Welcome to the Graduate Program in Clinical Psychology!
This document is intended as a guide to assist you in understanding the mission, objectives, various components and requirements of the Graduate Program in Clinical Psychology at the University of Victoria.

This manual is updated annually and should be reviewed by continuing graduate students. Students may comply with either the regulations in place at the time of their entry into each degree program (Masters or Doctoral program) or with the regulations currently in place at the time they complete a degree program. Students are advised to review any changes in requirements as they move from one degree program to another. Each September the new clinical manual is posted on our website for easy reference. This manual applies to students who entered the Masters or Ph.D. program in Clinical Psychology between September 1, 2016 and August 31, 2017.

This manual should be considered as an adjunct to the “Graduate Program Regulations: A Resource Document for Graduate Students and Faculty,” which is revised annually by the Department of Psychology of the University of Victoria. A link to the most recent version of this document can be found on the departmental webpage under the tabs Graduate → Info for current students → Information documents (http://www.uvic.ca/socialsciences/psychology/graduate/current/index.php).
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GENERAL INFORMATION FOR CLINICAL STUDENTS
GRADUATE PROGRAM IN CLINICAL PSYCHOLOGY

Mission and Objectives of our Program

The Graduate Program in Clinical Psychology at the University of Victoria has been developed to provide high quality training in the knowledge base and clinical skills essential to effective psychological research and practice. The program adheres to the Boulder scientist-practitioner model of clinical psychology training. Our program prepares graduate students for clinical practice, academic, and/or research careers. Our goal is to train scientist-practitioner psychologists who contribute to the scientific knowledge base in clinical psychology and who offer evidence-based services to individuals, families, and groups.

More specifically, the Graduate Program in Clinical Psychology strives to develop psychologists with sound knowledge and evidenced-based clinical skills in the following areas:

1. Graduates will demonstrate knowledge and ability to build and maintain rapport with clients, colleagues, supervisors, and the public in research and clinical contexts.
   a. perspective-taking, empathy, compassion, and respect in interaction with others, including clients, peers, supervisors, and supervisees;
   b. an appreciation and knowledge of individual diversity and an awareness of the dynamics of privilege in both research and practice;
   c. a balance of leadership and collaboration in working on teams, including classroom, research, and/or interdisciplinary contexts.

2. Graduates will be able to direct, conduct, disseminate, and use state-of-the-art research in the field of psychology in a manner that advances knowledge and promotes health and well-being to the benefit of individuals and society.

3. Graduates will be able to assess and evaluate (including diagnosis, when appropriate) the cognitive functioning, adjustment challenges, and/or mental health concerns of individuals and families, using evidence-based tools and methods.

4. Graduates will be able to use evidence-based interventions to assist individuals, families, and groups experiencing cognitive, adjustment, and/or mental health concerns.

5. Graduates will demonstrate high ethical and professionals principles, including the following:
   a. Students will reflect values of caring, social responsibility, respect, and sensitivity to diversity in their research and clinical practice;
   b. Students will be open in supervision and consultation, engage in personal-professional self-reflection, and be aware of the need to participate in continuing education and respond to the constantly changing professional context throughout their careers.
   c. Students will adopt advocacy roles to advance the profession and for the benefit of society, reflect the values of caring, social responsibility, respect, and sensitivity to diversity in their research and clinical practice.

All of our students receive core training in the social, developmental, biological, and cognitive bases of human behaviour, psychological assessment, diagnosis, intervention and prevention, psychopathology, ethics and professional issues, cultural diversity, research methods and
evaluation, supervision, and consultation. In addition, all of our students become attuned to the unique strengths and conflicts that may arise from specific cultural contexts, including cultural beliefs and values, sexual orientation, gender, socioeconomic status, and level of ability. Students combine their training in core areas of Clinical Psychology with an emphasis in (1) lifespan psychology or (2) neuropsychology.

Clinical psychology students in the Lifespan track received specialized training in the conceptualization of multiple and intersecting influences on mental health, including normative and pathological developmental pathways and age-specific risk and protective factors. Students in this track develop expertise in using this knowledge to inform developmentally sensitive assessment and intervention techniques and recommendations that outline trajectories of potential risks yet also point to specific developmental opportunities for positive growth. Clinical Neuropsychology students are provided with advanced training in the clinical neuropsychological assessment, management, and rehabilitation of cognitive, memory, sensorimotor, attention, executive, social, emotional functioning for clients with neurological and/or neuropsychiatric disorders. We adhere to the Houston Conference Guidelines for clinical training in Neuropsychology, such that our students qualify for accredited internships and post-docs in Clinical Neuropsychology if they wish to pursue further certification with the American boards in Clinical Neuropsychology later in their careers. Regardless of the emphasis chosen, all of our students benefit from the strong developmental and neuropsychological perspectives that are a longstanding and rich scholarly tradition at the University of Victoria.

The program combines experiential and didactic approaches to training. Statistical and methods course work provides skills specifically applicable to studying clinical, neuropsychological, and/or lifespan developmental issues. Students are actively involved in research throughout their graduate training. Students are also involved in supervised clinical experience throughout their graduate training in our Psychology Clinic, at approved practicum settings in Victoria and the surrounding communities, and by completing a one-year internship or residency at an APA and/or CPA accredited site. There are currently no accredited internships or residencies in clinical psychology in Victoria or on Vancouver Island. Therefore, graduate students in clinical psychology should plan to complete their internship year outside of Victoria.

The University of Victoria and our Graduate Program in Clinical Psychology offers an inclusive environment. We welcome individuals from diverse backgrounds in culture, ethnicity, age, sex and sexual orientation, and other individual differences, and we welcome the perspectives they bring to our program.

Our program operates full-time over the 12 months of the calendar year. With the exceptions of statutory holidays and university closures, observation of religious holidays, attendance at professional conferences and workshops, program approved out-of-town practica, internship, and reasonable vacation time (typically 2 weeks), students are expected to be present during the work week for coursework, supervised practice, research, and other important program-related activities throughout the full calendar year.

As a Graduate Program in Clinical Psychology we offer a standard core of training to all of our students, yet we also recognize and value the individual training goals that our students may hold. That is, although we strive to prepare students for professional psychology careers in research and practice, we also attend to the individual career paths they envision as they progress through the program. We try to support these individual career paths with careful guidance in the selection of specialty courses and other learning opportunities and through
placements in specific practice opportunities that will help pave the way toward the desired career outcomes within clinical psychology. At the same time, we require all of our students to achieve a broad foundation of training in clinical psychology.

**Accreditation.** The Graduate Program in Clinical Psychology has its roots in the groundbreaking work in human neuropsychology completed during the 1960’s by key figures, such as Dr. Otfrid Spreen and Dr. Louis Costa. The Department of Psychology grew through the 1970’s and 1980’s to develop complementary strengths in developmental psychology, clinical and applied psychology, and lifespan and aging. These historical roots shaped and continue to influence our identity as a modern Graduate Program in Clinical Psychology. Our program was awarded provisional accreditation by APA and CPA in 1993 under the leadership of Dr. Otfrid Spreen, full accreditation by both organizations in 1997 under the direction of Dr. Catherine Mateer, and joint re-accreditation in 2002 under the direction of Dr. Marion Ehrenberg and Dr. Catherine Mateer. Joint CPA/APA reaccreditation was granted again in 2007 under the leadership of Dr. Marion Ehrenberg for a 7 year term, the longest term that is possible. The APA ceased accrediting programs located outside the United States in 2015, including Canada, which coincided with the end of our program’s APA accreditation term December 31, 2014. APA and CPA have signed the “First Street Accord” which is a mutual recognition agreement of the equivalence of accreditation between APA and CPA ([http://www.apa.org/ed/accreditation/first-street-accord.aspx](http://www.apa.org/ed/accreditation/first-street-accord.aspx)).

Our program maintains CPA accreditation. Our most recent re-accreditation site visit took place in April 2015. In December 2015, we learned that we were once again awarded a 7-year accreditation term. Our next reaccreditation visit will take place in 2021-22. As a fully accredited Graduate Program in Clinical Psychology, we adhere to all standards, guidelines and policies of CPA. The office of accreditation can be contacted as follows:

- Accreditation Office
- Canadian Psychological Association
- 141 Laurier Ave. West, Suite 702
- Ottawa, Ontario K1P 5J3
- 1-888-472-0657 x 328
- accreditationoffice@cpa.ca

**Professional Registration.** All clinical faculty members are Registered Psychologists in the province of British Columbia, or are in application for registration in BC. The College of Psychologists of BC (CPBC) regulates the practice of psychology for the safety of the public. Our Graduate Program in Clinical Psychology adheres to the CPBC’s Code of Conduct, which is included in the final section of this manual. The CPBC can be contacted as follows:

- Dr. Andrea Kowaz,
- Registrar, College of Psychologists of BC,
- 404-1755 West Broadway
- Vancouver, BC V6J 4S5
- Tel 1-604-736-6164
- [www.collegeofpsychologists.bc.ca](http://www.collegeofpsychologists.bc.ca)

**Criminal Record Check.** Students and clinical faculty providing psychological services to children and other vulnerable individuals at our Psychology Clinic and at practicum settings are required to complete a Criminal Record Check. Students are required to submit a Criminal Record Check at the beginning of their M.Sc. program and one more time at the start of the first practicum (PSYC 503).
**Important Timelines for Program Completion**

This section of the manual provides information on the typical timelines for completing program requirements. The timeline provided in Table 1 is intended to help you visualize the sequence and timing for completing major milestones within the program. The graduate training program normally involves a sequence of two degrees, a M.Sc. followed by a Ph.D. The program sequence and structure is individualized for those students entering with a Master’s degree. To ensure a broad foundation in the sciences of psychology, students must complete a set of undergraduate competency requirements (UCRs) within the first two years of program entry. The details of these UCRs appear later in this section. Students are expected to complete the Master’s degree requirements, including thesis defense, within the first two years of program entry.

Entry into the doctoral program is not automatic, but it is also not competitive. Admission to the doctoral program following completion of the master’s degree is based on judgments of satisfactory progress in clinical training (based on course work and the development and demonstration of clinical skills) and the recommendation of the student’s M.Sc. Supervisory Committee. Students will *not* be permitted to take any Ph.D. courses unless they have completed all of their Master’s degree requirements and have been accepted into the Ph.D. program. With the permission of the DCT and written confirmation from the student and their supervisor, students who have completed all requirements with the exception of the M.Sc. oral defense and any required post-defense thesis revisions, *may* be permitted to enroll in Ph.D. course work if their oral defense is formally scheduled* on or before September 30th for the Ph.D. courses in the fall semester and on or before January 31st for Ph.D. courses in the spring semester.* This means that the Request for Oral Examination form and the final draft of your thesis must have been submitted to Grad Studies 20 working days prior to the oral defense (scheduled to occur on or before Sept. 30th or Jan. 31st).

