program as of August, 1999: are invited to inform the Director of Clinical training of their outside work on a voluntary basis as part of their annual review and student registration.
- Are discouraged from applying for registration as a psychologist before completing the program.
- Should ensure supervision and co-signing of reports from a registered psychologist.

Thus it would be acceptable for a student (provided that the regulations above concerning hours of work are respected) to take (a) a part-time job doing psychometric assessments under the supervision of a psychologist who writes the reports and takes responsibility for the conclusions, or (b) a part-time job doing counselling, where a registered psychologist takes overall responsibility for the planning and provision of service, and provides documented supervision as described above.

Faculty, including Adjunct Professors and Professional Affiliates are asked to:

- Notify the Director of Clinical Training when they or their work unit employ students from the program.
- Ensure that students work within their level of training, and consult with the Director of Clinical Training when unsure of a student's skill level.
- Ensure adequate supervision for students working outside the program in their place of employment.
- Co-sign reports of any work that they supervise.
- Take no responsibility for finding outside work for students, nor for consulting on such work, if they are not the supervisor. There is no obligation for faculty to write letters of reference for employment outside the program, unless they wish to do so.

All employers of students are asked to:

- Encourage part-time (e.g., up to half time) rather than full-time work for students.
- Avoid using the job title psychologist for a student, unless the student has been employed as a psychologist in that facility prior to becoming a student in the doctoral program in clinical psychology.
- Facilitate the students' academic progress whenever possible.
- Assume liability for any paid or volunteer work done by students that is not done for course credit.

13. Preparation for Registration

The Graduate Program in Clinical Psychology is designed to prepare graduates for full, independent registration or licensing in professional psychology following a postdoctoral year of supervised experience.

As of 2003, five provinces outside Saskatchewan (MB, ON, NS, PE, NF, NB), and most US jurisdictions, require a post-doctoral year of supervised experience for licensing for independent practice.

Provincial and territorial registration/licensing requirements for Canadian jurisdictions, and links to the regulatory organizations, are provided by the Canadian Psychological Association here. Information about licensing requirements for all US and Canadian jurisdictions can be also obtained free online from the Association of State and Provincial Psychology Boards.

As of February 2006, the policy of the Saskatchewan College of Psychologists is that the full-year predoctoral internship, if accredited by CPA or APA, may be counted by PhD graduates as supervised experience towards registration. Other provinces and states may require a year of post-doctoral supervised experience in addition to the internship.

Foundational and Functional Competencies of a Clinical Psychologist

This information is taken from the Council of Credentialing Organizations in Professional Psychology.

Foundational Competencies

- **Self-Assessment and Reflective Practice:** Practice conducted with the boundaries of competencies, commitment to life-long learning, engagement with scholarship, critical thinking and respect for scientifically derived knowledge.
- **Familiarity with Scientific Knowledge and Method:** Research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, life-span human development.
- **Effective Relationship Skills:** Capacity to relate effectively and meaningfully with individuals, groups and/or communities.
- **Knowledge of Ethical and Legal Standards and Policy:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups and organizations.
- **Knowledge About and Sensitivity to Individual and Cultural Diversity:** Awareness and sensitivity in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics.
- **Capacity to Function in Interdisciplinary Systems:** Identification and involvement with one's colleagues and peers that contribute to the development of the profession and foster the continued development of the individual practitioner.

Functional Competencies

- **Assessment, Diagnosis and Case Conceptualization:** Assessment and diagnosis of problems and issues associated with individuals, groups and/or organizations.
- **Intervention:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups and/or organizations.
- **Consultation:** Providing expert guidance or professional assistance in response to a client's needs or goals.
- **Research and Evaluation:** Research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.
- **Supervision and Teaching:** Supervision and training of the professional work of students, trainees, residents and staff members.
- **Management and Administration:** Managing the practice of mental health services and/or the administration of health organizations, programs and agencies.

Examination for Professional Practice in Psychology

2007-2012 Mean Scores and Successful Pass Rate for Canadian Clinical Psychology PhD Programs

Of the 23 University of Saskatchewan clinical psychology program PhD graduates who wrote the EPPP in 2007-2012, overall **95.56% received a passing score** (minimum 70% required to pass). The unweighted mean passing rate for Canadian clinical psychology doctoral programs during this time period was 93.92%. The breakdown by specific content area, followed by a table with descriptions of each area, are each provided below. As seen in the table below, U of S graduates on average received a passing grade in each of the eight content areas.

