



Graduate Programme
in
Clinical Psychology
at the
University of Saskatchewan

Last updated by Jorden Cummings, January 2022
(Original by Mark Olver)

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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 over 150 PhD clinical psychologists. The program follows the scientist-practitioner model and has strengths in forensic psychology, clinical neuropsychology, health psychology, and interpersonal and cognitive-behavioural psychotherapy. The clinical psychology program admits about 4-6 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 a comprehensive examination. Finally, students complete a twelve-month internship at an accredited internship program to complete their training. There are currently 6 core clinical faculty in the department of psychology and about 45 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 2017 and our next accreditation review year is 2022-2023.

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 six 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), two of whom are in clinical psychology and are contributing members to the program. The program offers Ph.D. degrees in clinical psychology. Please visit the departmental website for contact details as well as information regarding faculty clinical, research, and teaching interests.

Clinical Psychology Faculty	
Dr. Jordan Cummings	Associate Professor, co-Director of Clinical Training
Dr. Michelle Gagnon	Assistant Professor
Dr. Lachlan McWilliams	Professor, co-Director of Clinical Training
Dr. Megan O'Connell	Professor
Dr. Mark Olver	Professor
Dr. Adam Stacey	Assistant Professor, University of Saskatchewan Psychology Clinic Director
St. Thomas More Faculty	
Dr. Gerry Farthing	Associate Professor
Dr. Paulette Hunter	Associate Professor

3. Resources

University of Saskatchewan Psychology Clinic (USPC)

Who We Are

The Psychology Services Centre (PSC) was established in 1979 and renamed the University of Saskatchewan Psychology Clinic (USPC) in 2015. It is located in the Psychology Department in the Arts Building in Arts 190. The USPC 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 USPC are to: facilitate the clinical training and professional development needs of graduate students in clinical psychology; provide psychological services to the community at large; and to support the applied research and interests of students and faculty. Over the years, the USPC has supported clinical practicum needs, graduate class requirements, and research projects of many students and faculty in the Department of Psychology.

At the USPC, we strive to work collaboratively with people to prioritize their voice in determining what is most useful to them in the services they seek out with us. Providing client-directed, evidence-based and outcome-informed services are priorities at the clinic.

The USPC is a safe and welcoming space which embraces diversity across all dimensions, including race, culture, religion, socio-economic status, able-bodiedness, sexuality, gender identity and types of families. The USPC is LGBTQ2S+ friendly.

Who We Serve

Individual and Group Therapy: The USPC is best equipped to assist 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. Additionally, we offer group therapy services for adults in our clinic (during the Fall semester) and at OutSaskatoon (during the Winter semester).

We also provide therapy services to children and adolescents struggling with issues related to anxiety, depression, social skills, ADHD, OCD, relationship concerns, and specific phobias. We do not currently provide services to families or couples.

Due to the generally shorter-term nature of therapeutic services offered and the training priorities of the Clinic, we are not able to accept referrals for clients with: 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.

Assessment: We are able to answer a variety of assessment questions for children, adolescents, and adults including those related to personality, emotion, and behaviour. Additionally, we have capacity to conduct cognitive testing related to IQ, learning, memory, attention and executive

functioning. We also contract with organizations to assess potential employees for organizational fit.

Seeking Services

During the academic year (September – June) we are able to accept referrals for individual and group therapy and assessment services. Our services are limited during the summer months, but we do maintain a waitlist. Referrals are accepted based on the assessed fit between client needs and clinic services, as well as in relation to program capacity and student training needs. Decisions regarding referrals are made by the Director. Self-referrals and referrals from other professionals are welcome. Given that the USPC is a student training clinic we are not capable of meeting the needs of all clients.

Depending on the time of year there are opportunities to seek services from clinical graduate students engaged in practica and/or applied aspects of class. Additionally, there are opportunities to seek services from the USPC Director.

Please contact us by email to make a referral: psychology.clinic@usask.ca

Fees for Psychotherapy Services

Fees for psychotherapy services are \$25/session, due at each session. Fees for group therapy depend on the number of group sessions and are communicated in advance. Assessment service fees vary depending on the scope of the assessment and are typically billed on an hourly basis (including fees for materials, report writing, testing, and feedback sessions).

We accept cash, cheque, Interac debit, and most major credit cards. 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.

USPC Clinic Director

Effective August 1, 2015, the clinical psychology program has a full-time 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
- 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

Psychology Clinic Space

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

USPC Room Booking Policies

Graduate student or faculty room bookings for clinical practica, graduate class requirements, or research purposes should be done ahead of time, if possible. To book space in the USPC, access the room booking calendar at <https://teamup.com/ksg4w67ybbacbtwuw>. Each room has its own calendar and it is important to not include confidential information (client names, etc.) in the schedule. 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, or you can contact us at psychology.clinic@usask.ca.

In keeping with the mandate and priorities of the USPC and in support of the University's core values, the USPC 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 CEC

Fees for room bookings

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

A 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 USPC. 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, including supervision if these test materials are restricted access and require Level C certification.

All other requests to use the test library must be approved by the Clinic Director. 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 entirely 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 Clinic Director. Borrowers will be 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 deposit on borrowed materials and to charge late fees when applicable. Late fees may be charged at a daily rate 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 on in-house practica and those 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 Clinic Director will be responsible for notifying the Head Secretary when charges are to be added to a borrower's account.

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 Clinic Assistants 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 Listservs:

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. Students are added to this listserv when they begin the program by either the co-DCTs or the graduate secretary.

psychgrad_clin@usask.ca

This email listserv is used by the co-Directors of Clinical Training and faculty in the Graduate Programme to communicate with students. Students are added to this listserv when they begin the program by either the co-DCTs or the graduate secretary, and they are removed when they graduate.

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> and you try to post from <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.

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.

4. Funding

A longstanding policy of the clinical psychology program is to strive to ensure students receive 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 an annual 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 Department Head or Associate Head.

For more detail please visit:

[https://artsandscience.usask.ca/psychology/department/procedures.php#GraduateTeaching Fellowships](https://artsandscience.usask.ca/psychology/department/procedures.php#GraduateTeachingFellowships)

Tri-Council Funding or Other National Level 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) in every year that they are eligible. 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. Tricouncil funding applications generally go through an internal departmental review process where it is determined which applications will go forward to CGPS. CGPS then conducts

a university-level review to determine which applications will be submitted to the tricouncil agency, based on a quota of applications that UofS is allowed to submit. Indigenous students' whose applications are deemed to be acceptable are submitted regardless of the University quota.

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. It should be noted, however, that in general the program discourages students from outside employment, particularly during the early years of their training.

In 2017, graduate students at the University of Saskatchewan became unionized with PSAC. More information on the PSAC agreement is available at:

<https://careers.usask.ca/agreements/labour-updates/psac-graduate-students.php#2018Updates>

Supervisor Research Funding

If available, some supervisors provide a Graduate Research Fellowship to students. It is expected that students receiving a Graduate Research Fellowship will perform research assistant duties and contribute to the research aims of the grant from which this funding was awarded. Specific levels of funding and specific duties vary depending on the Graduate Research Fellowship but must be outlined in the letter of offer.

Clinical Work outside the Program

Clinical psychology students sometimes garner employment in clinical settings outside the program at some point in the completion of their program of studies. Students **must not** work more than 20 hours/week. 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 later in 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. Please note that these clinical work opportunities (and other “extra” clinical placements) do not count toward clinical hours accrued as part of your progress (i.e., toward internship applications). Only program-sanctioned additional placements may accrue hours toward internship applications. Students who wish to receive permission to count additional placements as program sanctioned must discuss this with a coDCT and receive permission from the clinical program to do so. In addition, any supervisor for these extra placements must agree to complete an end-of-placement practicum evaluation.

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+. 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 regard 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

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 3:30 p.m., normally on the first Tuesday of the month from September to May. Business may also be carried out at special meetings or retreats and during the summer months. 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 CEC.
3. When communicating student views (including suggestions, concerns, etc.) to the DCT and/or the CEC, 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)

Most clinical psychology programs have one DCT. In 2016, our program developed a shared position with two co-DCTs. The roles of each co-DCT shift depending on the people in the positions, their interests, and external influences on the program. Thus, the current document does not include details of the specific duties assigned to specific co-DCTs. This information will be provided to students as part of the yearly orientation for incoming students and as part of ongoing communication with existing students.