Within the first three years of the Ph.D. program the student is expected to pass two Candidacy examinations: a Clinical Candidacy Exam and a Specialty Area Candidacy Exam (Lifespan or Neuropsychology emphasis). All doctoral students must register for Psyc 693 for 3.0 units starting from the first term in the PhD program and continuing until both exams have been passed. Students are required to write the Clinical Candidacy Exam in the 2nd year of the PhD program. The Specialty Area Candidacy Exam is typically completed in the first year of the PhD program.

Graduation from the Ph.D. program also requires completion of a full-time one-year clinical internship or residency at an APA- or CPA-accredited site and successful completion and defense of a doctoral dissertation.

Our program is a full-time, year-round training experience. It is typical for our graduate students to be involved in research and clinical experiences not just during the traditional September to April academic year, but also throughout the summer months. In preparation for a career in clinical psychology, graduate students move beyond the traditional undergraduate boundaries of the fall and spring semesters to balancing client loads, academic and research responsibilities year-round.
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<td>Complete 502</td>
<td>Complete thesis proposal by end of summer (strongly recommended)</td>
<td>Complete specialty candidacy exam</td>
<td>Complete S03 practicum</td>
<td>Complete clinical candidacy exam in September</td>
<td>Complete dissertation proposal by May 31 (strongly recommended)</td>
<td>Complete 603 practicum now or in Year 4</td>
<td>Apply for internship in the Fall</td>
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<td>See Note A regarding Criminal Records checks</td>
<td>See Note B regarding entry into the doctoral program and completion of candidacy exams</td>
<td>See Note C regarding eligibility to apply for internship</td>
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**Note A.** Throughout graduate training, students provide supervised psychological services to children and other vulnerable clients. As such, students are required to complete a Criminal Record Check in their home jurisdictions and to provide these documents to the DCT. Students are required to submit a Criminal Record Check at the beginning of their M.Sc. program and one more time at the beginning of their 503 practicum.

**Note B.** Graduate students are expected to complete and successfully defend their Master’s thesis by the end of their second summer of graduate training in order to be eligible for entry to the doctoral program in September of their 3rd year of studies. The thesis defense must be formally scheduled for an oral exam date that takes place before September 30th in order for the student to be allowed to enroll in PhD level classes in the fall. This means that the Request for Oral Exam (ROE) form containing the agreed upon defense date (and affirming that the thesis is ready to defend) must be signed by the supervisory committee and submitted (along with the approved thesis) to Grad Studies within the normal time limits (20 working days prior to the oral defense). Even though a student in this situation may be approved to take PhD classes in the fall term, if the defense occurs in September, the student will not formally be admitted to the PhD program until the following January. If the student completes the oral defense before September, then the final approved revision of the thesis (and accompanying final paperwork) must be submitted to Grad Studies by August 31st (although August 15th is preferred) in order to be eligible to graduate at the fall convocation. Students defending in September will not be eligible to participate in the convocation ceremony until spring.

**Note C.** The candidacy exam (Psyc 693) is not considered complete until both the specialty area exam and the clinical candidacy exam have each been passed. When both are complete, the student’s supervisor must inform the Grad Advisor and complete the appropriate form attesting to the completion of the comprehensive exam. This form can be found on the departmental website, under the tabs Graduate → Info for current students → Forms (http://www.uvic.ca/socialsciences/psychology/graduate/current/index.php, along with many other useful forms). This will result in the COM grade being submitted to Grad Records.

**Note D.** The dissertation proposal must be defended by Sept 30 in order to be eligible to apply for internship. Internship applications are typically due in early November.
Determiners of Successful Progression in the Program

Students are expected to successfully complete the course work required for completion of each degree within the appropriate time frame. Extensions may be granted, but only in accordance with policies specified by the Faculty of Graduate Studies.

In addition to successful completion of academic aspects of formal course work, the student must demonstrate proficiency in clinical aspects of courses and complete required practica experiences. Students may be asked to withdraw from the program on non-academic grounds if adequate development of clinical skills is not demonstrated. Evaluation of students’ clinical skill development by program faculty is mandated by the APA/CPA ethical principles governing training of clinical students and by legal precedent.

Judgments regarding satisfactory progress in clinical training are the responsibility of the clinical faculty through the Director of Clinical Training in consultation with the faculty members on the Standing Committee on Clinical Training (SCCT)*. An annual review of progress in the clinical training program is undertaken each spring and includes the completion of a self-study by all students to communicate their perspectives on their achievements, progress, goals, and needs. All clinical faculty members have input into the review, which includes consideration of progress in and the completion of coursework and also an evaluation of whether the student is demonstrating clinical skills and judgment to a degree appropriate to the level of clinical training. These judgments, by necessity, have a subjective component. The results and recommendations are shared with the student in writing and kept in the student’s permanent file. The Director of Clinical Training in consultation with the SCCT has the authority to restrict practicum experiences and exit students from the clinical training program if there is a judgment that the student has not made sufficient progress in the training program on any dimension (e.g., clinical development, coursework performance, research development).

The program has no requirements that students receive psychotherapy or counseling from an outside agency or professional. However, the faculty recognizes the value of doing so and encourages such experiences for students in a clinical training program. Faculty may recommend psychological intervention if it appears that a student’s personal attitudes, issues, responses or attitudes are such that they are interfering with her/his development of acceptable clinical skills.

* The Standing Committee on Clinical Training (SCCT) is comprised of the clinical faculty members listed later in this section. Student representatives are also part of the SCCT, but are not involved in discussions involving specific student issues.
Components of the Graduate Program in Clinical Psychology

1. **Program/CAPP form**: Your program should conform to the coursework requirements laid out in Section 2 of this manual. The program should be approved by your supervisor. A formal program form called the CAPP (Curriculum Advising and Program Planning) form is submitted by the Graduate Advisor to the Graduate Studies office at the beginning of your program and is updated regularly. You should review your program each year in consultation with your supervisor to ensure that you are on track toward meeting course requirements. The Graduate Secretary or Grad Advisor can provide you with a copy of your CAPP form; it is a good idea to review it with the Grad Advisor in the term prior to the term in which you plan to defend your thesis or dissertation to ensure that it is up-to-date or to initiate corrections/revisions. You should check your online record/transcript regularly and will be reminded to do so as a part of the annual reviews you will complete within the clinical program as well as Psychology Department. Any anomalies (e.g., missing grades) should be brought to the attention of the Grad Advisor.

2. **Code of Conduct**: Incoming students should review as soon as possible the “Code of Conduct” (College of Psychologists of British Columbia). A revision of the 2009 Code has come into effect September 1, 2014. [http://www.collegeofpsychologists.bc.ca/docs/10.CPBCCodeofConduct.pdf](http://www.collegeofpsychologists.bc.ca/docs/10.CPBCCodeofConduct.pdf). It can also be found on the website for the College of Psychologists of BC [http://www.collegeofpsychologists.bc.ca/](http://www.collegeofpsychologists.bc.ca/). This document is discussed in depth in the Professional & Ethical Issues in Psychology course (Psyc 583).

3. **Exit Rules**: Students who wish to withdraw from the clinical program must inform the Director of Clinical Training in writing. In such cases, the student may apply for entry into one of the department’s non-clinical degree programs or to the clinical program at a later time, but admission is not guaranteed.

4. **Practica**: The practicum committee has negotiated practicum opportunities with a number of facilities in and out of town. A binder including information about approved practicum settings is available in the Psychology Clinic. If you would like to complete a practicum placement not listed in our binder, some information about the practicum facility and the potential supervisors will have to be gathered and the practicum must be approved by the practicum committee before you can formally apply. All students must be approved for placement prior to applying for and participating in a practicum. The process of reviewing and approving new practicum placements is completed by the Practicum Coordinator in conjunction with the Practicum Committee.

5. **Internships**: Internships are completed only after successful completion of all coursework, practica, both portions of the doctoral candidacy examination, and successful defense of a dissertation proposal. The internship usually represents the last year of a student’s program. This means that the latest date for defending the dissertation proposal is September 30th of the year of your application for internship. Students should begin to seek out information about accredited internships early in the year of his/her application. Most internship sites have application deadlines in early- to mid- November of the year prior to the internship. Before applying, the student must inform the Director of Clinical Training in writing of his/her intention to apply. The readiness and qualification of each student for internship placement is reviewed for approval. The program follows the APPIC internship acceptance guidelines. APPIC uses a computer matching system, with internship placements being announced in February. A meeting for students planning to apply for internship is held annually in the late spring to provide information regarding the application process. Students who defend their
completed dissertations during or prior to the internship will not formally graduate until the internship is completed. However, in such cases the Dean of Graduate Studies will write a letter of conditional completion of the program confirming the student’s status; this letter is usually sufficient for job applications.

6. **Input from Students to Faculty:** The clinical faculty values input and feedback from students. This happens through several avenues. Each year, the student body elects two representatives, one with a clinical neuropsychology emphasis and the other with a clinical lifespan psychology emphasis. These student representatives are invited to all meetings of the Standing Committee on Clinical Training (SCCT) except for portions of meetings where individual students are discussed. The student representatives are invited to contribute items to the SCCT agenda and they contribute to decision making at the meetings. In addition, as potential changes to the program are being considered by the SCCT, the student representatives are encouraged to solicit feedback from the study body regarding the proposed changes. In addition to providing feedback and input via the student representatives, any student in the program may always raise issues individually with the DCT. Furthermore, every 1 – 2 years we send out an anonymous survey to all current students in order to gain formal and comprehensive feedback about students’ experiences in the program in a way that protects confidentiality. Finally, students provide formal feedback to course instructors at the end of every course, and to their practicum supervisors and the program at the end of each practicum placement.