University of Saskatchewan 2007-2012 Clinical Psychology Program PhD Graduates:
Performance by Content Area

Content Area	Percent Correct by Content Area
Biological bases of behavior	73.66
Cognitive-affective bases of behavior	77.76
Social and cultural bases of behavior	72.51
Growth and lifespan development	74.62
Assessment and diagnosis	71.50
Treatment and intervention	79.40
Research methods and statistics	74.99
Ethical/legal/professional issues	79.73

Content Outline of the EPPP for Administrations from August 1, 2011 Forward		
	Content area	% of exam
01	Biological Bases of Behavior — Knowledge of (a) biological and neural bases of behavior, (b) psychopharmacology, and (c) methodologies supporting this body of knowledge	12
02	Cognitive Affective Bases of Behavior —knowledge of (a) cognition, (b) theories and empirical bases of learning, memory, motivation, affect, emotion, and executive function, and (c) factors that influence cognitive performance and/or emotional experience and their interaction	13
03	Social and Cultural Bases of Behavior —knowledge of (a) interpersonal, intrapersonal, intergroup, and intragroup processes and dynamics, (b) theories of personality, and (c) diversity issues	12
04	Growth and Lifespan Development —knowledge of (a) development across the full lifespan, (b) atypical patterns of development, and (c) the protective and risk factors that influence developmental trajectories of individuals	12
05	Assessment and Diagnosis —knowledge of (a) psychometrics, (b) assessment models and instruments, (c) assessment methods for initial status of change by individuals, couples, families, groups, and organizations/systems, and (d) diagnostic classification systems and their limitations	14
06	Treatment, Intervention, Prevention, and Supervision —knowledge of (a) individual, couple, family, group, organizational, or community interventions for specific problems/disorders, (b) intervention and prevention theories, (c) best practices and practice guidelines, (d) consultation and supervision models, and (e) evidence supporting efficacy and effectiveness of interventions	14
07	Research Methods and Statistics —knowledge of (a) research design, methodology, and program evaluation, (b) instrument selection and validation, (c) statistical models, assumptions, and procedures, and (d) dissemination methods	8
08	Ethical/Legal/Professional Issues —knowledge of (a) codes of ethics, (b) professional standards for practice, (c) legal mandates and restrictions, (d) guidelines for ethical decision making, and (e) professional training and supervision	15

*Table recreated from Association of State and Provincial Psychology Boards 2012 Psychology Licensing Exam Scores by Doctoral Program

Chapter 14: Program Evaluation and Revision

As the field of clinical psychology grows, demands and expectations of psychologists change, and training standards evolve, the clinical psychology program also endeavors to be in step with such changes and to monitor its curriculum and training objectives regularly. Such changes are made by the CEC in consultation with the clinical psychology student body, the *Accreditation Standards and Procedures for Doctoral Programmes and Internships in Professional Psychology Fifth revision 2011*, and review of accredited clinical psychology training programs in Canada.

Student Survey

The CEC values the input of the clinical psychology student body and routinely solicits their feedback on general program, curriculum, and training matters. Each year the CEC conducts an anonymous survey of current clinical psychology students to solicit their views and opinions on the climate of the graduate program and perceptions of strength, weaknesses, and opportunities for growth and improvement within the program. The data are presented to students and clinical faculty in anonymized and aggregate form. The annual student survey serves as a regular process as one means of quality assurance of the clinical psychology program.

Training Outcomes

The clinical psychology program carefully monitors a number of student and graduate training outcomes as a means of program evaluation. Appendix C provides many of these details over the past 7 years. These include:

- Average time to completion (7 years, SD = 1.5)
- Attrition rates (< 5%)
- Volume of PhD graduates with 25 convocations since the 2010 self-study and 149 in total
- Match rates to residency and proportion of students matched to accredited internships
- Completion rate of internship and graduation rate of internship completers (100%)
- Proportion of PhD graduates who obtain employment in professional psychology (100%)
- EPPP passing rate (95.65%)
- Proportion of PhD graduates who are registered or pursuing registration (93.8%)
- Retention of program alumni in the province of SK (about 1/3)
- Completion rate of core clinical coursework (100%)
- Proportion of students who are externally funded or recipients of Dean's scholarships
- Practicum and clerkship evaluations
- Passing rate of comprehensive examinations (case comprehensive and ethics oral)
- Volume of publications and presentations of our students

Appendix A:

Forms and Materials for Practicum Placements and Summer Clerkships

Guidelines for a Practicum Training Agreement between Student and Agency

To be created jointly as early as possible in the first month of the placement, or ideally prior to beginning a practicum placement. The student is responsible for ensuring that this agreement is finalized with copies sent to the agency practicum coordinator and the university practicum coordinator.

1. Student's name, address, telephone number, e-mail address
2. Agency offering the practicum
 - o Name of agency, department, program, site
 - o Agency's practicum coordinator, telephone number, e-mail address
3. Starting and ending dates (allow for 24-26 weeks -- the practicum should end no later than April 30)
4. Days and hours of work (allow for 7-9 hours per week, with a maximum of 12 hours per week)
5. Goals
 - o Specify the major competencies, skills and values which the student hopes to acquire or develop during this practicum placement
 - o Specify the ways in which diversity will be addressed in this placement (e.g., by exposure to clients from various ethnic or cultural backgrounds, religions, ages, sexual orientations, etc.)
6. Intended activities
 - o Expected number of clients of various types (assessment; treatment; individual, family, group, etc.)
 - o Regular meetings which the student is expected to attend
 - o Other activities
7. Supervision
 - o Names of primary and backup supervisors
 - o Time and duration of supervisory meetings (see guidelines above)
 - o Methods of supervision (live, video, audio, discussion, written feedback, etc.)
8. Written work
 - o Time frame for preparation of initial drafts (reports, progress notes, etc.)
 - o Specify how feedback will be provided
 - o Expected time frame for supervisor's feedback to student concerning written work
9. Evaluation (see guidelines above)
 - o Expected dates of mid-term/mid-year and final evaluation meetings
 - o Indicate whether evaluation will be written or verbal
 - o Append the Evaluation of Student for Practica and Summer Clerkships form and the Student Evaluation of Practicum or Summer Clerkship form.
10. Standards, guidelines, policies, and codes of conduct
 - o Name any standards, guidelines, policies, codes, regulations, etc., that have been adopted by the agency and that may guide the student's conduct; certify that the student has been given copies of or access to these document.
 - o In private practice settings: Identify any required arrangements for professional liability insurance.
11. Problem resolution
 - o Indicate procedures for managing and resolving student/supervisory issues which may arise during practicum.
 - o Indicate name of university and agency persons to be approached for help in case of conflict with the supervisor or absence of the supervisor
12. Signatures & dates
 - o Student
 - o Supervisor