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, 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 (SKCP), 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 subcommittees
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: arranging exams, advising students on process, 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 accreditation, CCPPP, CUDCP, and APPIC membership

6. Program Components, Core Courses, 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 clerkship 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 (i.e., at the beginning of PSY 813). 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 (e.g., Time2Track). 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:** In collaboration with your research supervisor, you are expected to prepare a transfer document to demonstrate research progress during the first year. The specifics of the transfer document vary from lab to lab and are generally at the discretion of the research supervisor. Examples of possible transfer documents might include: a thumbnail sketch (e.g. 10-15 pages) of your proposed program of doctoral dissertation research, data collection, a manuscript for preparation for submission, a grant application, or other documentation as determined along with your research supervisor. 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. The expectations of individual research supervisors vary, however, and yours may expect you to begin working on it 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. Throughout your time here, you will meet with your advisory committee annually. 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 3:30-4:30. 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-monthly 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. This is a non-credit course on your transcript, but to obtain satisfactory standing attendance is required.
- **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 your dissertation (e.g., at this stage, your transfer document). 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 scholarships, 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.

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.

Outline of Program Requirements

Clinical students are required to complete a minimum of 36 credit units (CUs). They can be divided into core departmental requirements, clinical requirements, and foundation courses.

Core Department Courses (6 CU):

PSY805

PSY807 or PSY809

Students generally complete PSY805 in Year 1; PSY807 and PSY809 are normally done in either Year 1 or 2, depending on when they are offered, student interest, and abilities. Students that have received credit for one of these courses based on a previous degree (i.e., having completed a graduate statistics course as part of a Master's degree) need to take additional courses to make up the CUs missed for the course for which you received credit.

Required Clinical Courses (30 CU):

NOTE this does not include your foundational courses

Year 1

Ethics (Psy 858.3)

Assessment 1 (Psy 813.3)

Psychopathology and Individual Differences 1 (Psy 831.3)

Assessment 2 (Psy 814.3)

Year 2

Intervention 1 (Psy 850.3) (2)

Program evaluation (Psy 811.3)^a

Year 3

Intervention 2 (Psy 852.3 or alt.)

Assessment/Psychopathology and Individual Differences 2 (Psy 816.3/841.3)^b

Supervision (Psy 845.3)

Professional skills (Psy 860.3)^c

Year 4

Ideally free to focus on research, practicum placement, and internship applications

^aNot a clinical course but it is part of the clinical curriculum

^bThe name of this course is in the process of being changed, but the number and instructor (Gagnon) should make it easy to find.

Foundation Courses

Beyond the 36 CUs required, students must take 3 CUs of graduate courses in each of biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, and historical and scientific foundations of general psychology (4 in total). However, all these can be met by evidence of successful completion of the equivalent of 6 CUs in a particular area at the senior undergraduate level (i.e., 3-4 year), with the exception of history and scientific foundations area, which can be achieved with a 3 CU course. A total of 36 CUs is required (the core departmental courses and the required clinical courses). Students requiring foundation requirements would need to take additional CUs. Below is a list of the foundation areas and the courses that are often used to meet the requirements (there maybe others though). These courses are usually offered on a rotating basis. It is suggested you take them early in your degree.

1. Cognition (Psy 839, Thinking & Reasoning; Psy 838, Language; Psy 898 topics vary)
2. Biological (Psy 846, Human Neuropsychology; we also count Dr. Prime's Attention course)
3. Historical Foundations (Psy 812; History and Philosophy)
4. Social (Psy 801, Culture and Mental Health; 803 Culture, Health, & Human Development; 832 Social Psychology; 864 Issues and theoretical foundations of social psychology)

Elective Courses

Electives are not normally required. However, if a student already has advanced credit for statistics and has met all of the foundation requirements prior to beginning the degree, the student may need an elective or electives. At times students might pursue electives due to interest or research topic, which should be done in consultation with their advisor, advisory committee, and coDCTs.

Other Time Commitments

Clinical seminar (Years 1-4)	Most Tuesdays of the academic year at 3:30.
Writing transfer document (Year1)	Defended at the end of first year (August or September).
Summer clerkship (Year 1)	
Writing proposal (Year 2)	Defended at the end of second year or Sept.
Practicum placement (Years 2-4)	
Comprehensive exam (Year 3)	May of year 3
Data collection (Years 3-4)	Significant progress before applying for internship
Applying for internship (Year 4)	
Data analyses (Year 4)	Ideally completed prior to internship
Writing draft of dissertation (Year 4)	Ideally completed prior to internship

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. As of September 2000, no funding will be available for students who do not transfer to the PhD at the end of Year 1 (i.e., students who need a second MA year).

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 CGPS.

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). However, 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.

Clinical Seminar

Clinical seminars are held for an hour usually on Tuesdays from 3:30-4:30 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.

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. Ethical, professional conduct.
4. Approval of Ph.D. Transfer Document by the student's PhD supervisory committee

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.

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, with data collection commencing in Year 3
- It should include a comprehensive and up-to-date literature review followed by a program of original scholarly research that is the breadth and caliber of a doctoral thesis
- 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 in the clinical stream 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 presented here:

MA (if awarded)	PhD (if MA completed)	MA/PhD (standard program path)
<ul style="list-style-type: none"> • GPS 960.0 • GPS 961.0, if research involves human subjects • GPS 962.0, if research involves animal subjects <p>A minimum of 30 credit units of course work, including the following:</p> <ul style="list-style-type: none"> • 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 • PSY 900.0 • PSY 902.0 • PSY 903.0 • PSY 994.0 • thesis defence 	<ul style="list-style-type: none"> • GPS 960.0 • GPS 961.0, if research involves human subjects • GPS 962.0, if research involves animal subjects • 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 • Thesis Defence • Comprehensive Examination <p>Normally, a minimum of 15 credit units, including:</p> <ul style="list-style-type: none"> • PSY 841.3 • PSY 845.3 • PSY 852.3 • PSY 860.3 • PSY 900.0 • PSY 902.0 • PSY 903.0 • PSY 904.0 • PSY 996.0 	<ul style="list-style-type: none"> • GPS 960.0 • GPS 961.0, if research involves human subjects • GPS 962.0, if research involves animal subjects • comprehensive examinations • thesis defence <p>A minimum of 36 credit units of course work, including the following:</p> <ul style="list-style-type: none"> • 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 • PSY 900.0 • PSY 902.0 • PSY 903.0 • PSY 904.0 • PSY 996.0

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 (Year 1 – MA)

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 (Years 2+ - PhD)

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 (see **Appendix A.1**).
- 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 (see **Appendix A.2**). 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 (see **Appendix A.1**).
- 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 (see **Appendix A.2**). 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. 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 (from the practicum coordinator or coDCT) 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
- 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.

Representation of Credentials

As a matter of routine practice, students will be required to sign completed clinical documents that become part of a client file such as assessment reports, progress and consultation notes, clinical letters of correspondence, among other documents. In so doing students are expected to clearly identify that they are a clinical psychology graduate student at the University of Saskatchewan and to list their highest completed degree. Students are not to list degrees in progress (e.g., Ph.D. candidate), given that this can be potentially misleading and the public cannot adequately discern a "candidate" from someone with completed degree requirements. This also extends to email signatures and other forms of professional correspondence.

Example:

Jane Smith, BA (Hons)
Clinical Psychology Graduate Student
University of Saskatchewan

Rights and Responsibilities of Supervisees and Supervisors (Supervisory Bill of Rights)

Introduction

The purpose of this Bill of Rights is to outline the rights and responsibilities of supervisees and supervisors and inform supervisees of their rights and responsibilities in the clinical supervision process.

Note that a standalone version of this document is available in Appendix B.