7. **Funding:** An offer of admission to the Graduate Program in Clinical Psychology does not imply any financial support or funding. Applicants will be informed explicitly at the time of admission as to whether they may be eligible for support through a university fellowship and faculty research support. A number of teaching assistantships are also available. Students are also advised to review Appendix B of “Graduate Program Regulations” found on the departmental website under the tables Graduate → Info for current students → Information documents at [http://www.uvic.ca/socialsciences/psychology/graduate/current/index.php](http://www.uvic.ca/socialsciences/psychology/graduate/current/index.php) and the Faculty of Graduate Studies information on funding: [http://web.uvic.ca/gradstudies/funding.php](http://web.uvic.ca/gradstudies/funding.php). In addition, various awards and fellowships are posted on the Graduate Student Bulletin Board and a file of these is kept in the General Office. Refer to Section 7 of this manual for guidelines regarding outside employment.
The Role of Research & Research Scholarships

Context
Our program is defined by the scientist-practitioner model of clinical psychology. We endeavor to train to students who are competent researchers and practitioners, and whose research and clinical skills are balanced and well integrated. Our expectations are that students will be actively involved in research and practice throughout their training. As practitioners, clinical psychologists are most effective in their day-to-day contacts with clients when they draw meaningfully from current theories and research findings. As a group, clinical psychologists stand out and are recognized by other health practitioners for their scientist-practitioner skills. As researchers, clinical psychologists are able to draw on their clinical experience and work with clinical populations in ways that enhance the value of their research. Observations arising from clinical experience often provide a basis for the development of testable theories of clinical phenomena. Developing and maintaining an active record of research scholarship is an important goal that will open up the most avenues for funding during graduate school and will keep the largest number of career trajectories open to you following graduation.

Timing of Applications for External Scholarships
All graduate students are expected to apply for external funding to support their research and their graduate studies. Masters students who do not already hold external scholarships (e.g., NSERC, SSHRC, CIHR) are expected to submit an application for external funding during the fall of their first year of studies. First year Masters students holding UVic fellowships are expected to apply for external funding for their second year of study. Those with UVic fellowships and in their second year of graduate training are expected to apply for external funding for their doctoral studies. External scholarships are highly desirable in terms of providing the best financial situation for graduate students, and will also enhance the individual's professional record. Applying for external funding can be time-consuming and, at times, disheartening. As is true of research grant funding for faculty, student applicants are often not successful in their first attempts at securing funding. In addition to good grades, ongoing development of research plans, involvement in conference presentations and, especially, publications are the best ways of maximizing one's chances for external funding.

Development of Research Skills at Each Stage of the Program
Students' development of research skills and accomplishments are emphasized at all phases of our graduate training in clinical psychology. In addition to the Master's thesis and Doctoral dissertation, graduate students are required to complete a 3-unit research experience: Psyc 502: Research Apprenticeship. Students may also wish to complete Psyc 512: Research Practicum and/or Psyc 612: Advanced Research Practicum on an optional basis, particularly if they are orienting toward an academic research career. The following is a summary of the typical sequence of a clinical graduate student's research training, with the timing and purpose of each of the research experiences highlighted.

Masters Level Training
Incoming graduate students are required to enroll in Psychology 502 (Research Apprenticeship: 3 units of credit) during their first academic year. The purpose of this research apprenticeship is for the student to become socialized into their supervisor's lab, to become familiar with current projects and relevant literatures, to develop research skills relevant to the methodologies used in their field, and ideally to spark some specific interests for the Master’s thesis research. The structure, specific goals, and sources of evaluation for the research apprenticeship (e.g., a literature review paper and a final report summarizing research
activities/outcomes; a research pilot project) should be discussed by the student and supervisor and formally recorded on a pro forma (which can be obtained online). Upon completion of this first research apprenticeship, the graduate student will be prepared to write and defend a Master’s thesis proposal during their first summer of graduate training. The focus of research training during the second year of Master’s training is to collect and analyze the thesis data, and to write up and defend the Master’s thesis by the summer of the second year. Through discussions with their supervisor, students should consider opportunities to present their findings at scholarly conferences near the end of Master’s thesis data analysis.

An important note about timing of the thesis & entry to the doctoral program: Graduate students are expected to complete and successfully defend their Master’s thesis by the end of their second summer of graduate training in order to be eligible for entry to the doctoral program in September of their 3rd year of studies. The thesis defense must be formally scheduled for an oral exam date that takes place before September 30th in order for the student to be allowed to enroll in PhD level classes in the fall. This means that the Request for Oral Exam (ROE) form containing the agreed upon defense date (and affirming that the thesis is ready to defend) must be signed by the supervisory committee and submitted (along with the approved thesis) to Grad Studies within the normal time limits (20 working days prior to the oral defense).

**Ph.D. Level Training**

**First year PhD training.** Students are expected to enroll in Psychology 693 (PhD Candidacy Examination: 3 units of credit) during their first year of Ph.D. training, with a focus on the Specialty Candidacy Examination. Immediately enrolling in Psychology 693 at the beginning of their 1st Ph.D. year provides a formal structure to maintain engagement in the research process. The Specialty Candidacy Examination is one of two candidacy exams that students are required to complete as part of 693. Enrollment in 693 continues each term until both exams are completed and the COM grade submitted. The requirements of the specialty candidacy exam are detailed in Section 5 of this manual.

**Second year PhD training and beyond.** By the second year of Ph.D. training, graduate students should be standing out as more senior members of their supervisor’s research lab. They should be regularly involved in conference presentations, publications, community lectures and other communications of their research. With the assistance of their supervisors and other mentors, doctoral level students in their second year should by now be thinking in the terms of their developing “research programs,” rather than completing a series of unrelated research projects. Although much of the student’s research is likely to be completed in the supervisor’s lab and relevant community organizations, opportunities to complete research with other faculty and peers are also desirable. The Centre on Aging (CAG), the Centre for Youth and Society (CFYS), and the Centre for Addictions Research BC (CARBC) are interdisciplinary research centres linked to the Psychology Department offering exciting research opportunities. Doctoral students are typically student members of at least 1 or 2 professional organizations (CPA, APA, INS, SRCD, etc.). If not already externally funded, doctoral students should continue to apply for external scholarships as long as they are eligible (consult the tri-council websites for eligibility criteria).

**Timing of the Dissertation Proposal.** Once the clinical and specialty candidacy examinations are complete, the doctoral student is in a position to develop the dissertation proposal. The dissertation proposal must, at the very latest, be completed by the end of the summer preceding the fall during which the student plans to apply for internship. More specifically, the dissertation must be defended by September 30th of the fall in which the internship applications are
submitted. It is strongly recommended – and will undoubtedly enhance the student’s internship marketability and enjoyment – that the dissertation be completed in its entirety prior to beginning the one-year full-time internship.

**Publication of the dissertation.** The internship year is an excellent time to write up the dissertation for publication. A helpful approach may be to create a writing schedule with the research supervisor before leaving for the internship. This schedule should be reasonable, well-paced, and reflect the demands of the internship as the priority. For some students writing even a little on a regular basis helps them to achieve the goal of preparing their dissertation for publication and, more importantly, keeps them connected with the researcher aspect of their professional identities. Doctoral students who have submitted their dissertations for publication by the time they finish their internships are likely to maximize their employment options. In addition, there is likely no better way to bring full closure to their graduate training. Finally, the publication of the dissertation fulfills the ethical responsibility to disseminate our research findings. This is especially important as an acknowledgment of the considerable time and effort given by the human research participants in our studies (many of whom are from vulnerable clinical populations). We would like to see students graduate with a program of research that is reflected in a number of publications, conference presentations, and public lectures.
Standing Committee on Clinical Training (SCCT)  
2016 - 2017

Chair: Dr. Costigan, Catherine (Director of Clinical Training)

Members: Dr. Ehrenberg, Marion (on leave July 1, 2016 – December 31, 2016)  
Dr. Garcia-Barrera, Mauricio  
Dr. Gawryluk, Jodie  
Dr. Macoun, Sarah  
Dr. Robinson, Lara (Clinic Coordinator)  
Dr. Runtz, Marsha  
Dr. Smart, Collette  
Dr. Tuokko, Holly  
Dr. Turner, Brianna  
Dr. Woodin, Erica  
Student Representative, Clinical Neuropsychology  
Student Representative, Clinical Lifespan Psychology

Subcommittees of the Standing Committee:

Graduate Admissions: TBD

Practicum Committee:  
Dr. Robinson, Lara (Committee Chair)  
Dr. Tuokko, Holly  
Dr. Costigan, Catherine

Diversity Committee:  
Dr. Costigan, Catherine (Committee Chair)  
Dr. Macon, Sarah  
Dr. Woodin, Erica  
Student representatives TBD

Lifespan Representative: Dr. Piccinin, Andrea

Chair of the Department of Psychology: Dr. Mueller, Ulrich

Department of Psychology Graduate Advisor: Dr. Bub, Daniel
## List of Currently Enrolled Clinical Students (2016 – 2017)

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<th>Student</th>
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## List of Students who have completed the Clinical Program

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<td>CN</td>
<td>1995-96</td>
</tr>
<tr>
<td>Pinch, Diane</td>
<td>Strauss</td>
<td>CN</td>
<td>1995-96</td>
</tr>
<tr>
<td>Pirolli, Ann</td>
<td>Strauss</td>
<td>CN</td>
<td>1995-96</td>
</tr>
<tr>
<td>Townsend, Laurel</td>
<td>Mateer</td>
<td>CN</td>
<td>1995-96</td>
</tr>
<tr>
<td>Meehan, Geraldine</td>
<td>Spellacy</td>
<td>CN</td>
<td>1994-95</td>
</tr>
<tr>
<td>Sears, Heather</td>
<td>Galambos</td>
<td>CL</td>
<td>1994-95</td>
</tr>
<tr>
<td>O’Connor, Shelly</td>
<td>Duncan</td>
<td>CN</td>
<td>1993-94</td>
</tr>
<tr>
<td>Troyer, Angela</td>
<td>Graves</td>
<td>CN</td>
<td>1993-94</td>
</tr>
<tr>
<td>Correa, Denise</td>
<td>Graves</td>
<td>CN</td>
<td>1992-93</td>
</tr>
<tr>
<td>Wishart, Heather</td>
<td>Strauss</td>
<td>CN</td>
<td>1992-93</td>
</tr>
</tbody>
</table>
Undergraduate Competency Requirements

To ensure a broad scientific foundation in general psychology, graduate students must document that they have completed a set of undergraduate competency requirements (UCRs) at the time they enroll in our Graduate Program in Clinical Psychology. If a review of the student’s undergraduate transcript reveals that one or more UCRs are lacking, a plan for coursework to cover the lacking background in the general psychology must be developed and these course/s must then be completed before graduation at the Master’s degree level. These UCR requirements are overlapping with, but slightly different than the general departmental undergraduate competency requirements. These requirements are also prescribed by CPA and APA accreditation standards and play an important role in becoming registered or licensed as professional psychologists following the completion of the Ph.D.