Graduate Program in Clinical Psychology

Evaluation of Foundational and Functional Competencies

University of Saskatchewan

Evaluator:	Time period:	Pre-Residency Year:	
π Clinical Faculty Evaluation of Student or π Graduate Student Self-Evaluation	π Mid-year eval or π End of Year eval	π Year 1 π Year 2	Year 3 Year 4

Graduate Student: _____

Clinical Faculty Supervisor: _____

Date: _____

Research Area : _____

Competency levels		I	II	III	IV	V
(N/A = Not assessed, not applicable, not sufficient information)	N/A	• Basic competency not present	• Possesses basic competency in foundational or functional area; still needs extensive supervision & consultation	• Developing competencies in foundational or functional area appropriate to year in program; substantial supervision required	• Competent to take substantial responsibility for carrying out major, professional functions, tasks, duties/roles under minimal supervision & consultation	• Practices professional psychology at advanced level of competency in substantive areas of practice; supervision or consultation only as needed
Standards for students in Years 1,2,3 (i.e., junior students or students with limited experience)		• Start of program level; at mid-year review, indicates unsatisfactory progress, requires remediation	• Expected program skill level at mid-year review	• Expected end of year level of competence	• Competent beyond minimum expectations	• Competency greatly exceeds expectations
Standards to evaluate student readiness for internship: Minimal Requirements for Internship Eligibility (Year 4)		• Deficiencies unlikely to be remedied during program	• Start of program level; at mid-year review, indicates unsatisfactory progress, requires remediation	• Expected program skill level at mid-year review	• Expected end of program level of competence; meets minimal pre-internship requirements	• Unusually advanced; comparable to graduated or independent practitioner skill level

Foundational competencies:						
Personal, interpersonal, professional, & scientific						
		I	II	III	IV	V
Personal integrity, accountability, professional deportment and concern for the welfare of others						
Personal awareness, reflective practice, and self care						
Scientific, theoretical, contextual approach to the discipline						
Strong interpersonal relationships						
Respect for individual and cultural diversity						
Ethical and Legal knowledge and practice						
Interdisciplinary skills and attitudes						
Effective use of supervision and supervisory support						
Effective work skills, including cognitive and expressive skills						
Self-directed learning & continuing education						

Assessment, diagnosis, conceptualization						
		I	II	III	IV	V
Preparation						
Clinical interviewing						
Psychological testing						
Knowledge of psychological problems & diagnosis						
Multidimensional case conceptualization						
Report writing & related professional communications						

Intervention & consultation						
Knowledge of interventions and evidence-based practice						
Theory-driven case conceptualization and planned interventions						
Establishes therapeutic alliance and implements planned interventions						
Progress Evaluation						

Consultation knowledge						
Basic Consultation skills						

Supervision & Teaching						
Knowledge of supervision roles						
Knowledge of supervision method						
Provision of clinical supervision						
Teaching						

Administration, Management, and Advocacy				
	N/A	Objectives Not Met	Objectives Met	Objectives Exceeded
Administrative activity/proficiency				
Management of program				
Advocacy				

Research				
	N/A	Objectives Not Met	Objectives Met	Objectives Exceeded
Program development & Evaluation				
Dissertation Research Progress*				
Non-Dissertation Research Progress				
Communication of Research				

* Attach a separate sheet describing research progress & other written comments as needed.