Nature of the Supervisory Relationship

The supervisory relationship is an experiential learning process that assists supervisees in developing their professional competence and professional identity. A professional clinical supervisor who has received specific training in supervision facilitates growth of the supervisee through:

- Monitoring client welfare
- Encouraging compliance with legal, ethical, and professional standards
- Teaching intervention and assessment skills
- Providing regular feedback and evaluation
- Providing professional experiences and opportunities
- Providing mentorship, support and guidance toward the supervisee's professional identity

Expectations of the Initial Supervisory Sessions

The supervisor and supervisee should discuss their expectations at the start of their supervisory relationship. The supervisee has the right to be informed of the supervisor's expectations of the supervisory relationship. The supervisor shall clearly state expectations of the supervisory relationship. This might include expectations regarding formal and informal evaluations, expectations of the supervisee and the structure and/or nature of the supervisory sessions. Supervisees are encouraged to share their supervision and professional growth/development goals and should be prepared for supervision meetings. Supervisors should encourage their supervisees to provide share their expectations of the relationship.

Although, our program does not prescribe an expected ratio of supervision to direct service, it is expected that supervision will be regularly scheduled and that more supervision is expected for practicum students than would be required for those on internship or in independent practice.

Expectations of the Supervisory Relationship

A *supervisor* is a practicing clinician with the appropriate credentials. The supervisee can expect the supervisor to serve as a mentor and a positive role model who assists the supervisee in developing a professional identity. The supervisee has the right to work with a supervisor who is culturally sensitive and is able to openly discuss the influence of various social locations, such as race, ethnicity, gender, sexual orientation, religion, and class on the therapeutic and supervision process. The supervisor is aware of personal cultural assumptions and constructs and is able to assist the supervisee in developing additional knowledge and skills in working with clients from diverse cultures.

Since a positive rapport between the supervisor and supervisee is critical for effective supervision to occur, the relationship is a priority for both the supervisor and supervisee. In the event that relationship concerns exist, the supervisor or supervisee will discuss concerns with one another and work towards resolving differences. Given the power differential between the supervisor and supervisee, this can be a more complicated process for the supervisee. The supervisor or supervisee may solicit the assistance of the Director of Clinical Training of the Clinical program if needed. Supervisors should endeavor to consult with supervisees as much as feasible and appropriate regarding their practicum and professional development.

The supervisor shall inform the supervisee of an alternative supervisor who will be available in case of crisis situations or known absences.

Supervisory interventions initiated by the supervisor or solicited by the supervisee shall be implemented only in service of helping the supervisee increase effectiveness with clients. These interventions might at times come directly from a therapeutic approach but are not a therapeutic intervention. For example, should a supervisee display or report anxiety related to a particular client presentation, a cognitive-behaviourally oriented supervisor might wish to make use of thought records or discuss thinking so as to assist the supervisee in managing this anxiety and better serve the client. If a supervisor believes a supervisee has a personal issue that has the potential to interfere with their professional development, it would be appropriate for the supervisor to share this view with the supervisee and encourage the supervisee to seek assistance regarding this issue.

Ethics and Issues in the Supervisory Relationship

1. *Code of Ethics & Standards of Practice*: The supervisor will ensure the supervisee has access to and the opportunity to discuss the code of ethics of the *Canadian Psychological Association* and legal responsibilities. The supervisor and supervisee may discuss sections applicable to the beginning clinician.
2. *Dual Relationships*: Since a power differential exists in the supervisory relationship, the supervisor shall not utilize this differential to their gain or in ways that may appear to be for their gain. Since dual relationships may affect the objectivity of the supervisor, the supervisor and supervisee shall avoid social interactions outside of the professional relationship that would compromise the professional nature of the supervisory relationship.

3. *Due Process*: During the initial meeting(s), supervisors and supervisees will discuss and agree to expectations, goals, and roles of the supervisory process. The supervisee has the right to regular verbal feedback and periodic formal written feedback signed by both individuals.
4. *Evaluation*: During the initial supervisory session(s), the supervisor provides the supervisee with information about how the supervisee's progress will be evaluated. There is a continuing dialogue between supervisor and supervisee about how the supervision is going and whether changes need to be implemented.
5. *Informed Consent*: Supervisees must inform their clients that they are in training and must provide the name and contact information of their supervisor. Supervisees shall engage in dialogue with their clients about what this will mean for their therapeutic work (e.g., the supervisor having access to all information regarding the therapeutic work) and must obtain written permission from clients regarding this arrangement, including the use of audiovisual recordings where applicable.
6. *Confidentiality*: The counseling relationship, assessments, records, and correspondences remain confidential. Failure to keep information confidential is a violation of the ethical code and is one of the most common complaints against psychologists. The limits to confidentiality should be discussed with clients and clients must be given an opportunity to ask any questions about these limits. Typically, clients are provided with a written copy of the limits of confidentiality as part of the process of obtaining informed consent.
7. *Vicarious Liability*: The supervisor is ultimately liable for the welfare of the supervisee's clients. The supervisee is expected to discuss with the supervisor the therapeutic process and individual concerns of each of their clients.
8. *Isolation*: The supervisor consults with peers regarding supervisory concerns and issues when relevant.
9. *Termination of Supervision*: The supervisor discusses termination of the supervisory relationship and helps the supervisee identify areas for continued growth and explore professional goals.

Expectations of the Supervisory Process

Supervisees shall be encouraged to discuss the primary theoretical orientations that will be used for conceptualizing and guiding work with their clients. Since it is probable that supervisors' primary orientations to therapy will influence the supervision process, supervisors will discuss their preferred orientations with their supervisees and how they expect these preferences to influence the supervision and therapeutic process.

Expectations of Supervisory Sessions

Supervisory sessions may include a number of supervisory strategies, such as review of case notes and digital recordings, as well as discussion of relevant clinical, ethical and legal issues (and appropriate literature pertaining to these). The supervisee has a right to be informed of what strategies the supervisor generally uses. The supervisee is expected to come to sessions prepared. The supervisee and supervisor will meet in an environment that ensures confidentiality.

Expectations of the Evaluation Process

The supervisee will receive verbal and/or written feedback at the mid- and endpoints of their practicum. The final written evaluation will be submitted to the Director of Clinical Training of the Clinical Psychology program. The supervisee may also receive verbal feedback and/or informal evaluation during supervisory sessions. The supervisee should be recommended for remedial assistance in a timely manner if the supervisor becomes aware of personal or professional limitations that may impede future professional performance.

Adapted from Giordano, Altekruze, & Kern (2000) as cited in Bernard, J. M., & Goodyear, R. K. (2019). Fundamentals of clinical supervision (6th ed.). New York, NY: Pearson.

Documentation of Practicum Hours

The following information is adapted from documentation developed by the University of New Brunswick.

I. Overview

- It is very important that all practicum hours are carefully documented because students will need to provide detailed information concerning their hours when applying for internship.
- When calculating practicum hours, you should do your best to provide an *exact* number of hours accumulated and number of clients seen though there will be times when your “best estimate” will be called for.
- Each activity should only be recorded in one section. You may have some experiences that could potentially fall under more than one category, but you must select the *one* category that you feel best captures the experience.
- Keep a separate time sheet for each of your practicum or other clinical training experiences.
- Make sure to record the specific number and type of assessments administered to clients throughout the entire practicum experience. Also record the amount of time spent providing feedback to clients concerning the assessment results.

II. Definitions of Activities

Assessment

- If you have administered a psychological instrument to evaluate a client, then count the time under the assessment category. Various types of assessments include intelligence assessments, personality assessments, career assessments, structured interviews, etc. Make sure to record the specific assessment tools administered and the number of each administered. Also be sure to record if you scored the instrument, if

you interpreted the instrument, if you incorporated it into a report, as well as the time spent giving feedback to a client.

- **You should NOT count practice administrations under the assessment category, rather, include practice administrations in your support hours. Live supervision of assessments for demonstrating mastery is counted under supervision.**
- Psychodiagnostic test administration includes symptom assessment, projective tests, personality tests, objective measures, achievement, intelligence, and career assessment.
- Neuropsychological Assessment include only those instruments/time used in a specified neuropsychological assessment with supervisors who have clinical neuropsychology in their area of competency. Include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment.