The wide range of courses offered within our Graduate Program in Clinical Psychology can easily provide coverage in these general psychology areas at the graduate level, but planning ahead may help you to make the best possible course selections. Whenever possible it is to the student’s advantage to take a graduate course rather than an undergraduate course in order to fulfill a lacking UCR area. The conditions under which this may not be possible is when the graduate course offerings available to fulfill a specific missing UCR requirement for an individual student may be too challenging without the preparation of an upper-level undergraduate course in that area. Consultation with your supervisor and clinical program advisor will help you to decide what options might be best for you.

UCRs to be completed prior to completion of Master’s degree: For each UCR, students must have received a first class grade (A- or better) in a 3rd or 4th year level undergraduate courses in each of 4 areas of psychology. Courses can be half or full year courses, but there must be a minimum of 1.5 units in each area, or 6.0 units total. On the actual “Verification of Undergraduate Competency Requirements” issued to your supervisors and copied below, you will need to document the details of courses taken to cover each of these four areas, as well as specific plans for how unmet requirements will be completed.

General Psychology Competencies required prior to completion of doctoral degree: CPA accreditation standards (2011) require all graduates of doctoral programs to demonstrate competence in five areas prior to graduation: biological basis of behavior, cognitive-affective basis of behavior, social bases of behavior, individual behavior, and historical and scientific foundations of general psychology. Competence in these areas can be demonstrated by successfully completing at least one graduate course, or two upper-level undergraduate courses. Thus, fulfillment of the UCR requirement may not be sufficient for meeting CPA’s general psychology competency requirement. Each spring, students are required to complete a “self-study” reviewing their training accomplishments to date and their goals for the coming year. As part of this self-study, you will be asked to provide information on how you have met these general psychology competency requirements. As you move through the program, be sure to include courses, in consultation with your supervisor(s), which will ensure coverage of these core areas of psychology.
GRADUATE PROGRAM IN CLINICAL PSYCHOLOGY
Verification of Undergraduate Competency Requirements

Graduate students must meet a set of undergraduate competency requirements (UCR) before graduation at the Master’s degree level. These requirements are overlapping with, but slightly different than the general departmental undergraduate competency requirements. Students must have received a first class grade (A- or better) in a 3rd or 4th year level course in each of 4 areas of psychology. Courses can be half or full year courses, but there must be a minimum of 1.5 units in each area, or 6 units total. Indicate below the course work taken in each area and, if lacking, the plan for meeting the UCR.

**Biological Bases of Behaviour** (e.g., physiological psychology, comparative psychology, neuropsychology, psychopharmacology)

<table>
<thead>
<tr>
<th>Courses Taken (Course Title &amp; Number)</th>
<th>Year/Semester Taken</th>
<th>Institution Where Course Taken</th>
<th>Grade (%)</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If UCR not complete, list name, number of U Vic course to be taken and when:

---

**Cognitive Bases of Behaviour** (e.g., learning, sensation, perception, cognition, thinking, motivation, emotion)

<table>
<thead>
<tr>
<th>Courses Taken (Course Title &amp; Number)</th>
<th>Year/Semester Taken</th>
<th>Institution Where Course Taken</th>
<th>Grade (%)</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If UCR not complete, list name, number of U Vic course to be taken and when:

---

**Social Bases of Behaviour** (social psychology, cultural, ethnic & group processes; sex roles; organizational & systems theory)

<table>
<thead>
<tr>
<th>Courses Taken (Course Title &amp; Number)</th>
<th>Year/Semester Taken</th>
<th>Institution Where Course Taken</th>
<th>Grade (%)</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If UCR not complete, list name, number of U Vic course to be taken and when:

---

**Individual Differences** (personality theory, human development, individual differences, abnormal)

<table>
<thead>
<tr>
<th>Courses Taken (Course Title &amp; Number)</th>
<th>Year/Semester Taken</th>
<th>Institution Where Course Taken</th>
<th>Grade (%)</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If UCR not complete, list name, number of U Vic course to be taken and when:

---

STUDENT Name: ___________________ Signature: ___________________ Date: ____________

SUPERVISOR Name: ___________________ Signature: ___________________ Date: ____________

CLIN PROG ADVISOR* Name: ___________________ Signature: ___________________ Date: ____________

DIR CL TRAINING Name: ___________________ Signature: ___________________ Date: ____________

GRAD ADVISOR Name: ___________________ Signature: ___________________ Date: ____________

* Applicable only if your supervisor is not a clinical faculty member.

* A copy of the UG transcript with relevant courses highlighted must be attached to this form
SECTION 2

REQUIREMENTS FOR CLINICAL STUDENTS
Scheduling of Coursework in the Clinical Program

Most students are admitted to the Clinical Program after a bachelor's degree. They are admitted first into the Master's degree and then must apply and be admitted to the Doctoral program. Although admission to the Doctoral degree is anticipated for the majority of students, it is not automatic. Students may be prevented from admission to the Doctoral Program in Clinical Psychology if research potential, academic scholarship, and/or clinical skills are not developed to a level necessary for doctoral level training. Normally, the Master’s degree should be completed in the first **two** years of training. The Doctoral degree usually requires **five** (sometimes four) additional years (academic and clinical training at UVic, the completion of the doctoral dissertation, and a year of internship training). Students entering the Clinical Program with a Master's degree from another institution must complete the clinical coursework normally done during the Master’s program at UVic and they should anticipate a longer program than a non-clinical doctoral degree as a result.

**Master's-level courses**
The following clinical courses are required for all clinical students for completion of the Master’s degree and would normally be taken in the first two years of program entry.

CN = students in the clinical neuropsychology emphasis  
CL = students in the clinical psychology lifespan emphasis

- 502  
- 540 (CN only must take in Master’s program; CL may take at any time)  
- 543 (Required for CN students, but shared with other psyc grad programs)  
- 561 (CL only)  
- 545 (CN only)  
- 506B (Test Mastery; CN only)  
- 581  
- 582  
- 583  
- 584  
- 585  
- 589  
- 599  

**NB:** Psyc 503 Practicum is often started as a part of the Master’s degree, but this is not a requirement of the M.Sc. program.

**Doctoral-level courses**
The following clinical courses are considered doctoral level clinical courses and cannot be taken until the student has been accepted into the doctoral program.

- 505 and 603 (clinical practica)  
- Assessment: 546A (CN); 546B (CN); 586A (all); 586B (CL)  
- Intervention: 547 (CN); 549 (CN); 588; 593; 594; 595; 596  
- 506A (Supervised Practice in Clinic: Advanced Neuropsyc Assessment, Therapy, Rehabilitation, etc.) (may be taken more than once)
Course Requirements for All Clinical Students

In order to graduate from the Clinical Program, students must meet the following requirements of the Department of Psychology and the Graduate Program in Clinical Psychology. Many internship sites also require these courses to be completed prior to applying to internship.

**Departmental Requirements**

*Undergraduate Competency Requirements* (can be met by these graduate courses, other graduate courses, and/or in some cases by upper-level undergraduate courses when approved by the supervisor, DCT and departmental Graduate Advisor):

- 540, 543 or 550 Biological bases of behavior
- 519, 520, 526 or 566 Social bases of behavior
- 562, 563, or 566 Individual differences
- 565, 575 or 576 Cognitive/affective bases of behavior

*Statistics/Methods requirements:* Students must complete 6 units of Methods/Statistics courses (typically across 4 semester-length courses). At least half of these units (e.g., two courses) must be taken as a part of the M.Sc. programs and the other units are taken as part of the Ph.D. program. It is required that all clinical students take 518, 532, and 533 at some point during their graduate training. In addition, all students must take a research methods course that is approved by the program. Clinical neuropsychology students typically take 541 to fulfill their research methods requirement, but they may also select from the following: 504 (typically including attendance at 577), 574A, or 574B. These four courses (518, 532, 533, and a research methods class) fulfill the department’s and the clinical program’s statistics/methods/test construction requirements.

In addition, students must complete the following *research requirements*:

- 502 Research apprenticeship
- 599 Master’s thesis
- 699 Ph.D. dissertation

**Clinical Program Requirements**

In addition to departmental requirements, we require **ALL** clinical students to complete:

- 540 History and Theory in Neuropsychology
- 581 Psychopathology: Childhood and Adolescence
- 582 Psychopathology: Adulthood
- 583 Professional & Ethical Issues in Clinical Psychology
- 584, 585, 586A Clinical Assessment
- 589 Introduction to Evidenced Based Adult Psychotherapy
- 503 – 400 hours Practicum in Clinical Psychology (Assessment)
- 505 – 400 hours Practicum in Clinical Psychology (Intervention)
- Various One specific intervention course
- 506A Psychology Clinic Practice: Intervention (concurrent or following an intervention course)
- 603 – 400 hours Advanced Clinical Practicum
- 606 – one year Internship at an APA- and/or CPA-accredited site
- 693 Clinical Candidacy Examination & Specialty Examination

Coursework in the Historical and Scientific Foundations of psychology: 540 & 561
Additional Required Courses in Area of Specialization

For Students in the Clinical Neuropsychology emphasis (CN):
- 506B Test Mastery, 543, 545, 546A, 546B, 506A (Supervised NP Assessment – Child/Adolescent or Adult), 547 or 549
- One of: 595 (CBT), 596 (IPT), 588 (Child Therapy), 593 (Family Interventions), or 594 (Couples)

For Students in the Clinical Lifespan emphasis (CL):
- 561, 586B
- Two of: 562, 563, 565, 566, 567, 568 (selected with supervisor to reflect a broad range of human lifespan development)
- Two of 588 (Child Therapy), 593 (Family Interventions), 594 (Couples Therapy), 595 (CBT), 596 (IPT) (one of which must be 588, 593, or 594)
- One additional 506A supervised therapy experience is recommended

Initial Exposure to Clinical Cases (the 503 Shadow)

In the second year of the master’s program, students will shadow a student in the 503 Clinic practicum from start to finish on a child assessment case. Thus, in September of second year in the program, students should register in PSCY 503, even though they will not formally begin that practicum until the following May at the earliest. Prior to beginning the shadow experience, students will take a one-hour workshop in professional ethics.

Timing of Intervention Coursework

Typically students will take a therapy course in the first year of their doctoral program. Taking any therapy course (e.g., 595, 596, 593, 588, 594) is a pre-requisite or co-requisite to taking a 506A. For example, PSYC 595 or 596 are pre-or co-requisites for a supervised adult therapy 506A, PSYC 593 is a pre-requisite for a supervised family therapy 506A, etc. With the exception of individual adult therapy, the relevant therapy course must be taken prior to the supervised therapy practice course; for individual adult therapy, the therapy course (595 and 596) and 506A course may be taken simultaneously. A doctoral-level therapy course and 506A are pre-requisites for the 505 practicum. Because 506A courses have limited capacity (they are capped at 3 students each), we will manage enrollments in 506A courses based on a priority system.