Clinical Faculty's signature

Graduate Student's signature

**APPENDIX:
Operational definitions of competencies**

Foundational competencies:	
Professionalism, Personal, Scientific, Interpersonal, Diversity, & Ethical/Legal	
Professionalism, as reflected by personal integrity, deportment, accountability, concern for the welfare of others, and professional identity	Understanding of and adherence to professional values, honesty and personal responsibility; professionally appropriate communication and conduct; consistently reliable and accepting of personal responsibility; acts to understand and safeguard the welfare of others; demonstrates an emerging professional identity. Follows required procedures and policies. Acknowledges and corrects errors. Work is completed in a timely and appropriately independent fashion, so that the graduate student is considered responsible, organized, and dependable.
Personal awareness as demonstrated by reflective practice, self-assessment and self care:	Self-identifies, self-monitors, and manages own personal stress, adjustment and personal responses in appropriate fashion, seeking assistance as needed. Organizes day efficiently to incorporate time for notes and rest/recovery Demonstrates awareness of the limits of knowledge and level of emerging professional skills and competencies. (Physician wellness initiative: Activity, nutrition, community, stress management, recreation, "mindfulness", "integrative medicine", interventions for stress, healthy lifestyle and wellness group in each program – but with interprofessional links, Living Well)
Scientific knowledge of the foundations of the discipline and of professional practice, and scientific mindedness	Demonstrates an understanding and respect for research, including quantitative and qualitative research methodologies, techniques of data collection and analysis, and the biological, cognitive-affective, sociocultural, and the lifespan developmental bases of behavior. Demonstrates critical scientific thinking and values and applies scientific methods to professional practice, including knowledge and application of the concept of evidence-based practice.
Interpersonal relationships reflect knowledge and skills with individuals, groups, and communities, including affective and expressive skills.	Respects, works collaboratively with, and meets commitments to clients, support staff, colleagues, supervisors, other professionals and the institution. Supports the work of others (e.g., helpful feedback). Demonstrates problem-solving, critical thinking, organized reasoning, intellectual curiosity, and flexibility. Communicates well in verbal and non-verbal modes, concerning ideas, feelings, and information. Demonstrates good listening, rapport-building, accurate empathic reflection, clarification/ summarizing appropriate to professional activity (e.g., assessment situations, including interviewing and testing; intervention modality and approach being utilized; consultation situation). Establishes and maintains rapport and working alliance involving trust and respect with appropriate professional boundaries. Awareness of power relationships, working relationship &/or therapeutic alliance, fluctuations in the relationship as function of setting. Demonstrates these qualities both through verbal and non-verbal behaviours with all populations served. Appropriately manages conflicts/differences.
Individual and cultural diversity (ICD)	ICD: Cultural, individual and role differences including those shaped by age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, SES, rural-urban residence, or intellectual ability. Demonstrates awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics. Monitors and applies knowledge of self and others with regard to ICD in assessment situations (including interviewing and testing), treatment modalities and approaches utilized, and during consultation. Demonstrates understanding of one's own ICD characteristics relative to client's dimensions of ICD.
Ethical & legal knowledge and practice:	Demonstrates commitment to and knowledge of ethical practice (e.g., Canadian Code of Ethics, Standards of Practice, etc. endorsed by CPA). Aware of legislation relevant to psychological practice. Applies and demonstrates these in professional activities in the program (e.g., respect for others, sensitivity, honesty, integrity, beneficence, non-maleficence). Identifies ethical and legal issues that arise. Follows ethical decision-making process and supervisor/ consultation procedures to address conflicts and resolve them in appropriate fashion (proactively when possible).
Interdisciplinary skills and readiness for interprofessional collaborative care	Student demonstrates core competencies necessary for effective participation on interdisciplinary research teams and recognizes that understanding the complexities of human behavior and human and global health challenges requires collaborative work by scholars and health scientists with complementary skills and shared goals. Student demonstrates a respect for and basic knowledge of the unique skills of a range of health disciplines required to address the complex health-related problems experienced by individuals, families, and social groups. Student demonstrates the required communication and group membership skills for effective interdisciplinary research and interprofessional collaborative care and seeks out opportunities to establish new skills and training experiences in integrative care.

Professionalism, Personal, Scientific, Interpersonal, Diversity, & Ethical/Legal (cont'd)	
Effective use of supervision and supervisory support:	Engages in supervision in an open fashion, self-reflects and self-evaluates, discusses personal responses to clients (e.g., motivation, values, attitudes, biases, behaviours, personal impact), prepares appropriately, works collaboratively (e.g., develops and works using common goals) and uses supervision feedback effectively, i.e., in an integrated manner, incorporating the ideas in their clinical repertoire. Also, seeks input and feedback as required and when appropriate (e.g., at mid-rotation evaluation). Negotiates autonomy from and dependency on supervisor appropriately.
Effective work skills including cognitive and expressive skills:	Respects, works collaboratively with, and meets commitments to clients, support staff, colleagues, supervisors, other professionals and the institution. Supports the work of others (e.g., helpful feedback). Demonstrates problem-solving, critical thinking, organized reasoning, intellectual curiosity, and flexibility. Communicates well in verbal and non-verbal modes, concerning ideas, feelings, and information. Follows required procedures and policies. Acknowledges and corrects errors. Organizes day efficiently to incorporate time for notes and rest/recovery. Work is completed in a timely and appropriately independent fashion, so that the graduate student is considered responsible, organized, and dependable.
Self-directed learning & continuing education:	Building on previous training experiences, the senior student is uniquely qualified to reflect on additional learning experiences that will benefit them, "rounding out" training; sets goals with practicum coordinator & rotation coordinator. Furthermore, this prepares the student for self-reflection related to needed continued skill development throughout career. Makes/takes time for reading, library searches, discussions of clinical issues with supervisors & colleagues, attending seminars & rounds, some of which are required, and other self-directed.