Assessment Feedback

- Involves time spent providing feedback to a client on the results/findings of a psychological test. This does not include time spent scoring, interpreting, or writing reports on the results of an assessment, but rather the actual face-to-face time spent discussing the findings with the client.

Career Counseling

- Involves time spent doing formal Career Counseling with a client, which may include using assessments such as the Strong Interest Inventory, etc. (Formal assessment time should be logged in the assessment categories). This category covers the range of processes and procedures involved in comprehensive career counseling, including education, career exploration, development, and guidance. Helping individuals increase understanding of their abilities, interests, values, and goals is a vital foundation of the career development process. Career counseling may be focused on issues across the lifespan and consider biological, psychological, sociological, and economic factors that influence the importance and nature of work, vocation, and career. Career counseling may be done with children, adolescents, adults, or the elderly.

Consultation

- Consultation can be characterized as a helping, problem-solving process involving a help giver (the consultant), a help seeker (the consultee), and another (the client, organization, etc.). This voluntary, triadic relationship involves mutual involvement on the part of both the consultant and consultee in an attempt to solve the current problem in a way that it not only stays solved, but that future problems may be avoided and or more efficiently handled (prevention; Parsons, 1999, p. 13). In many practicum settings, consultation may take place between the consultant and the student with the aim of improving service to a client, but the client may or may not be present for the consultation. Examples of individuals one may receive consultation from are

other mental health professionals, medical staff (including psychiatrists), family members, peers, correction agents, etc. Time spent discussing a case with your Supervisor is almost never counted as ‘Consultation’ but rather is ‘Supervision.’

- **Note regarding the recording of “consultation” activities:** Consultation activities may count as practicum hours only to the extent that this activity involves actual clinical intervention with Direct consultation with the client (e.g., individual, family, organization) or an agent of the client (e.g., parent, teacher) would be activity you would include in the “Intervention and Assessment Experience” section of your Clinical Activities Log (the excel spread sheet). Count these hours in Section G.5 (Other Psych Interventions).
- Consultation activities with other professionals regarding coordination of care (e.g., psychiatrist), without the client / patient present, should be counted in the “Support Activities” section.

Didactic Training

- "Didactic" means "intended to teach". Basically, this category is any directed staffing, in-service, grand rounds, seminars, and conference activities aimed at teaching clinically relevant information, skills, theory etc. In the APPIC application this falls under "Support Activities."

Direct Service

- Refers to face-to-face intervention and assessment experience. Students should only count the time spent in the presence of their client(s) in this category. Time spent scoring and/or report writing, *should not* be included in this category. These types of activities fall under “Support Activities” and should be recorded in their appropriate categories under this heading.
- For the “Total hours face-to-face” columns, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the “Number of different clients” columns, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

Integrated Report

- Refers only to reports that include a history, an interview, and at least two of the following: objective personality assessment, projective personality assessments, intellectual, cognitive, and/or neuropsychological assessments. These are synthesized into a comprehensive report providing an overall picture of the client. There must be at least 2 assessment tools being integrated for it to be considered an integrated report. The tools may or may not be in the same “category”.

Outcome Assessment/Program Evaluation Projects

- Engaging in research directly applicable to clinical services at your site.

Practicum hour

- A practicum hour is a clock hour, not a semester/quarter hour. A 45-50 minute client hour may be counted as one practicum hour. When calculating practicum hours, you should provide the exact number of hours accrued. Use your best judgment, in consultation with your site supervisor, practicum instructor, and academic training director, in quantifying your practicum experience.

Professional Reading

- Any reading that is directly related to the practicum should be counted in this category and is considered a support activity. It includes, but is not limited to, time spent reading research directly related to a client, reading test manuals to become familiar with an assessment, reading therapy manuals, etc.

Program Development/Outreach Programming

- Actively participating in activities such as designing within an agency a new treatment track for pregnant teens or participating in outreach to college dorms to educate students about sexual assault prevention etc.

Supervision

- Supervision is divided into one-to-one, group, and peer supervision/consultation. Supervision provided to less advanced students is considered “Supervision of Other Students” and does not fall into the supervision category.
- Group supervision is considered to be actual hours of group focus on specific cases. Many excellent practicum placements incorporate both didactic and experiential components into group work. While the didactic portion is excellent training, it should not be recorded as a supervision activity; it should instead be counted as a support activity. This may necessitate breaking the hours spent in group work into supervision and didactic activities.
- Peer Supervision involves regularly scheduled, face-to-face supervision provided to the student by a more advance peer(s) with the specific intent of overseeing the psychological services rendered by the student. A site supervisor must be available to consult and supervise the peer-supervision group. Though the site supervisor does not need to physically be in the room with the peer supervision group ALL decisions regarding cases must be supervised by the site supervisor. Note: peer supervision is relatively uncommon.
- One to One Supervision involves regularly scheduled, face-to-face individual supervision with the specific intent of overseeing the psychological services rendered by the student. Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and

serving as a gatekeeper of those who are to enter the particular profession” (Bernard & Goodyear, 1998). The ability to evaluate, responsibility for client care, and accountability highlight the significant differences between supervision and consultation. The supervisor has this, and the consultant does not. A supervisor must be a licensed psychologist.

Supervision of Other Students

- Supervision provided to less advanced students should be counted in “Other Psychological Experience with Students and/or Organizations” *NOT* under supervision. This activity is separate, but often confused with “Peer Supervision.”

Support Activities

- Time spent gathering information about the client, but not in the actual presence of the client. For example, time spent on chart review, writing process notes, consulting with other professionals about cases, video/audio tape review, planning interventions, assessment interpretation, report writing, etc. In addition, it includes hours spent at a practicum setting in didactic training (e.g., grand rounds, seminars). This category is further divided into the above-mentioned categories.

Systems Intervention / Organizational Consultation / Performance Improvement -

- This includes activities such as consulting with management about crisis management following violent outburst by an employee, consulting with teachers and school counselors following the death of a student or providing training to supervisors who are trying to help their employees adapt to using new technology.

III. Other

Q: What is the program’s policy on counting hours obtained outside of practica and coursework (e.g., employment while a student in the program)?

A: The program's policy right now is experiences outside of program-sanctioned practica and coursework do not count. Requests for approval can be directed to your advisor and the co-DCTs and depend upon several factors, including if a supervisor is willing to do an evaluation form. In many cases where students are employed doing clinical work these will be "other" hours because there will not be an evaluation form.

Q: How do you classify “observation” of direct activities (e.g., supervisor, other student, or another professional is providing therapy or doing an assessment)?

A: According to Time2Track, this would count as supervision if your supervisor is with you. Otherwise, it is likely considered support. APPIC themselves is not very clear on this one and to some extent it will depend on the discretion of your supervisor and the specific situation. E.g., if intervention is *possible* but not likely, it is observing and not doing direct client work.

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, although in the past few years demand for sites in Canada no longer exceeds 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 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 made significant advancements in their dissertation progress, which traditionally has been defined as approval of the dissertation proposal by their advisory committee and commencement of data collection.
- The decision to approve a student's request for internship will be made via consultation between the DCT, CEC, and the student's advisory committee by July 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.

Beginning the application process:

Generally, the DCT works closely with students who are applying out for internship to help prepare their applications and maximize their competitiveness for sites. The DCT will generally touch base with those planning to apply out in the Summer prior to applications being due and advised of first steps. These generally include: downloading the latest guide to the AAPI from the APPIC website, consulting the internship preparation materials from CCPPP and CPA, reviewing online brochures of sites and beginning to narrow down one's list of interested sites, request and submit transcripts, and contact NMS to begin registration for the Match.

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

The DCT will also present students with a timeline for navigating the internship application process, with internal due dates for drafts of essays, AAPIs to be submitted for verification, and the DCT verification letters.

Students who meet these internal deadlines set by the DCT each year 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, essays, 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) internship programs with several intern positions. 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. Please note that while it is possible to apply to American sites, there are challenges to doing so if you are not an American citizen. This is a topic you should discuss with the DCT.

If the DCT is asked to recommend a student to any non-accredited site, they 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.
- ensuring 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.
- ensuring 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.

Privacy Policy

Scope

This policy applies to students and supervisors handling personal health information of volunteers, patients or clients through the graduate program in Clinical Psychology.