PSYC 597 Registration, Attendance, and Presentation Policies

Registration: All clinical psychology graduate students in their first four years in the program (e.g., 2-year master’s program and first two years of the doctoral program) attend PSYC 597, Clinical Rounds and Research Conference (or “Rounds” for short). Students in the first four years in the program should register in PSYC 597 for .75 units of credit per term. Rounds meetings are held weekly throughout the academic year. These meetings provide students and faculty an opportunity to come together as a program to discuss contemporary research and clinical practice issues. Rounds meetings consist of student and faculty presentations of clinical cases, student and faculty presentations of current research (e.g., a completed master’s thesis, an upcoming conference presentation), outside speakers, and journal club meetings addressing issues related to Consultation, Program Development & Evaluation, Supervision, Diversity, and Advocacy. Expectations for contributions to discussions are consistent with students’ level of
training. This colloquium provides us a good opportunity to foster dialogue and learning across the two streams of the program and across different student cohorts in the program.

**Attendance:** Attendance at Rounds is a good opportunity for engaging in professional development activities, something you will be doing throughout your career. You should consider your obligation to attend PSYC 597 as you would any other class (for example, client appointments should not be booked during this time). Practicum supervisors have been reminded that whenever possible, practicum responsibilities should not be held on Thursdays (or should end prior to 3:30 pm). Because of a multitude of complex factors, this is not always possible and occasionally students find themselves in a conflict between PSYC 597 attendance and their practicum responsibilities. If you find yourself in this position, the first step is to talk to the Practicum Coordinator about the conflict. The Practicum Coordinator will discuss the conflict with you to determine if an exception will be allowed, and will approve exceptions to Rounds attendance on a semester-by-semester basis. The Practicum Supervisor will inform the DCT of this approved absence. If you miss a semester in your first 4 years (e.g., due to a practicum conflict), you are expected to make up a term in your 5th year. By the time you graduate from our program, you should have completed 8 semesters in PSYC 597.

**Presentation:** All students are expected to present 3 times over the course of their 4 years in PSYC 597. The first presentation will typically take place in the master’s program and is often a group presentation based on work that has been done in the Ethics class. The second two presentations typically take place in the doctoral program. At least one of these presentations should be delivered solo (taking the full time period); the other may be shared. The timing of when these presentations take place has been left flexible in order to allow students to volunteer themselves during terms in which they have recently completed a research project, seen a really interesting clinical case, etc. The DCT will send out a request for volunteers prior to each semester and students will have the opportunity to self-identify their interest in presenting at that time. A record of attendance and presentations will be kept by the DCT, but it is the student’s responsibility to keep track of their presentations. Students are encouraged to space out the presentations over the years, as we cannot guarantee that we can accommodate presentation requirements in a student’s last semester in Rounds. If too many student presentation requests are made in a given semester, the DCT will assign presentations based on a balance between the appropriateness of the presentation topic and a first-come-first-serve basis.

**List of Tables**

Table 2 presents a typical sequence of the completion of courses across the master’s and doctoral program for student entering the Clinical Psychology program at the Master’s level. Columns B & C (green) apply to all students (both neuropsychology and lifespan specialties). In addition, Column A (orange) applies to CN students and Column D (blue) applies to CL students.

Table 3 presents the specific program requirements for students in the clinical lifespan emphasis, along with guidelines as to when these requirements are typically completed.

Table 4 presents the specific program requirements for clinical neuropsychology emphasis students, along with guidelines as to when these requirements are typically completed.

Table 5 is a master list of courses for the clinical program.
Table 2: Typical Sequence of Courses for Students Entering Clinical Psychology at the MSc Level

<table>
<thead>
<tr>
<th>Year</th>
<th>A: Neuropsych emphasis only</th>
<th>B: All Clinical Students</th>
<th>C: All Clinical Students (variable timing)</th>
<th>D: Lifespan emphasis only</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.Sc. Year 1</td>
<td>• 540</td>
<td>• 581, 582</td>
<td>• 2 Stats/Methods courses&lt;sup&gt;2&lt;/sup&gt;:</td>
<td>• 561</td>
</tr>
<tr>
<td></td>
<td>• 543&lt;sup&gt;a&lt;/sup&gt;</td>
<td>• 585, 584</td>
<td>o 532</td>
<td>1 or 2 LS courses&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• 545&lt;sup&gt;a&lt;/sup&gt;</td>
<td>• 502 (leading to thesis)</td>
<td>o 533</td>
<td>540&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• 506B&lt;sup&gt;a&lt;/sup&gt;</td>
<td>• 597 (“Rounds”)</td>
<td>o 518</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• UCR Make up</td>
<td>o RDM</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recommendation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complete MSc proposal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>by end of the summer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.Sc. Year 2</td>
<td>• 589, 583, 597</td>
<td>• 599 M.Sc. Thesis&lt;sup&gt;e&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• UCR Make up, if needed</td>
<td>• Start 503 Practicum</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 506A sup’d NP assessm’t</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(child or adult)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 506A rehab case</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ph.D. Year 1</td>
<td>• 546A</td>
<td>• 586A, 597</td>
<td>• 2 Stats/Methods courses&lt;sup&gt;2&lt;/sup&gt;:</td>
<td>• 1 LS course, if needed&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• 546B</td>
<td>• One Intervention Course&lt;sup&gt;f&lt;/sup&gt;</td>
<td>o 532</td>
<td>Second Intervention course&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• 547</td>
<td>• Finish 503 Practicum</td>
<td>o 533</td>
<td>Second 506A therapy, if desired (optional)</td>
</tr>
<tr>
<td></td>
<td>• 506A rehab case</td>
<td>• 693 Specialty Candidacy Exam</td>
<td>o 518</td>
<td>586B</td>
</tr>
<tr>
<td></td>
<td>(optional)</td>
<td>• RDM (if still needed)</td>
<td>o RDM</td>
<td>540&lt;sup&gt;d&lt;/sup&gt; (if not already taken)</td>
</tr>
<tr>
<td>Ph.D. Year 2 or 3</td>
<td>• 597</td>
<td>• 505 Practicum</td>
<td>• 506A Therapy Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 506A rehab case</td>
<td>• 693: Clinical Candidacy Exam in September</td>
<td>• 506A Therapy Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(optional)</td>
<td>• Recommendation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complete Dissertation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposal by May 31&lt;sup&gt;g&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ph.D. Year 3 or 4</td>
<td>• 586A</td>
<td>• 603 Practicum</td>
<td>• 506A Therapy Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 597</td>
<td>• 699 Dissertation&lt;sup&gt;b&lt;/sup&gt;</td>
<td>• 506A Therapy Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 506A rehab case</td>
<td>• Apply for internship in Fall</td>
<td>• 506A Therapy Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ph.D. Year 4 or 5</td>
<td>• 603</td>
<td></td>
<td>• 506A Therapy Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 699</td>
<td></td>
<td>• 506A Therapy Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 603</td>
<td></td>
<td>• 506A Therapy Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 606</td>
<td></td>
<td>• 506A Therapy Case</td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup> Depending on the year of entry to our program, either 545 & 506B or 543 will be taken in the first year of the PhD program (your 3<sup>rd</sup> year at UVic) rather than during the master’s program

<sup>b</sup> All students must take 532, 533, and 518, plus one Research Design and Methods (RDM) class at some point in their graduate training. Two of 532, 533, or 518 must be taken in master’s program. For clinical neuropsych students, the RDM course is typically fulfilled by 541, but 504 (typically with 577 attendance), 574A, or 574B could substitute. Clinical lifespan students should seek approval for their RDM from the program.

<sup>c</sup> Clinical lifespan students take 561 plus 2 other lifespan courses (i.e., 562, 563, 565, 566, 567, or 568) over the course of their graduate training to reflect as complete as possible coverage of the human life span. 561 is required in the master’s program.

<sup>d</sup> CL students may take 540 at any point in the master’s or doctoral program (CN students must take 540 in the master’s program).

<sup>e</sup> The thesis must be defended by Sept 30 of the PhD Year 1 in order to enroll in doctoral classes in September. This means that the Request for Oral Exam (ROE) form containing the agreed upon defense date must be signed by the supervisory committee and submitted (along with the approved thesis) to Grad Studies within the normal time limits (20 working days prior to the oral defense).

<sup>2</sup> The recommendation date of the dissertation proposal defense is May 31<sup>g</sup> of the year in which you intend to apply for internship; the dissertation proposal MUST be defended by September 30<sup>h</sup> of the year in which the internship application is submitted.

<sup>h</sup> The dissertation should ideally be completed and defended by the end of summer before beginning the full-year internship.
### Table 3: Clinical Program Requirements - Lifespan Emphasis

#### Master's Program

**Core Clinical courses**

<table>
<thead>
<tr>
<th>Year</th>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>581</td>
<td>Psychopathology (child)</td>
</tr>
<tr>
<td>1st</td>
<td>582</td>
<td>Psychopathology (adult)</td>
</tr>
<tr>
<td>1st</td>
<td>584</td>
<td>Cognitive assessment</td>
</tr>
<tr>
<td>1st</td>
<td>585</td>
<td>Psychosocial assessment</td>
</tr>
<tr>
<td>2nd</td>
<td>583</td>
<td>Professional and ethical issues</td>
</tr>
<tr>
<td>2nd</td>
<td>589</td>
<td>Intro to evidence based adult therapy</td>
</tr>
<tr>
<td>1st &amp; 2nd</td>
<td>597</td>
<td>Clinical Rounds and Research Conference</td>
</tr>
<tr>
<td>Anytime</td>
<td>540</td>
<td>History and Theory of Neuropsychology</td>
</tr>
</tbody>
</table>

**Lifespan courses**

<table>
<thead>
<tr>
<th>Year</th>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st or 2nd</td>
<td>561</td>
<td>Lifespan history and theory</td>
</tr>
<tr>
<td>1st or 2nd</td>
<td>1</td>
<td>one of two LS courses (562, 563, 565, 566, 567, 568)</td>
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</table>

**Stats/methods/test construction**

<table>
<thead>
<tr>
<th>Year</th>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>one statistics (532, 533), test construction (518), or methods</td>
</tr>
<tr>
<td>2nd</td>
<td>1</td>
<td>one statistics (532, 533), test construction (518), or methods</td>
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**Research**