Assessment, Diagnosis, Conceptualization	
Preparation:	Clarifies nature and appropriateness of referral question; formulates hypotheses; selects appropriate methods for assessment question(s), based on an understanding of the psychometric properties of the measures selected, and in response to the unique needs of the client or patient.
Clinical interviewing:	Makes observations, systematically gathers appropriately detailed information in appropriate areas, and clarifies through inquiry (e.g. nature and severity of problems, working hypotheses about factors contributing to problems).
Psychological testing:	Standardized administration, knowledge of test manual, appropriate scoring and use of norms. Systematic data-gathering and interpretation. Where standards departed from, reasons and implications clear and understood. Appropriate knowledge of psychometric issues (e.g., test construction, validity, reliability).
Knowledge of psychological problems & diagnosis:	Sound understanding of psychological problems including knowledge of and ability to use the DSM-IV-TR. Able to describe major features of common psychological problems. Recognizes the limitations of current diagnostic approaches. Makes appropriate diagnoses, considering assessment findings.
Multidimensional case conceptualization:	Conceptualizes cases with biopsychosocial model; conceptualizes problems as a function of biological, social/cultural, cognitive, interpersonal and emotional factors. Presents it clearly in formulation. Provides plan of action appropriate to assessment, context (e.g., setting, client resources) and referral question.
Report writing & related professional communications:	Produces clear, succinct reports comprehensively integrating information gleaned from a variety of sources (e.g., behavioral obs., tests, interview, chart), including a coherent case conceptualization. Demonstrates multidimensional thinking and good writing skills. Prepares other relevant written communications (e.g., letters) appropriately.

Intervention & Consultation	
Knowledge of interventions	Knowledge of theoretical, scientific, contextual basis of interventions; the importance of evidence-based practice and its role in scientific psychology; demonstrates knowledge of interventions and the rationale for their use based on EBP; demonstrates an ability to select interventions for different problems, populations, and treatment settings, and a context-specific knowledge of strengths and limitations of strategies based on a review of the scientific literature

Intervention & Consultation (Continued)	
Formulation of treatment/ management plan based on case conceptualization	Identifies cases where psychological intervention is needed and would be beneficial. Considers appropriateness of preventive, developmental and remedial interventions (e.g., psychoed., crisis/emerg., psychotherapy) to promote, restore, sustain, and/or enhance positive functioning and well-being in clients. Identifies modalities and formulates plans/ goals /conceptual framework that are appropriate, effective and practical. Communicates and collaborates appropriately with client regarding plan; incorporates client's perspective as appropriate.
Establishes rapport and therapeutic alliance; Implements evidence-based interventions	Establishes rapport and therapeutic alliance with clients prior to conducting competent evidence-based interventions (e.g., individual psychotherapy using chosen theoretical approaches). Incorporates appropriate evaluation of treatment progress and outcome.
Progress Evaluation	Evaluate treatment progress and modify implementation planning based on established outcome measures.
Consultation knowledge	Knowledge of the consultants' role and the unique methodologies for assessment and implementation of consultation services; student can distinguish among therapist, teacher, supervisor, and consultant roles
Basic Consultation Skills	Provides consultation in a manner that is useful and appropriate to the particular consultee (e.g., other professionals, program administrators, teachers, family members, etc. Consultation involves provision of professional opinion that will facilitate other individual's care for the client.) Demonstrates awareness of consultees' unique client-related roles. Consultation systematically addresses referral questions in a jargon-free, organized, succinct, useful, relevant fashion.

Supervision & Teaching	
Knowledge of supervision roles	Understands the roles and responsibilities of the supervisor and supervisee in the supervision process, including ethical, legal, and contextual issues
Knowledge of supervision methods:	Knows some of the empirical literature on the procedures and processes of supervision, including understanding the goals and tasks of supervision consistent with the developmental stage of the trainee, tracking progress towards achieving goals, contract development and monitoring, understands the importance of identifying and addressing competency limitations in trainee, able to identify limitations in competency to supervise.
Provision of clinical supervision to junior trainees:	Observation of and participation in the provision of clinical supervision to a less experienced professional-in-training (e.g., practicum student; psychiatry resident) in an area of sufficient competence, when the prospective trainee is interested and available. Sensitive to power issues; develops clear learning objectives with trainee; create open participatory climate; link learning to specific evaluation criteria; differentiates supervision from therapy; awareness of own strengths and weaknesses; prepares coherent evaluation.
Teaching:	Provides competent educational presentations to psychology professionals and/or allied health professionals (e.g., at least one seminar to program faculty in the Clinical Seminar Series in a clinical area, clinical case presentations, and provision of one educational seminar to other professionals (e.g., medical students; multidisciplinary team). Formal teaching of undergraduate students in an area of emerging expertise and with mentorship from faculty.

Administration, management skills, and advocacy	
Administrative activity/proficiency:	Functioning program committee member; undertakes tasks (e.g., minute taking; screening documents; contributing to policy development) as a member. Collaborates in graduate program development through attendance at required meetings and involvement in special projects. Recognizes purpose and structure of meetings and how to run them.
Ongoing contributions to the management and development of the graduate program:	Students have a unique perspective to offer as participants in the development of the graduate program through committee work and feedback to practicum settings/supervisors. When completed, the required annual evaluation protocols and practicum evaluations are the major mechanism for documenting student feedback. Ad hoc contributions as they arise and service as a student representative on the CEC or other Departmental or College committees are also important avenues for students to influence program development.