Personal health information includes information in any form about an individual's physical or mental health, or any health service provided to the individual and any other information collected in the course of providing health services to the individual, and includes videotapes of interviews, test materials from volunteers and patients, and client files with interview notes and testing information. **This information is highly confidential and we are legally and ethically obligated to safeguard all personal health information.** We must keep this information in secure locations, and these data must be retained in double-locked facilities for a minimum of 7 years after last service is provided or for 7 years after a minor reaches the age of majority.

Site-specific procedures

Many organizations in which we work will have their own privacy and security policies and procedures. It is imperative that you make yourself familiar with these policies and procedures and abide by them. The in-house Rural and Remote Memory Clinic (RRMC) has a strict policy that no client file leaves the clinic.

Below are some best practices in the absence of specific procedures to the contrary.

Best practices

Data Minimization/Need to Know

Many training experiences and other practicum settings are off-site. Consequently, a procedure for secure transportation of personal health information is paramount to minimize threats to security. If possible, information should be de-identified to mitigate the risk of disclosure of personal health information. **If it's not possible to use de-identified information, only necessary information should be transported.** The Saskatchewan Privacy Commissioner detailed Best Practices: Mobile Device Security (2018): Foremost on this list is to ask oneself "is it really necessary that I transport this sensitive information."

A recommended alternative is to use VPN or remote desktop software to access university data from off-campus rather than copying or storing university data on personal or mobile devices.

Mobile Device Security

If it is necessary to transport this information, **password protection with encryption** is seen as a "bare minimum." It is important to stress that the Office of the Saskatchewan Information and Privacy Commissioner does not see mere password protection as sufficient. Encryption involves some additional technical sophistication but includes encryption for a hard drive (particularly for laptops), encrypted folders, or encryption for a mobile device. If a student or supervisor is unsure how to enable encryptions, technical assistance should be sought from on-campus technical supports. See ICT Services and Support [<https://www.usask.ca/ict/help-support/it-support-services.php>]

Identifiable personal health information must be in the possession of the trustee at all times and whenever out of sight locked in a secure manner that avoids any inadvertent disclosure. It is important to **stress that videotaped information cannot, by its very nature, be de-identified and must be treated with the highest level of security.** Finally, any inadvertent disclosure, which includes the potential for inadvertent disclosure by misplacing a mobile device that has not been both password protected and encrypted must be tracked in the clinical record and reported to your supervisor.

If you must use mobile devices use the following physical safeguards (Helpful Tips: Mobile Device Security, Office of the Saskatchewan Information and Privacy Commissioner, 2018).

- Do not leave your mobile device unattended
- Report lost or stolen devices to your Privacy Officer and if appropriate, the police
- Safely dispose of mobile devices when no longer needed

Test Security

The procedures for maintaining test security should be the same as those for maintaining the protection of personal health information (detailed above). It is important to stress that the avoidance of inadvertent disclosure holds for test questions and answers, much as it does for personal health information.

Remote Care

In the era of COVID-19 many have had to move their clinical practices virtually. All platforms for virtual care must be Personal Information Protection and Electronic Documents Act (PIPEDA) or Health Insurance Portability and Accountability Act (HIPAA; this is a US act) compatible. Due to campus closure you might be working from home. In multi-person households ensure you go into a private space and use headphones – remember this is a limit of confidentiality that must be addressed – tell your client that what you say to them is possible to be overheard. All documentation must be stored electronically when working offsite or stored in a double locked cabinet at home. Ideally electronic storage is used and is consistent with data minimization procedures listed above, most notably

A recommended alternative is to use VPN or remote desktop software to access university data from off-campus rather than copying or storing university data on personal or mobile devices.

Privacy Breach

In case of a Privacy Breach you must contain the breach and inform the Privacy Officer of the organization in which you are working and/or the Clinical Psychology program. The University follows the Privacy Breach Guidelines (Office of the Saskatchewan Information and Privacy Commissioner, 2018). Part of the process post-privacy breach is to consider notifying affected individuals, take steps to mitigate harm and prevent future breaches. Some of this process might involve a re-analysis of procedures that could make future breaches more **unlikely**. The Privacy Officer will work with you and others as appropriate (i.e., Third party organization or University Privacy Officer) to do this.

9. Comprehensive Examinations

The comprehensive examination is normally taken in the Spring/Summer of the third year of the Graduate Program in Clinical Psychology. Accompanying the comprehensive exam is the expectation that students will complete a case presentation in the year following their exam.

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.

In 2018-2019, the comprehensive exam process was further refined and the case comprehensive exam and oral comprehensive exam in ethics were merged into one comprehensive exam that covered the domains previously assessed by both. This served the advantages of eliminating the need for students to bring their own case demonstrating an ethical dilemma to the exam, which students had described as stressful and requiring preparation years prior to the exam, as well as shortening the exam period and wait-time for feedback, and more evenly distributing faculty resources. In 2020, additional revisions were made to add the pre-written ethics questions as well as evaluation of students' integration of the exam reading list into their exam responses.

Comprehensive Exam Policy (Approved December 11, 2018)

The 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 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 the Spring semester (ideally late April/early May) each year.

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. It is recommended that students provide a ranked listed of multiple preferred examiners, and every attempt will be made to obtain the student's first choice. The Clinical Executive Committee will assign the other examiner. Professional affiliates and adjunct faculty members to the Clinical Psychology Program are permitted to serve in the examiner role. If students have concerns regarding a potential conflict of interest with their examiners they are advised to discuss this with the DCT organizing the exam. Research supervisors will not be permitted to examine their own students and every year the DCT (or at least 1 co-DCT) will refrain from examining in order to remain a third party the students can consult with regarding any concerns they have about their exam or evaluation.

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), including electronic devices. Both examiners will be provided with opportunity to examine and evaluation 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, given the new combined nature of the exams it is expected that exams might take 1.5 to 2 hours, as a rough guideline.

2. Examination Questions. Students will be examined using broad-level questions adopted from the *SKCP Candidate's Handbook* (see **Appendix C** for list of questions), 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 their level of training. It is focused on the 5 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:** Designed to examine the Candidate's knowledge of professional ethics and the ability to integrate ethics and standards into professional conduct and practice. The Candidate should demonstrate thorough knowledge of the CPA ethical principles, standards, and guidelines. The Candidate should be able to identify potentially conflicting principles, and use the CPA ethical decision-making process to resolve ethical dilemmas. **(e.g., If issues of self-harm arose during this assessment, how would you deal with this? If the client's employer/teacher contacted you to ask about the client, what would you do?)**

3. Evaluation Criteria and Procedure. The evaluation criteria for the 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 five that overlap with the MRA competencies and are the focus of the case comprehensive exam: assessment, intervention, consultation, research and evaluation, and ethics. 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, until the student's pass is confirmed.

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, within 24-48 hours.

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. A general timeline for revisions will be agreed upon by examiners and Candidate and the DCT will be advised of this timeline. The examiners will be expected to review revisions upon completion and update the student's exam outcome accordingly, within approximately one week of receipt of the revisions.

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.

Recommended Reading for Ethics Component of Comprehensive Exam:

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

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 prepare the vignette -- the client has the option to refuse or to restrict certain information from being presented (see **Appendix D**)
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 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 examination 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 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 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.

It is recommended that students consider obtaining consent for educational purposes so that students can keep several potential clients in mind to use for their comprehensive exam, so they do not need to attempt to contact past clients after their work is over.

Note: The comprehensive exam reading list is available in Appendix E.

Comprehensive Examination Protocol

1. Students will provide their faculty examiners with a written document **at least 2 weeks** prior to their exam.
2. At the beginning of the examination, the faculty examiners will provide students with **2** faculty-selected vignettes as well as a booklet/paper to use to prepare for the exam.
3. Students will be given up to **60 minutes** to prepare for the examination. They may use a test booklet that is provided by the examiners of notes. Students are **not** permitted to bring other materials (including laptops) into the examination.
4. Examiners welcome student and turn on audio recording.
5. The examination and evaluation period begin. Examiners are permitted to ask students for as much information as they deem necessary to evaluate the student. It is up to the examiners to decide which case vignette to begin with and it is up to the examiners' discretion about the length of time spent on each case.
 - a. Length of examination: Although there is no time limit, it is expected that exams might take approximately 1.5 to 2 hours.
 - b. Examination questions: examiners will ask students broad-level questions adopted from the SKCP Candidate's Handbook, previously prepared questions related to the students' vignette, and any additional questions that arise during the exam.