<table>
<thead>
<tr>
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<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>502</td>
<td>Research Apprentice</td>
</tr>
<tr>
<td>1st &amp; 2nd</td>
<td>599</td>
<td>Master's thesis</td>
</tr>
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</table>

**Other**

<table>
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<tr>
<th>Year</th>
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<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st or 2nd</td>
<td>1</td>
<td>UCR make-up course, if needed</td>
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**Practicum**

<table>
<thead>
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<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>503</td>
<td>start 503 assessment practicum, typically in May</td>
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</tbody>
</table>

#### Doctoral Program

**Core Clinical courses**

<table>
<thead>
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<th>Year</th>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>586A</td>
<td>Advanced clinical assessment</td>
</tr>
<tr>
<td>1st or 2nd</td>
<td>506A</td>
<td>Intervention/applied (with or following an intervention class)</td>
</tr>
<tr>
<td>1st or 2nd</td>
<td>1</td>
<td>Intervention (588*, 593*, 594*, 595, 596)</td>
</tr>
<tr>
<td>1st &amp; 2nd</td>
<td>597</td>
<td>Clinical Rounds and Research Conference</td>
</tr>
<tr>
<td>If still needed</td>
<td>540</td>
<td>History and Theory of Neuropsychology</td>
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**Clinical Lifespan**

<table>
<thead>
<tr>
<th>Year</th>
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<th>Title</th>
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</thead>
<tbody>
<tr>
<td>2nd or 3rd</td>
<td>586B</td>
<td>Practice in advanced clinical assessment</td>
</tr>
<tr>
<td>2nd or 3rd</td>
<td>1</td>
<td>Intervention (588*, 593*, 594*, 595, 596)</td>
</tr>
<tr>
<td>[rec]</td>
<td></td>
<td>one additional 506A supervised therapy experience</td>
</tr>
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</table>

**Lifespan courses**

<table>
<thead>
<tr>
<th>Year</th>
<th>Course</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>1st or 2nd</td>
<td>1</td>
<td>LS course not taken in MSc (562, 563, 565, 566, 567, 568)</td>
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**Stats/methods/test construction**

<table>
<thead>
<tr>
<th>Year</th>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>1</td>
<td>one statistics (532, 533), test construction (518), or methods</td>
</tr>
<tr>
<td>2nd</td>
<td>1</td>
<td>one statistics (532, 533), test construction (518), or methods</td>
</tr>
</tbody>
</table>
### Research
- **1st** 693 Specialty Candidacy Exam
- **2nd** 693 Clinical Candidacy Exam
- **2nd +** 699 Dissertation

### Practicum
- **1st year** 503 Assessment practicum, if not completed yet
- **2nd or 3rd** 505 Intervention practicum
- **3rd or 4th** 603 Advanced clinical practicum

### Internship
- **4th or 5th** 606 Internship/Residency
### Table 4: UVic Clinical Program Requirements - Neuropsychology Emphasis

**Master’s Program**

#### Core Clinical courses
- **1st year**: 581 Psychopathology (child)
- **1st year**: 582 Psychopathology (adult)
- **1st year**: 584 Cognitive assessment
- **1st year**: 585 Psychosocial assessment
- **2nd year**: 583 Professional and ethical issues
- **2nd year**: 589 Intro to evidence based adult therapy
- **1st & 2nd**: 597 Clinical Rounds and Research Conference

#### Neuropsychology
- **1st or 2nd yr**: 540 History and theory in Neuropsychology
- **2nd or 3rd yr**: 543 Neuroanatomy (may be in first year of doctoral program)

#### Clinical Neuropsychology
- **2nd or 3rd yr**: 545 Neuropsychological assessment (may be in first year of doctoral program)
- **2nd or 3rd yr**: 506B Test Mastery (may be in first year of doctoral program)

#### Stats/methods/test construction
- **1st year**: 1 statistics (532, 533), test construction (518), or methods (typically 541)
- **2nd year**: 1 statistics (532, 533), test construction (518), or methods (typically 541)

#### Research
- **1st year**: 502 Research Apprentice
- **1st & 2nd**: 599 Master’s thesis

#### Other
- **1st or 2nd**: 1 UCR make-up course, if needed

#### Practicum
- **2nd year**: 503 start assessment practicum, typically in May

**Doctoral Program**

#### Core Clinical courses
- **1st year**: 586A Advanced clinical assessment (theory)
- **1st or 2nd yr**: 506A Intervention/applied (with or following an intervention class)
- **1st or 2nd yr**: 1 Intervention (theory) (588, 593, 594, 595, 596)
- **1st & 2nd**: 597 Clinical Rounds and Research Conference

#### Clinical Neuropsychology
- **1st or 2nd yr**: 546A Advanced NP assessment of children
- **1st or 2nd yr**: 546B Advanced NP assessment of adults
- **variable**: 506A Supervised NP assessment (child or adult)
- **1st or 2nd**: 1 Rehab theory

#### Stats/methods/test construction
- **1st year**: 1 statistics (532, 533), test construction (518) or methods (typically 541)
- **2nd year**: 1 statistics (532, 533), test construction (518) or methods (typically 541)
### Research
1st 693 Specialty Candidacy Exam  
2nd 693 Clinical Candidacy Exam  
2nd + 699 Dissertation  

### Practicum
1st year 503 Assessment practicum, if not yet completed  
2nd or 3rd 505 Intervention practicum  
3rd or 4th 603 Advanced clinical practicum  

### Internship
4th or 5th 606 Internship/Residency
### Table 5: Course List for the Clinical Program

**Core Courses**

- 506A Psychology Clinic Practice
- 518 Psychometric Methods
- 532 General Linear Model - Univariate
- 533 General Linear Model - Multivariate
- 540 History and Theory in Neuropsychology
- 581 Psychopathology: Childhood and Adolescence
- 582 Psychopathology: Adulthood
- 583 Professional and Ethical Issues in Clinical Psychology
- 584 Clinical Assessment: Cognitive Functioning
- 585 Clinical Assessment: Psychosocial Functioning
- 586A Advanced Clinical Assessment
- 586B Practice in Advanced Clinical Assessment
- 588 Child and Adolescent Therapy
- 589 Introduction to Evidence-Based Adult Psychotherapies
- 591 Special Topics in Clinical Psychology (e.g., Clinical Research Methods)
- 593 Family Interventions
- 594 Special Topics in Clinical Intervention (e.g., Couples therapy, Group)
- 595 Cognitive Behavioural Therapy
- 596 Interpersonal Therapies
- 597 Clinical Psychology Colloquium

**Clinical Neuropsychology emphasis:**

- 506B Psychology Clinic Practice: Test Mastery
- 541 Research Design and Methods in Neuropsychology
- 543 Behavioural Neuroanatomy
- 545 Neuropsychological Assessment
- 546A Advanced Neuropsychology: Children and Adolescents
- 546B Advanced Neuropsychology: Adults
- 547 Neuropsychological Intervention in Adults
- 548 Special Topics in Neuropsychology
- 574A Cognitive Methods: Electroencephalography and Event-related Brain Potentials
- 574B Cognitive Methods: Functional Magnetic Resonance Imaging

**Clinical lifespan emphasis**

- 561 History and Theories in Lifespan Psychology
- 562 Infancy and Childhood
- 563 Adult Development and Aging
- 564 Advanced Analysis of Change and Variation in Lifespan Development
- 565 Cognitive Development in Adulthood and Aging
- 566 Personality and Adjustment in Adulthood and Aging
- 567 Dysfunctional Development in Adulthood and Aging
- 568 Adolescence
- 569 Special Topics in Lifespan Development
SECTION 3

PSYCHOLOGY CLINIC POLICY AND PROCEDURE HANDBOOK

(To be distributed by Clinic Coordinator Dr. Lara Robinson)
SECTION 4

PRACTICA
CLINICAL PSYCHOLOGY PRACTICUM PLACEMENT GUIDELINES FOR PRACTICUM SUPERVISORS AND STUDENTS

Revised Sept 2015

The practicum experiences comprise an important component in the clinical psychology training program. They provide a valuable extension of didactic course work by ensuring opportunities to apply knowledge and develop clinical skills. Graduate students in the clinical psychology training program at the University of Victoria have a broad range of clinical settings in which to obtain practicum experiences. Goals of practicum training include becoming more familiar with clinical populations, developing skills in rapport building, interviewing, assessment, report writing, diagnosis, treatment selection and planning, intervention skills and maintaining clinical records. Other benefits include the ability to observe and model professional psychologists in the field, to observe various administrative structures and practices, and to develop skills in working with professionals in psychology and other related disciplines.

Practicum supervisors facilitate student development in the following areas:
- commitment to social responsibility
- conceptualization of human problems
- awareness of the full range of human abilities
- understanding of one’s own personality
- skill in interdisciplinary interaction
- ability to contribute to knowledge and practice.

Practicum supervisors also serve as role models.

All students must complete three 400-hour practica as part of their requirements for Ph.D. in Clinical Psychology:
PSYC 503 (Practicum in Clinical Psychology);
PSYC 505 (Clinical Intervention Practicum); and,
PSYC 603 (Advanced Clinical Practicum).

Each clinical practicum consists of a minimum of 120 direct client hours and 80 hours of supervision. Typically the total number of practicum hours (including direct client hours, supervision and other activities) is 400, although the initial 503 may require more hours due to the initial learning curve associated with starting clinical practice (greater number of indirect hours learning and completing tasks). Most 400-hour practica are completed either in 4 months (full-time) or in 8 months (part-time), but should continue for no longer than 12 months. Generally, completing more than the required 400 hours per practicum placement is not appropriate as this can block other students from beginning their practicum placements at a given setting. With permission, students may arrange to complete one practicum requirement at 2 or more different practicum settings (generally each setting is a minimum of 200hrs).

Prior to enrolling in each practicum, the student’s readiness for the practicum and any special needs for consideration in selecting an appropriate practicum placement will be assessed as part of the annual clinical review process. This evaluation is based on the student’s performance in classes and previous clinical work (observed by the clinical faculty and/or reported by clinical supervisors). In addition to demonstrated technical and clinical skills, a number of areas of

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i The first practicum, Psychology 503, may be taken at the Master’s or Ph.D. level. Often this first practicum is started in the summer of the 2nd year of the M.Sc. degree and completed in the 1st year of the Ph.D.
professional development may be taken into account in determining “clinical readiness,” including the clinical faculty’s and supervisor’s observations of student’s abilities to discuss difficult clinical issues, to accept and incorporate feedback, and to take into account how his or her personality may impact on client interactions. Also, the student’s progress on their research and overall progression through the program will be taken into account.