Administration, management skills, and advocacy (continued)

Advocacy:	Advocating for the needs of clients (e.g., efforts outside the context of therapy to promote clients' wellbeing; volunteering outside the clinical program; participating in events hosted by non-profit agencies whose mandate it is to promote mental health) and/or advocating for the profession of psychology or the status of mental health services in Canada (e.g., maintaining an active membership in provincial and/or national psychology associations, organizing or participating in public and/or clinically oriented lectures or events that promote psychology or mental health services, supervised writing or speaking about psychology or mental health services or promoting others' spoken and written work on these themes).
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Research

Program development & evaluation:	Engages in other program development & evaluation specific to treatment as available and able on their rotations (e.g., assessment method, population of focus), and through formal program evaluation course work and assignments.
Dissertation Research Progress	Progress in research related to dissertation based on rating and content of accompanying written comments (required). Progress should be measured against the program-sanctioned Milestones document describing expected research achievements by Year in the Program. In addition, expectations will vary depending on whether the evaluation occurs in the Fall (September) or Spring (June). For first year students, progress refers to the transfer document: Development of general idea in Fall (which may be accompanied by a tri-council MA award application, as appropriate) and defensible transfer document in Spring/Summer. For second year students, progress refers to the written dissertation proposal outline in the Fall and defense of the dissertation proposal in Spring/Summer. For third year students progress refers to data collection progress in the Fall/Spring. Ideally, for fourth year students, progress refers to completion of the data collection in the Fall (before application to predoctoral residency). In the very least, students applying for predoctoral residency must have commenced data collection. Research progress is reviewed on a yearly basis in the CGSR document.
Non-Dissertation Research Progress	Involvement in research activities outside those specific to the dissertation research. These expectations will vary widely depending on the research supervisor (e.g., for some may consist solely of participation in research team and for others this includes other independent research projects), but expectations for involvement in research not related to the dissertation should be reviewed on a yearly basis.
Communication of Research	Regular written work on dissertation consistent with a priori expectations of research supervisor (for some, this involves yearly written milestones). More generally, this refers to communication of all research and all contributions to the discipline through knowledge exchange and translation activities, including peer-reviewed publications and conference presentations, community outreach and engagement. Progress should be measured against the program-sanctioned Milestones document describing expected research achievements by Year in the Program.

References:

- Fouad, N.A., Grus, C.L. Hatcher R.L., Kaslow, N.J., Hutchings, P.S., Madson, M.B., Collins, F.L., & Crossman, R.E. (2009). Competency benchmarks: A model for understanding and measuring competencies in professional psychology across training levels. *Training and Education in Professional Psychology, 3*, S5-S26.
- Kaslow, N.J., Grus, C.L., Campbell, L.F., Fouad, N.A., Hatcher, R.L., & Rodolfa, E.R. (2009). Competency assessment toolkit for professional psychology. *Training and Education in Professional Psychology, 3*, S27-S45.
- Belar, C.D. (2009). Advancing the culture of competence, *Training and Education in Professional Psychology, 3*, S63-S65.
- Demers, S.T. (2009). Real progress with significant challenges ahead: Advancing competency assessment in psychology. *Training and Education in Professional Psychology, 3*, S66-S69.

With thanks to Laurene Wilson, PhD., R.D.Psych., former Training Director, Psychology Residency Program, Saskatoon Health Region, who first developed a similar template for residency training based on her participation on the Assessment of Competency Benchmarks Work Group, Council of Chairs of Training Councils (CCTC), as CCPPP representative and in her role as Past Chair of CCPPP.

Clinical Supervisor: _____

Time period covered: _____

Practicum Agency: _____

FOR CLINICAL PRACTICUM/CLERKSHIP PLACEMENTS

Names of other supervisors:

Total number of hours of individual supervision (detail hours by a licensed psychologist, by non- or provisionally licensed psychologists or other health professionals, and/or by a senior graduate student):

Total number of hours of group supervision or seminar (detail hours by a licensed psychologist, by non- or provisionally licensed psychologists or other health professionals, and/or by a senior graduate student):

Total number of support hours (e.g., chart review, report writing):

Description of assessment activities (types, number of clients):

Total number of assessment hours of direct clinical contact:

Description of intervention activities (types, number of clients):

Total number of intervention hours of direct clinical contact:

Description of activities within the context of an interprofessional health care team:

Description of other activities (seminars, rounds, observation, consultation, research):

Description of the student's major strengths:

Description of the student's major weaknesses or areas for improvement. Include specific comments on any areas marked on form as "below expectations" and indicate if (in your view) these areas **warrant remediation from the Graduate Program in Clinical Psychology** or are areas for future improvement, but not requiring formal remediation:

Supervisor's signature:

Student's signature indicating that s/he has had a chance to read and discuss this evaluation:

Date of supervisor's signature:

Date of student's signature:

Student Evaluation of Practicum or Summer Clerkship

Please submit to Coordinator of Practica and Summer Clerkships within 2 weeks of the end of the placement.