6. Once the examination period is complete, the audio recorder is turned off and students will be asked to leave the room.
7. Both examiners will independently rate the student on the core competency benchmarks using the evaluation form (see **Appendix F**).
8. Following this, the examiners will discuss and reach consensus ratings.
The comprehensive exam is rated on a Pass, Pass Pending Revision, & Fail basis.
9. After reaching a consensus, the student will be asked to return to the examination room.
10. The examiners will provide the student with his or her exam results and feedback.
11. Within 24-48 hours, examiners will provide the Director of Clinical Training (DCT) with:
 - a. A summary of the student's exam results (via email)
 - b. A typed (electronic) version of the final consensus ratings sheet
 - c. The audio recording of the exam
12. If students receive a rating of Pass with Revisions or Fail:
 - a. Specific revisions are assigned at the discretion of the examiners. A general timeline for revisions will be agreed upon by examiners and the student.
 - b. The DCT will be advised of this timeline.*Note: the examiners will be expected to review revisions upon completion and update the student's exam outcome within approximately one week of receipt of the revisions.*

Sample Vignettes

These vignettes were “retired” from the comprehensive exam pool in 2020 and are offered here for practice.

Case #1

Sources of information:

Patient

Chief Complaint:

Patient identified on his triage form that he was on medication before and that he was having the same problems as before. Patient reported, “over that past couple of months I have been construing everything as hostile and becoming paranoid”.

History of Present Illness:

Patient reported that for approximately the last 2 ½ months he has been becoming more paranoid and that he has felt as if others have been hostile towards him. Patient provided an example of this behavior. In late August the patient was visiting a friend in XXX. The patient described being ‘zoned out’ for a few hours during which he heard insults that were directed towards him from other people. The patient reported that it felt as if others

were ‘hurling’ insults at him. The patient did not react to the insults at the time, and checked with a friend afterwards to validate his subjective experience of being insulted. The patient reported that his friend denied that the patient had been insulted at the time the patient was perceiving others to be insulting him. The patient described the insults as coming from everyone else in the room and ranging from vague comments to obscenities. The patient denied that he was drunk or using substances during the above experience.

The patient reported that since the experience identified above he has been experiencing similar situations. For example, the patient reported that he has had similar subjective experiences in class, in groups of people he does not know, and with groups of people he does know. The patient reported that currently these subjective experiences are occurring approximately 2 to 3 times a week.

Academic History

Patient attended the University of YYY for his freshman year. He was in college for one semester and then returned to his parent’s home and lived with his parents for his second semester. The patient reported having to take a leave of absence from school for his second semester because of ‘problems at school’, which included being far from home and that the school was too small. The patient returned to the University of YYY for the first semester of his second year and again returned to his parent’s home and lived with his parents the second semester of that year. The patient reported that he attended TTT Community College when he returned to his parent’s home this second time. The patient reported that his GPA was approximately 3.4-3.5 while at the University of YYY.

The patient is currently in his first semester at the University of ZZZ as a third year student in cognitive science. He reported that his current GPA is approximately 3.00. The patient reported that he has been going to class, has been able to read and concentrate, and has been able to function academically, although he did report that his grades have fallen (from a 3.5 to a 3.0).

Family History

Patient is the youngest of three siblings born to an intact family. The patient has two older brothers (ages of approximately 27 and 29). The patient’s father works for the government and his mother works part-time as an art teacher. The patient reported that his brother (age 27) is bipolar and on Lithium. As well, the patient reported that this same brother has been in substance abuse treatment. The patient denied any other family history of mental illness.

Social and Developmental History

Patient reported having a girlfriend that he has been dating for at least one year. Patient reported being able to socialize with some of his friends although he indicated that his current symptoms have been impacting on social relationships. The patient reported, however, that he is able to talk to his girlfriend and he has not experienced her as insulting. No additional information collected.

Assessment & Evaluation

1. What areas were not fully assessed?
2. What assessment tools would you consider?
3. What diagnoses did you have to rule out for this client?

4. What additional information do you need to confirm a diagnosis?

Intervention & Consultation

5. What methods of intervention would work with this client?
6. What other professionals might you have to work with the best help this client?

Research

7. What research is there to support your choice of assessment tools??
8. What research is there to support your intervention?
9. What other research is relevant or other literature would you like to consult?

Interpersonal Relations

10. What diversity issues were relevant to this case?
11. What personal or professional limitations do you think could potentially affect your work with this client?

Case #2

Michael is a 25-year-old graduate student at a large university. He is seeing Dr. Kelly, a clinical psychologist, for depression and anxiety. These symptoms emerged when Michael began graduate school about six months ago and have persisted. Michael's experience as a graduate student has included significant ongoing stressors, including financial insecurity, academic pressures, and turmoil in his romantic and family relationships. During one session, when Michael had suffered through a particularly stressful week and was feeling especially distraught, he spent the first 20 minutes of the session describing all the pressures he faced. At one point, Michael was quite agitated, and he said, "That school has wrecked my life. I hate that place. Maybe I ought to just blow the whole place up."

1. How does the *Tarasoff* court case apply to this clinical case?
2. How can Dr. Kelly determine if Michael's comment constitutes a credible, legitimate threat?
3. In your opinion, should Dr. Kelly break confidentiality based on Michael's comment? If so, with whom, specifically, should he communicate?
4. If Michael's threat was less extreme but still promised some harm toward others (e.g., "Maybe I ought to just punch my department chair in the face," or "Maybe I ought to just slash my professors' tires"), should Dr. Kelly take action?
5. How is the issue of informed consent relevant to this case?

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. CGPS now requires that students also provide a timeline to completion when they apply for extensions. For more information, visit the CGPS 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.

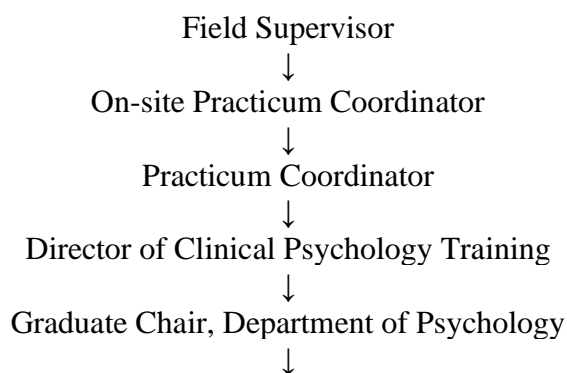
II.12 Engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others.

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.



Head, Department of Psychology



Dean (or designate), College of Graduate Studies and Research

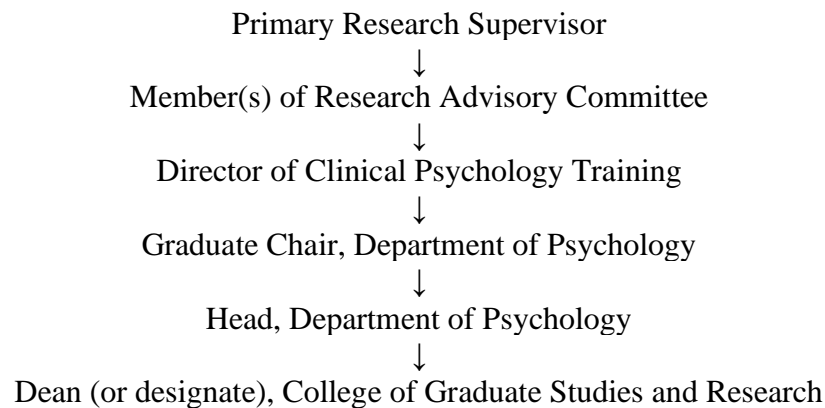
**The word “difficulties” is used in the broadest sense and may refer to difficulties with supervision, the number of hours, the activities engaged in, etc. or personal difficulties.*

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

In the event that students experience 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 no way is participation in therapy viewed negatively by the program nor will students be penalized in any way by attending therapy. 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 enters into a therapeutic relationship with a core clinical faculty member, nor a current clinical supervisor. Psychotherapy is available to you at UofS Student Wellness free of charge:

<https://students.usask.ca/health/centres/wellness-centre.php>. 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 the Student Wellness Centre 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. The Director of Clinical Training can also provide information about other community agencies in the community that might be suitable, if students do not wish to attend Student Wellness. For example, both Catholic Family Services Saskatoon and Family Services Saskatoon use a sliding fee scale and might be an affordable option for graduate students wishing to seek personal counselling. In addition, the DCT can recommend service providers who are not involved with our own program.