For each practicum, there are specific course and clinical experience prerequisites.

Practicum Requirements:

Prior to enrolling in PSYC 503:
- Students will have successfully completed: 581, 582, 583, 584, 585
- All students will complete the full 503 practicum (revised fall 2015) in the Psychology Clinic assessment practicum

Prior to enrolling in PSYC 505, students will have successfully completed:
- PSYC 503
- PSYC 589
- 1 PhD therapy course (588, 593, 594, 596, or 596)
- 1 506A Psychology Clinic Practice (applied therapy)

Prior to enrolling in PSYC 603:
- All students will have completed PSYC 505
- CN students typically will have completed: 545, 506B (test mastery), 546A or 546B, and 506A (applied CN assessment), and either 547 or 549
- CL students typically will have completed: 586A, and two of following: 588, 593, 594, 595, or 596

Information Regarding Practicum Settings:
Students may obtain information about practicum sites from the practicum coordinator at any time during the calendar year or by reviewing the practicum binder (one copy in the Psychology Clinic, one copy in the Main Office).

The following pages address two broad issues

1) Applying for a practicum placement
   a) An overview of the standard application process and related forms
   b) Procedures to follow if you want to complete an out-of-town practicum
   c) Policies regarding completing an “extra practicum”

2) Procedures and Requirements once you are in a practicum
   a) Checklist of steps for students from the start to the end of a practicum placement
   b) A supervision contract
   c) An individualized goal-setting worksheet
   d) Practicum Student Evaluation form
   e) Feedback from Students about a Practicum Placement
Application Process

We have a formal application process for practica that is managed by the Practicum Coordinator. Applications for local practicum placements are reviewed two times per year: March 1 (for the Spring/summer and Fall terms) and November 1 (for the Winter term). By having regular application dates, the Practicum Coordinator and practicum supervisors are aware of all students seeking placements for a specific starting period (e.g., summer). This permits the Practicum Coordinator to review all the applications and to make sure all students find practicum placements, instead of working on a first-come, first-serve basis. This policy also reflects fairness to students who are competing for practicum placements.

Applications for practicum placements outside the Victoria area are more time-consuming to coordinate and must be submitted a minimum of 4 months in advance of the anticipated start date. Students are encouraged to speak to the practicum coordinator in person if they are considering completing a practicum outside of the Victoria area.

Prior to the practicum application deadlines, the Practicum Coordinator will send out a reminder, a copy of the application form and, when possible, a list of the sites that will be accepting students. Before applying for a practicum, students must discuss and get approval from their research supervisor (and clinical program advisor if their research supervisor is a non-clinical psychology faculty). This process is important for all practica but is particularly important for the initial 503 application or any out-of-town applications.

Students must complete the application form and return it to the Practicum Coordinator by the deadline. The practicum application form must be signed by the student’s research supervisor approving the student’s practicum plans. Applications will not be processed without the research supervisor’s approval. (Note: for students who have non-clinical research supervisors, the form should be signed by both their research supervisor AND their clinical advisor).

After receiving the student’s completed application form, the Practicum Coordinator contacts potential practicum supervisors to establish whether they wish to interview the applicant. The Practicum Coordinator then provides feedback to the student and may ask him or her to contact the practicum supervisor to arrange an interview. Students should NOT contact practicum supervisors directly to apply for practicum positions. Practicum supervisors who are contacted directly by students are asked to direct the student to the Practicum Coordinator.

Students who do not apply for practica using the procedures outlined in this document will not be able to register for practicum courses and will not receive credit for unapproved experiences.

Practicum supervisors may interview more than one applicant for a position and the decision to accept a student into a placement rests solely with the practicum supervisors. The Practicum Coordinator cannot guarantee students the placement of their choice. When arrangements concerning the practicum placement are confirmed between the student and a practicum supervisor, the student informs the Practicum Coordinator of the start date, hours per week to be worked, and the total number of practicum hours to be completed in that site. The Practicum Coordinator then registers the student for the practicum (Note: All students must also register for their thesis over the summer [i.e., 599 or 699] to be considered full-time students). Once the student has started a practicum, they must be registered in that practicum at the beginning of each university term (i.e., Fall, Spring, Summer) until that practicum placement is complete.
Being registered continually for the duration of each practicum placement is necessary in order to get course credit for the practicum and to be covered by the university’s liability insurance.

At the completion of the practicum, students provide the practicum supervisors with the Practicum Student Evaluation form. The practicum supervisor completes the written evaluation of the student’s clinical skills and development as outlined. The practicum supervisor and student are encouraged to discuss the evaluation together. The student provides his or her comments at the end of the evaluation form prior to signing it (i.e., a response to the supervisor’s evaluation). While the Practicum Coordinator will consult with the practicum supervisors about needed areas of remediation, the final decision about whether the student passes or fails the practicum rests with the Practicum Coordinator.

Once the Practicum Student Evaluation form and the Feedback from Students documents are received by the Practicum Coordinator, a grade change form is submitted to indicate that the course has been completed.

**PRACTICUM PLACEMENT – 12 STEP PROCESS**

1. Required coursework is completed by student.

2. Placement options in practicum binder are reviewed by student and discussed with practicum coordinator, as needed.

3. Application for PSYC 503, 505, or 603 is completed by student and faculty research supervisor (and clinical program advisor, where applicable) and submitted to Practicum Coordinator.

4. Practicum Coordinator contacts practicum supervisors and does email introductions between prospective student(s) and prospective supervisor(s).

5. Practicum supervisor(s) conducts interviews.

6. Student informs Practicum Coordinator of practicum arrangements.

7. Practicum Coordinator confirms arrangements and registers student for the practicum.

8. Student and supervisor complete Individualized Goal Setting form (if desired), student completes the practicum, and provides practicum supervisor with Practicum Student Evaluation form.

9. Practicum supervisor completes Practicum Student Evaluation form and discusses with student.

10. Student reviews Practicum Student Evaluation form, makes comments in comment section, and signs it.

11. Student submits Practicum Student Evaluation form to Practicum Coordinator.

12. Practicum Coordinator submits grade change form.
CLINICAL PRACTICA APPLICATION FORM

Date: ____________________________

Circle one: PSYC 503, 505, 603

Name: ____________________________ Student ID: ____________________________

Program: CLS CN Program: MSc PhD Year entered current program: _________________

Course requirements: [✓ check each course as completed or in progress (X means you don't need it)]

<table>
<thead>
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<th>505</th>
<th>603*</th>
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</thead>
<tbody>
<tr>
<td>PSYC 581/582</td>
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</tr>
<tr>
<td>PSYC 583</td>
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<td>PSYC 584</td>
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<td>PSYC 585</td>
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<td>PSYC 503</td>
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<td></td>
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<tr>
<td>PSYC 506B test mastery (CN)</td>
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<td>PSYC 505</td>
<td>X</td>
<td>X</td>
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</table>

PSYC intervention class
(specify: ____________)
PSYC 506A X

*Courses recommended for Advanced Clinical Practica 603:
(Note: Although the program does not require all of these courses to be completed before your 603, some practicum sites do.)

With a Neuropsychological Assessment focus: 545 & 506B, and either 546A or 546B, & 506a (CN assessment) and either 547/549

With a Clinical Intervention focus: 586A, 506A (therapy), 2 of following: (i) 594, (ii) 588, (iii) 593, (iv), 595, (v) 596

Attach: (1) Brief description - Previous practica (include site & supervisor)
(2) Brief description - Previous clinical experience (e.g., as part of class)
(3) Completed or in progress clinical graduate courses (include course #, title, & month/year completed)
(4) Completed "Practicum Application details" and, if currently in 503, the "Approval External Practicum" form

Practicum preferences:
SITE
________________________________________________________
________________________________________________________
________________________________________________________

TERM

Comments from Faculty re: Clinical Readiness (to be completed by faculty Supervisor or Director of Clinical Training):

I have read and approved this application. ________________________________

Faculty Supervisor signature

Revised: July 2016
**Practicum Application Details**

Student Name: ________________________________________________________________

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<th>(for each line check the appropriate column)</th>
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<th>505</th>
<th>603</th>
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<tbody>
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<td>Completed (include mth/yr):</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently In (include site name):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applying for:</td>
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<table>
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<tr>
<th>May-Aug</th>
<th>Sept-Dec</th>
<th>Jan-April</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Term your current practicum will be completed (include month you are aiming for) |      |     |     |     |
| Desired start time for practicum applying for (indicate preferred month as well)* |      |     |     |     |

<table>
<thead>
<tr>
<th>Children</th>
<th>Adolescents</th>
<th>Adults</th>
<th>Older Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Ideal: population you hope to work with (indicate preference through rank ordering 1-4 all options) |      |     |     |     |
| For 603 ONLY | Therapy/Rehab | Asst | Both | Other (specify) |
| Ideal: clinical services focused on |      |     |     |     |

| For students applying for your first external practicum only (external to the Psychology Clinic). | Yes | NO |
| Have you attached the 503 Supervisor Support form? |      |     |

<table>
<thead>
<tr>
<th>Future Plans:</th>
<th>Term/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>When do you hope to start your next practicum (the one after the one you are applying for)</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| What year do you hope to start your internship (note: NOT the application process but the actual internship) | YEAR |
|                                                                                                           |

*Note: We cannot promise that there will be practica available for each of these time periods. Many of the practica only start in the autumn term.
Approval External Practicum
(503 Supervisor Support RE: Applying for External Practicum)

Prior to applying for an external practicum placement, the student must have:

1. Discussed their plans with her/his Psychology 503 clinical supervisors at the U Vic Psychology Clinic and have them sign this form, supporting the application. The 503 clinical supervisors will only support the application if they believe the student can realistically complete her/his 503 Clinic Practicum prior to the anticipated start date of the external practicum.

2. Turned this form in to the Practicum Coordinator.

**External practicum** = any practicum done away from the Psychology Clinic (505 OR 603 practicum)

**KEY:** No student is to start an external practicum until she/he has completed all of the assessments required for the 503 practicum at the clinic. Specifically, final reports for all assessments must be completed, signed and on the clients’ files before a student starts their next practicum. Due to the difficult nature in scheduling some feedback sessions, it is allowable for 1 or 2 feedback sessions to be outstanding. However, these should be scheduled in a timely manner to minimize the overlap between the 2 practica.