Part 1: Self Evaluation

Please report in numbered order

1. Student's name
2. Practicum agency and starting and ending dates
3. Name of agency practicum coordinator
4. List of other supervisors
5. Summary of your own experience and supervision, based on AAPI form* for applying to internships. Include information on non-direct-service experience such as consultation, ward rounds, group therapy, observation.
6. Summary of your own relevant strengths and weaknesses and progress toward your learning goals
7. What would you do differently if you were to repeat this placement?
8. Date, student's signature, primary supervisor's signature

**AAPI = "APPIC Application for Psychology Internship", Association of Psychology Postdoctoral and Internship Centers, available from www.appic.org*

Part 2: Evaluation of Setting and Supervision

Please report in numbered order

1. Student's name
2. Practicum agency and starting and ending dates
3. Name of agency practicum coordinator
4. List of other supervisors
5. Comments on the practicum setting: availability of learning opportunities, appropriateness of experience, office facilities, audiovisual and computer equipment, clerical support, interactions with other staff
6. For each supervisor separately, comments on any or all of the following aspects of supervision, or others. To what extent was the supervisor:
 - a. accessible
 - b. approachable
 - c. open to feedback
 - d. respectful - empathic
 - e. supportive
 - f. knowledgeable
 - g. flexible
 - h. clear in expectations
 - i. prompt with feedback
7. Date, student's signature, primary supervisor's signature

Appendix B:

Comprehensive Examination Evaluation Forms

Case Comprehensive Examination Evaluation Form

I. ASSESSMENT & EVALUATION						
Area	Essential Component	Behavioural Anchor	Exceed Expectations	Meets Expectations	Below Expectations	Not Applicable
A. Measurement & Psychometrics	Selected assessment measures with attention to issues of reliability and validity	1. Identified appropriate assessment measures for case				
		2. Discussed reliability and validity issues for measures used in selected case				
		3. Discussed when and why to use idiographic measures				
B. Evaluation Methods	Addressed the strengths & limitations of administration, scoring, and interpretation of traditional assessment measures as well as related technological advances	1. Discussed appropriate administration, scoring and interpretation of assessment tools used				
		2. Discussed the use of structured and semi-structured interviews and mini-mental status exams, or provided rationale for not using such interviews				
		3. Discussed when to use collateral interviews and their limitations				
		4. Discussed uses and limitations of computer generated test interpretations				
C. Application of Methods	Selected appropriate assessment	1. Selected assessment tools that reflected an awareness of patient population served				

	measures to answer referral question	2. Selected and used appropriate methods of evaluation				
		3. Noted culture or other limitations				
		4. Discussed ways to adapt the testing environment and materials to client needs				
Area	Essential Component	Behavioural Anchor	Exceed Expectations	Meets Expectations	Below Expectations	Not Applicable
D. Diagnosis	Applied concepts of normal/abnormal behaviour to case formulation & diagnosis in the context of states of human development & diversity	1. Articulated relevant developmental features and clinical symptoms				
		2. Demonstrated ability to identify problem area and to use concepts of differential diagnosis				
		3. Incorporated diagnostic formulation into the case conceptualization				
		4. Discussed rationale for or against arriving at a diagnostic formulation				
E. Conceptualization & Recommendations	Utilized a systematic approach to gathering data to inform clinical decision making	1. Discussed how diagnosis was based on case material				
		2. Discussed recommendations consistent with data collected				
F. Communication of Findings	Discussed assessment	1. Noted what could be included in a psychological report				

	reports and progress notes	2. Demonstrated ability to communicate basic findings verbally				
		3. Critically reflected on the data that was collected via interview				
II. INTERVENTION & CONSULTATION						
Area	Essential Component	Behavioural Anchor	Exceed Expectations	Meets Expectations	Below Expectations	Not Applicable
A. Knowledge of Interventions	Demonstrated knowledge of scientific, theoretical, empirical, and contextual bases of intervention, including theory, research, and practice	1. Demonstrated knowledge of interventions and explanations for their use				
		2. Demonstrated the ability to select interventions for different problems and populations				
		3. Acknowledged limits to competence and when to refer				
		4. Was able to discuss the evidence supporting the efficacy of the chosen intervention				
B. Intervention Planning	Formulated and conceptualized cases and plan	1. Articulated a theory of change and identified interventions to implement change				

	interventions utilizing at least one consistent theoretical orientation	2. Presented an understandable case conceptualization				
		3. Reviewed a collaborative treatment plan				
C. Skills	Clinical skills	1. Discussed developing rapport with clients				
		2. Discussed the development of therapeutic relationships				
		3. Discussed when to consult a supervisor				

Table continues on next page

Area	Essential Component	Behavioural Anchor	Exceed Expectations	Meets Expectations	Below Expectations	Not Applicable
D. Intervention Implementation	Implemented interventions that took into account empirical support, clinical judgment, and client diversity	1. Discussed and utilized specific evidence-based interventions				
		2. Discussed limitations to evidence-based interventions such as effects of culture and other variables				
		3. Discussed when adaptations to intervention might be indicated				
E. Progress Evaluation	Evaluated treatment progress and modified treatment	1. Assessed and documented treatment progress and outcomes				
		2. Altered treatment plan when appropriate				

	planning as indicated, utilizing established outcome measures	3. Described instances of lack of progress and actions taken in response				
III. RESEARCH						
Area	Essential Component	Behavioural Anchor	Exceed Expectations	Meets Expectations	Below Expectations	Not Applicable
A. Scientific Approach to Knowledge Generation	Applied and evaluated theoretical and research knowledge	1. Demonstrated understanding of research methods and techniques of data analysis if appropriate to the case presented				

	relevant to the practice of psychology	2. Demonstrated being a critical consumer of research by discussing theoretical and research issues relevant to the case presented				
		3. Discussed limitations of clinical research to the case under consideration				
B. Application of Scientific Method to Practice	Applied scientific methods to evaluating own practice	1. Discussed evidence based practice				
		2. Discussed collecting and analyzing data on own clients (outcome measurement)				