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

- Campoli, J., & Cummings, J. (2019). Self-Care in Clinical Psychology Trainees: Current Approach and Future Recommendations. *Behavior Therapist*.
- 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 to 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 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.

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 friends and family.

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 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.
- 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.

Policy on Additional Practicum Placements

From time to time, some students express their interest in pursuing additional practicum placements in addition to the clerkship and three practicum placements assigned by the program, or are offered additional placements and/or employment by potential supervisors in the community. It is important to note that the general policy of the clinical program is to discourage students from pursuing additional placements, for three main reasons. First, because time is a limited resource and additional placements frequently detract students from timely progress in their dissertation research. As previously stated, lack of dissertation progress is one of the main culprits responsible for delaying students' ability to apply for internship and/or having to return to their dissertation following internship. Second, taking additional placements provides unnecessary competition within our program for placement spots. That is, supervisors might not be available for our required placements because their supervision availability is taken up by students seeking additional placements.

Third, it is also important to note that only program-sanctioned placement hours (i.e., clerkship, practicum assignments, and clinical components of courses) are permitted to accrue and count toward the final direct contact, supervision, and support hours on the AAPI for your internship applications. Thus, pursuing additional placements can provide students with additional clinical experience, but not hours toward internship eligibility.

On occasion, student's additional placements are permitted to be deemed "program sanctioned," in which case the hours may count on the AAPI. In order to be considered for program sanctioned approval, the following are required:

- Permission from the DCT, who will consult with CEC and the student's research supervisor before making a decision
- Adequate, expected progress on the student's dissertation
- Regular supervision by a licensed supervisor, on par with that expected for our clerkship and practicum placements
- A clinical supervisor who is willing to complete a practicum evaluation for the student at the end of the placement

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.

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. Most years 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. 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

A.1. 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

A.2. Practicum Training Agreement

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

- Name of agency, department, program, site
- 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

Specify the major competencies, skills and values which the student hopes to acquire or develop during this practicum placement

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

Expected number of clients of various types (assessment; treatment; individual, family, group, etc.)

Regular meetings which the student is expected to attend

Other activities

7. Supervision

Names of primary and backup supervisors

Time and duration of supervisory meetings (see guidelines above)

Methods of supervision (live, video, audio, discussion, written feedback, etc.)

8. Written work

Time frame for preparation of initial drafts (reports, progress notes, etc.)

Specify how feedback will be provided

Expected time frame for supervisor's feedback to student concerning written work

9. Evaluation (see guidelines above)

Expected dates of mid-term/mid-year and final evaluation meetings

Indicate whether evaluation will be written or verbal

10. Standards, guidelines, policies, and codes of conduct

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.

In private practice settings: Identify any required arrangements for professional liability insurance.

11. Problem resolution

Indicate procedures for managing and resolving student/supervisory issues which may arise during practicum.

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

Student _____ Date _____

Supervisor _____ Date _____

Appendix B: Rights and Responsibilities of Supervisees and Supervisors (Supervisory Bill of Rights)

Introduction

The purpose of this Bill of Rights is to outline the rights and responsibilities of supervisees and supervisors and inform supervisees of their rights and responsibilities in the clinical supervision process.

Nature of the Supervisory Relationship

The supervisory relationship is an experiential learning process that assists supervisees in developing their professional competence and professional identity. A professional clinical supervisor who has received specific training in supervision facilitates growth of the supervisee through:

- Monitoring client welfare
- Encouraging compliance with legal, ethical, and professional standards
- Teaching intervention and assessment skills
- Providing regular feedback and evaluation
- Providing professional experiences and opportunities
- Providing mentorship, support and guidance toward the supervisee's professional identity

Expectations of the Initial Supervisory Sessions

The supervisor and supervisee should discuss their expectations at the start of their supervisory relationship. The supervisee has the right to be informed of the supervisor's expectations of the supervisory relationship. The supervisor shall clearly state expectations of the supervisory relationship. This might include expectations regarding formal and informal evaluations, expectations of the supervisee and the structure and/or nature of the supervisory sessions. Supervisees are encouraged to share their supervision and professional growth/development goals and should be prepared for supervision meetings. Supervisors should encourage their supervisees to provide share their expectations of the relationship.

Although, our program does not prescribe an expected ratio of supervision to direct service, it is expected that supervision will be regularly scheduled and that more supervision is expected for practicum students than would be required for those on internship or in independent practice.

Expectations of the Supervisory Relationship

A *supervisor* is a practicing clinician with the appropriate credentials. The supervisee can expect the supervisor to serve as a mentor and a positive role model who assists the supervisee in developing a professional identity. The supervisee has the right to work with a supervisor who is culturally sensitive and is able to openly discuss the influence of various social locations, such as race, ethnicity, gender, sexual orientation, religion, and class on the therapeutic and supervision process. The supervisor is aware of personal cultural assumptions and constructs and is able to assist the supervisee in developing additional knowledge and skills in working with clients from diverse cultures.

Since a positive rapport between the supervisor and supervisee is critical for effective supervision to occur, the relationship is a priority for both the supervisor and supervisee. In the event that

relationship concerns exist, the supervisor or supervisee will discuss concerns with one another and work towards resolving differences. Given the power differential between the supervisor and supervisee, this can be a more complicated process for the supervisee. The supervisor or supervisee may solicit the assistance of the Director of Clinical Training of the Clinical program if needed. Supervisors should endeavor to consult with supervisees as much as feasible and appropriate regarding their practicum and professional development.

The supervisor shall inform the supervisee of an alternative supervisor who will be available in case of crisis situations or known absences.

Supervisory interventions initiated by the supervisor or solicited by the supervisee shall be implemented only in service of helping the supervisee increase effectiveness with clients. These interventions might at times come directly from a therapeutic approach but are not a therapeutic intervention. For example, should a supervisee display or report anxiety related to a particular client presentation, a cognitive-behaviourally oriented supervisor might wish to make use of thought records or discuss thinking so as to assist the supervisee in managing this anxiety and better serve the client. If a supervisor believes a supervisee has a personal issue that has the potential to interfere with their professional development, it would be appropriate for the supervisor to share this view with the supervisee and encourage the supervisee to seek assistance regarding this issue.

Ethics and Issues in the Supervisory Relationship

1. *Code of Ethics & Standards of Practice*: The supervisor will ensure the supervisee has access to and the opportunity to discuss the code of ethics of the *Canadian Psychological Association* and legal responsibilities. The supervisor and supervisee may discuss sections applicable to the beginning clinician.
2. *Dual Relationships*: Since a power differential exists in the supervisory relationship, the supervisor shall not utilize this differential to their gain or in ways that may appear to be for their gain. Since dual relationships may affect the objectivity of the supervisor, the supervisor and supervisee shall avoid social interactions outside of the professional relationship that would compromise the professional nature of the supervisory relationship.
3. *Due Process*: During the initial meeting(s), supervisors and supervisees will discuss and agree to expectations, goals, and roles of the supervisory process. The supervisee has the right to regular verbal feedback and periodic formal written feedback signed by both individuals.
4. *Evaluation*: During the initial supervisory session(s), the supervisor provides the supervisee with information about how the supervisee's progress will be evaluated. There is a continuing dialogue between supervisor and supervisee about how the supervision is going and whether changes need to be implemented.
5. *Informed Consent*: Supervisees must inform their clients that they are in training and must provide the name and contact information of their supervisor. Supervisees shall engage in dialogue with their clients about what this will mean for their therapeutic work (e.g., the supervisor having access to all information regarding the therapeutic work) and must obtain written permission from clients regarding this arrangement, including the use of audiovisual recordings where applicable.

6. *Confidentiality*: The counseling relationship, assessments, records, and correspondences remain confidential. Failure to keep information confidential is a violation of the ethical code and is one of the most common complaints against psychologists. The limits to confidentiality should be discussed with clients and clients must be given an opportunity to ask any questions about these limits. Typically, clients are provided with a written copy of the limits of confidentiality as part of the process of obtaining informed consent.
7. *Vicarious Liability*: The supervisor is ultimately liable for the welfare of the supervisee's clients. The supervisee is expected to discuss with the supervisor the therapeutic process and individual concerns of each of their clients.
8. *Isolation*: The supervisor consults with peers regarding supervisory concerns and issues when relevant.
9. *Termination of Supervision*: The supervisor discusses termination of the supervisory relationship and helps the supervisee identify areas for continued growth and explore professional goals.

Expectations of the Supervisory Process

Supervisees shall be encouraged to discuss the primary theoretical orientations that will be used for conceptualizing and guiding work with their clients. Since it is probable that supervisors' primary orientations to therapy will influence the supervision process, supervisors will discuss their preferred orientations with their supervisees and how they expect these preferences to influence the supervision and therapeutic process.

Expectations of Supervisory Sessions

Supervisory sessions may include a number of supervisory strategies, such as review of case notes and digital recordings, as well as discussion of relevant clinical, ethical and legal issues (and appropriate literature pertaining to these). The supervisee has a right to be informed of what strategies the supervisor generally uses. The supervisee is expected to come to sessions prepared. The supervisee and supervisor will meet in an environment that ensures confidentiality.

Expectations of the Evaluation Process

The supervisee will receive verbal and/or written feedback at the mid- and endpoints of their practicum. The final written evaluation will be submitted to the Director of Clinical Training of the Clinical Psychology program. The supervisee may also receive verbal feedback and/or informal evaluation during supervisory sessions. The supervisee should be recommended for remedial assistance in a timely manner if the supervisor becomes aware of personal or professional limitations that may impede future professional performance.

Student _____ Date _____

Supervisor _____ Date _____

Adapted from Giordano, Altekruze, & Kern (2000) as cited in Bernard, J. M., & Goodyear, R. K. (2019). Fundamentals of clinical supervision (6th ed.). New York, NY: Pearson.

Appendix C: Standardized Ethics & Professional Issues Questions

(SKCP handbook p. 15, <http://www.skcp.ca/wp-content/uploads/Oral-Exam-Candidate-Handbook1.pdf>)

1. What is the role of the Saskatchewan College of Psychologists under the legislation?
2. Discuss the two conditions noted in the legislation under which one can be disciplined by the College?
3. What is the APE and how is it applied in Sask.?
4. Discuss the use of “Title” under the legislation/bylaws.
5. What does it mean to “practice only within the limits of one’s competence” and how is this applied in everyday practice?
6. How would you handle a situation where your client is not in agreement with the content of a psychological report you have written? (conflict with historical facts noted in the report and conflict with the outcome)
7. Discuss the responsibility to “protect the integrity of tests” and how you would employ this in practice.
8. Describe the four key principles of the Canadian Code of Ethics for Psychologists 3rdEdition (CPA, 2002) and the implications for your practice.
9. Describe the ethical decision-making process described in the Canadian Code of Ethics for Psychologists 3rd Edition (CPA, 2000).
10. Discuss how you would handle the situation where you believe a Psychologist colleague is behaving unethically.
11. What do "duty to protect" and "duty to report" mean?
12. Discuss the Mental Health Services Act provision for involuntary confinement and how you would employ this in your practice.
13. What are the elements informed consent and how do you practice/ implement these?
14. Discuss HIPA and how it applies to practice as a Psychologist in Saskatchewan.
15. Is there any particular action one should take if they are seeking informed consent for practice in an emerging area?

16. Discuss the concept of exceptions to confidentiality and how these would be applied in practice. (risk of harm, court order, legislation such as WCB).
17. What special issues related to consent and confidentiality are there in working with minors and other dependents?
18. What implications are there for confidentiality when there is a third party referral and/or payment?
19. What implications are there for confidentiality when you are dealing with multiple clients?
20. What are the requirements for record keeping as a psychologist?
21. What personal limitations do you have which may affect the type or quality of psychological service you provide? How do you handle this?
22. If you were contemplating a change in your area(s) or competence (an addition or extension), how would you go about doing this?
23. In Sask. what is the legislated requirement in regard to protecting the safety of children?

Appendix D: Consent to Retain Confidential Information for Educational Purposes

UNIVERSITY OF SASKATCHEWAN

Department of Psychology
Graduate Program in Clinical Psychology

Consent to Retain Confidential Information for Educational Purposes

I, _____, hereby give permission to _____ for the use of confidential material about myself for educational purposes, specifically for the case comprehensive examination.

I understand that the confidential material includes:

- 1) Information regarding psychological intervention, including non-identifying descriptive information, presenting problem, diagnosis (if applicable), brief history, observations, other sources of information, summary of assessment information (if applicable), number and nature of session including rationale for interventions or assessment materials used, outcome and evaluation of intervention, and any supplemental score information for assessment tools discussed in the work sample (if applicable)

_____ (Please initial if you agree)

I understand that every reasonable effort will be made to remove all identifying information from this confidential material.

I understand that this confidential material will only be used for the education and training of the above professional psychologist and that it will be treated in a confidential and professional manner.

I have read and fully understand the above consent.

Signed: _____ Date: _____

_____ Name printed

Witnessed in the presence of: _____ Date: _____

Appendix E: COMPREHENSIVE EXAM READING LIST (updated & approved 01/2022)

Note for Students: You will find that some of these readings duplicate what was covered in some of your coursework. In addition, please note that material you learned in your courses might be referred to during the comprehensive exam evaluation

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Appendix F: Comprehensive Examination Evaluation Forms

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 measures to answer referral question	1. Selected assessment tools that reflected an awareness of patient population served				
		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 reports and progress notes	1. Noted what could be included in a psychological report				
		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 interventions utilizing at least one consistent theoretical orientation	1. Articulated a theory of change and identified interventions to implement change				
		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				

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 planning as indicated, utilizing established outcome measures	1. Assessed and documented treatment progress and outcomes				
		2. Altered treatment plan when appropriate				
		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 relevant to the practice of psychology	1. Demonstrated understanding of research methods and techniques of data analysis if appropriate to the case presented				
		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)				

IV. INTERPERSONAL RELATIONSHIPS						
Area	Essential Component	Behavioural Anchor	Exceed Expectations	Meets Expectations	Below Expectations	Not Applicable
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				

V. ETHICS						
Area	Essential Component	Behavioural Anchor	Exceed Expectations	Meets Expectations	Below Expectations	Not Applicable
A. Ethical Standards and Principles	Identify and discuss the ethically relevant standards. Demonstrate a good working knowledge of the CPA Canadian code of ethics	1. Identification of ethical standards				
		2. Identification of ethical principles				
		3. Able to apply relevant standards & principles to a clinical case				
		4. Demonstrates understanding of issues/guidelines outside the code (practice guidelines, policies, systems, laws)				
B. Ethical Action	Demonstrate self-knowledge, appropriate consultation, and generate multiple courses of action	1. Discussion of how training-related issues may influence decision making				
		2. Reflection on how personal biases may influence decision making				
		3. Demonstrates understanding of the limits of knowledge and when to seek a second opinion or support for decision making				
		4. Identification of multiple courses of action and discusses the impact on most vulnerable person				

VI. USE OF READING LIST						
Area	Essential Component	Behavioural Anchor	Exceed Expectations	Meets Expectations	Below Expectations	Not Applicable
		Demonstrates having read comprehensive exam reading list by referencing readings in their responses				
		Integrates reading list into responses by referring to material, what they have learned, and how learning from reading list is relevant to case and/or responses				