<p>IV. INTERPERSONAL RELATIONSHIPS</p>						
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Area	Essential Component	Behavioural Anchor	Exceed Expectations	Meets Expectations	Below Expectations	Not Applicable
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A. Interpersonal Relationships	Formed and maintained productive and respectful relationships with clients, peers/colleagues, supervisors, and professionals from other disciplines	1. Discussed forms of effective working alliance with clients				
		2. Discussed how supervisors were engaged, or could be engaged, in clinical work				
		3. Discussed ways to work cooperatively with peers				
		4. Discussed ways to respectfully and collegially interact with those who have different professional models or perspectives				
B. Affective Skills	Negotiated differences and handled conflict satisfactorily; provided effective feedback to others and received feedback non-defensively	1. Was able to affectively manage differences or conflicts with the examiners				
		2. Demonstrated active problem-solving when challenged with new information				
		3. Received feedback from examiners non-defensively				
C. Expressive Skills	Clear and articulate expression	1. Communicated clearly using verbal and nonverbal skills				
		2. Demonstrated understanding of and used professional language				

Oral Comprehensive Examination in Ethics – (Date)
Examiners: (Names)

Name	
Overall presentation style	
Identification of ethical standards	
Identification of ethical dilemma & key principles	
Self-knowledge	
Appropriate consultation	
Respond to feedback/new information	
Generation of individuals affected & alternative courses of action	
Consideration of issues/guidelines outside the code (practice guidelines, policies, systems)	
Overall comments	
Grade	
Recommendations	

Appendix C:

Public Disclosure: Admissions, Internship Placement, and Graduation Statistics

Disclosure of education/training outcomes and information allowing for informed decision-making to prospective doctoral students

Time to completion for students graduating in past 7 years (2009-2016)

Definition: Number of years from admission to Ph.D. convocation

Total number of students who graduated with Ph.D. in past 7 years: 32

Mean time to completion for students graduating in past 7 years: 6.9 years (SD = 1.5 years)

% completing in

5 years: 28.1% (9/32)

6 years: 15.6% (5/32)

7 years: 31.3% (10/32)

8 years: 12.5% (4/32)

8+ years: 12.5% (4/32)

Internships

For each of the most recent 7 years, the outcomes of students were as follows, number (%):

Internship Year	Total 7 years	Application year						
		15-16	14-15	13-14	12-13	11-12	10-11	09-10
Applied for internship	35	4	7	5	4	7	4	5
Obtained an internship	32 (94%)	4	7	4	3	6	3	5
Obtained paid internship	32 (94%)	4	7	4	3	6	3	5
Obtained APPIC member internship	30 (88%)	3	7	3	3	6	3	4
Obtained CPA accredited internship	29 (85%)	3	7	3	3	5	3	4
Obtained 2-year halftime internship	0	0	0	0	0	0	0	0

Attrition

For the past 7 years, number (%) of students who have left the program for any reason after enrolling but before graduating: 3 (5%)

Licensure

Number (%) of graduates who are in the process of completing or have completed registration as psychologists: 30/32 persons graduating with PhD from 2009-2016 (93.8%)

Admissions and Applications

Numbers of applicants

For admission in fall of >>	2016	2015	2014	2013	2012	2011	2010	2009	2008
Applicants with completed baccalaureate	50	36	44	55	58	40	46	57	56
Offered admission	6	3	4	5	9	7	5	8	5
Enrolled	5	3	3	4	4	6	4	5	4
Applicants with completed masters program	12	10	13	6	6	5	6	1	9
Offered admission	2	4	2	1	1	0	2	1	1
Enrolled	0	2	2	1	1	0	2	1	1
Total number of applicants	62	46	57	61	64	45	49	58	65
Total number enrolled	5	5	5	5	5	6	6	6	5

Background of enrolled students

Enrolled	2016	2015	2014	2013	2012	2011	2010	2009	2008
Previous degree from U Sask	2	0	2	1	1	0	1	2	1
Female	3	5	2	5	3	3	6	2	5
Number enrolled	5	5	5	5	5	6	6	6	5

Mean grades and GRE scores for enrolled students

Enrolled	2016	2015	2014	2013	2012	2011	2010	2009	2008
Average mark - last two years	91	87	85	87	85	85	88	87	87
Average mark - psychology	91	84	86	86	86	85	84	86	86
GRE Verbal (percentile)	84	72	68	73	74	72	61	74	76
GRE Quantitative	59	47	50	46	58	62	44	68	71
GRE Analytic	85	79	76	57	76	79	56	66	84
GRE Psychology	89	78	66	67	76	81	73	88	78