****************************

We have reviewed the progress of ________________ (student name) in the Psychology Clinic 503 practicum. We agree that the student has met the above criteria and is ready to apply for an external practicum starting in ________________ (tentative date of month and year for start of the external practicum).

Also, we have discussed the completion requirements with the student and she/he understands that she/he will not be allowed to start the external practicum until all of her/his Psyc 503 assessments are completed including all assessment reports being completed, signed and in the clients’ files.

Lisa Van Bruggen, Ph.D., R.Psych
Supervising Psychologist

Louise Fennell, Ph.D., R.Psych.
Supervising Psychologist

Student Name: ________________________  Signature: ________________________

Date: ________________________________

Manual for the Graduate Program in Clinical Psychology
September 2016 4 - 7
Steps for Out-of-Town Practicum Placements

1. You can start thinking about possible sites at any point. The practicum binder has a list of sites across Canada and some in the United States that our students have gone to recently. However, you are not limited to these sites. You must be supervised by a Ph.D. psychologist (registered with the provincial or state licensing board) who works at the site. It is okay to contact and find out if a site/psychologist is open to taking a student prior to doing any of the other steps. However, do not make any final promises or plans without completing step 2 & 3.

2. Meet with the Practicum Coordinator to talk about options and procedures – ideally at least 12 months prior to when you want to do this practicum.

3. You MUST have your research supervisor’s approval (and clinical program advisor, if research supervisor is not a clinical faculty member). You should complete the Practicum Application Form as soon as possible (including signature). You do not have to wait for the regular deadline.

4. Approval of practicum by program (some out of town sites are already approved)
   a. First, the supervisors/external site completes the checklist and submits their CVs
   b. Once these materials are received by the Practicum Coordinator, the practicum committee reviews and approves (or not)

5. Creation of an Affiliation Agreement (between UVic and the out-of-town site)
   a. If we have an umbrella agreement – there is nothing to do
   b. If not, the Practicum Coordinator will submit paperwork – this needs to be done at least 2 months in advance (more is preferable); To complete this task, the Practicum Coordinator MUST have the legal name of the institution and (ideally) the contact person they use for these types of agreements

6. Follow the steps outlines in the “Practicum Checklist for Students” as you would for any other practicum.

Keep in mind:
- Some sites that have official practicum application processes have deadlines early in the year for the whole year. In these cases, you will need to complete step 2 & 3 BEFORE applying to an external practicum site. Therefore you need to be working on the steps well in advance of the practicum’s application deadline.
- In addition to our program requirements/steps, many sites have numerous steps that must be accomplished prior to the start of the practicum as well. It’s important to leave time to attend to these requirements.
- Typically out-of-town practica are only done for the 603 practicum requirement due to other demands on students’ time.
- Although these practica can be very rewarding for students, they do require a lot of planning and organization/leg work by the student. It is not something that can be done at the last moment or without careful attention to details.
“Extra” Practicum Plan & Permission

Student Name: ___________________________  STUDENT #: _______________________________

All individuals signing this form agree that it is okay for student ____________________________ to do “extra” practicum time (which is not a requirement of the program). The student may only do these “extra” hours with the permission of their research supervisor and the practicum coordinator. If the student’s research supervisor is not a Clinical Psychology Faculty member then their Clinical Program Advisor should also be included. To make sure that everyone is in agreement and there are no misunderstandings, the following form should be reviewed, signed and kept on student’s Clinical Psychology File.

**********************

_________________________ is being given permission to (check the appropriate option):

_________ Do extra practicum hours as part of her/his 603 practicum (final required practicum).

_________ Do extra practicum hours in the form of a 501 practicum (extra practicum, after all 3 required practica are completed).

Details (include site, time frame and predicted # of extra hours): ________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

NOTE: As part of providing permission for these extra practicum hours, it has been determined that this extra practicum option will not delay the student’s progression through the program (e.g., planned internship application, completion of courses), will not impair the student’s ability to work on their dissertation, and will not prevent another student from having a regular practicum spot.

**********************

I have reviewed and agree to the above arrangement.

_________________________  ___________________________  ___________________________
Student name  Signature  Date

_________________________  ___________________________  ___________________________
Research supervisor  Signature  Date

_________________________  ___________________________  ___________________________
Clinical Program Advisor (if applicable)  Signature  Date

_________________________  ___________________________  ___________________________
Lara Robinson  Practicum Coordinator  Signature  Date
Procedures and Requirements once you have secured a Practicum Placement

Practicum Checklist for Students

This checklist summarizes the steps that the student is responsible for regarding their practicum. It covers the time period from immediately after the student has been interviewed and accepted at a practicum site to the completion of the practicum.

BEFORE THE START OF THE PRACTICUM:

☐ Student to provide the supervisor the following documents immediately upon being accepted (ask supervisor if they prefer to have the documents in electronic or paper format or both):
  o The Practicum Checklist for Students
  o The Practicum Contract form
  o The Individualized Goal Setting Document
  o The Practicum Student Evaluation form (make sure it is the most updated version).

WITHIN THE FIRST TWO WEEKS OF THE START OF THE PRACTICUM:

☐ With primary supervisor, complete electronically the information on the Practicum Contract (print and sign and scan into a PDF file, or provide an electronic signature)

☐ With primary supervisor, complete the Individualized Goal Setting Document

☐ Provide the practicum Coordinator with both a paper and electronic copy of the Practicum Contract.

MID-PRACTICUM:

☐ Book a mid-practicum review with the supervisor.
  This can be done formally with a specific structure and written feedback from the supervisor or informally as a general discussion, but should include an open discussion of how the supervisor feels the student is doing (strengths and areas to work on) and identification of any issues or problems that require remediation. It may involve revision of the practicum goals.

END OF PRACTICUM:

☐ Complete the first section of the Practicum Student Evaluation and provide it electronically to your supervisor(s) (or in paper copy if that is the supervisor’s preference). Provide it ahead of time so the supervisor(s) can write the evaluation prior to your in-person meeting (ask them when they need it by).

☐ Book a final evaluation meeting with your supervisor(s) – to occur after all client contact is but no later than 1 month after the practicum completion. Discuss the timing of this meeting with your supervisor(s) at least one month prior to the end of the practicum so that your supervisor has sufficient time to write their evaluation and in order to make sure there is time in both of your schedules. At the meeting, you will discuss your practicum experience and the supervisor’s written evaluation of you. You should receive a paper copy of the evaluation from your supervisor(s) with their signature.

☐ Complete the student comment section of your evaluation and sign it.
Within 5 weeks of the completion of your practicum, provide to the practicum coordinator
  o Paper copy of your evaluation with your comments and signature for your clinical program file and grade change.
  o An electronic copy with your comments and signature (as a back-up)

Check approximately 1 term later to make sure your grade change has been submitted (note: if you are still completing other components of the practicum at other sites, the grade change will not be done until all of the evaluations have been received.) If the grade has not been changed on your records once all of the components are completed, let the Practicum Coordinator know.
UVic Clinical Psychology Graduate Program
Practicum Contract

Please complete this form electronically within the first two weeks of the start of practicum and provide the Practicum Coordinator with both a paper and electronic copy.

Student:

Today’s Date:

Practicum Site:

Practicum level (503, 505, 603, extra):

Start Date of Practicum Placement:

Approximate end date:

Primary practicum supervisor:

Other practicum supervisors (both psychologists and other clinicians who may be involved in training):

Time Involved/Caseload:

Supervision frequency:

Duration of supervision session

Type of supervision (individual, group, combination of both):

Roles and Responsibilities:

As supervisor I will take responsibility for:

- a. Managing overall agenda of sessions
- b. Monitoring supervisee performance
- c. Giving feedback
- d. Monitoring the supervisory relationship
- e. Creating a safe place
- f. Monitoring ethical issues

As supervisee I will take responsibility for:

- a. Regular, punctual attendance
- b. Notice of inability to attend
- c. Preparation for supervision
- d. Consulting and updating supervisor
- e. Being open to feedback
- f. Monitoring ethical issues

Signed by: .............................................................   Date: ...........................................
(Supervisee)

Signed by: ..............................................................   Date: ...........................................
(Supervisor)
Individualized Practicum Goal Setting

Individualized Practicum Goals

- These goals should be decided upon at the beginning of the practicum in a collaborative discussion between the student and the supervisor.
- These goals are not meant to be adhered to in a rigid manner but are to be used as guides for the student and supervisor to focus the student’s training experience.
- The number of goals will vary depending on student, supervisor, service, and setting.
- Significant concerns about a student’s rate of progress on a specific goal should be identified early enough in the practicum experience to allow for the student and supervisor to discuss ways to support the student in making the necessary improvements.

The following format may be copied as many times as needed to cover the goals developed at the beginning of the practicum.

Goal #__:

Ways to meet goal:

Way to assess if met:

Status at end of practicum:

Supervisor’s perspective:

Student’s perspective:

EXAMPLE

Goal: Further reduction in STUDENT’s anxiety related to conducting therapy.

Ways to meet goal: (a) Having greater experience, (b) work together on STUDENT being more comfortable with therapy not going exactly as planned and (c) working together to help STUDENT better balance the amount of time spent preparing with his ability to tolerate uncertainty.

Way to assess if met: (a) Decrease in STUDENT’s subjective experience of anxiety at the end of his practicum and (b) decrease (slowly across the practicum) in STUDENT’s reliance on extra supervision.

Status at end of practicum:

Supervisor’s perspective: I look forward to hearing STUDENT’s thoughts regarding this goal. I noticed a significant increase in his comfort in therapy as demonstrated by his decreased use of extra supervision, his decreased need for detailed session plans, and his increased willingness to trust his own instincts.

STUDENT’s perspective:

(the student provides comments at time of evaluation)
PRACTICUM STUDENT EVALUATION

Introduction and Instructions

**Part I** should be completed by the student and then the evaluation form should be passed on to the supervisor.

**Part II** should be completed by the supervisor(s), outlining their evaluation of the student’s clinical competencies.

**Part III** provides space for the supervisor to summarize their feedback, the student to write a brief reaction to the feedback, and both the supervisor(s) and student to sign the evaluation. The evaluation form should be dated and signed by the supervisor(s) completing the form.

This evaluation form should ideally be completed electronically, but we will accept handwritten documents. If completing by hand, sufficient space should be added to narrative responses prior to printing.

Upon completing Part II of the evaluation form, we recommend that the supervisor meet in person with the student to go over their evaluation. The student should be given an opportunity to write their response to the evaluation (in Part III) and sign the form prior to submitting the evaluation to the clinical program Practicum Coordinator.

The completed form can be returned to the program in the following ways:

Email: lkr@uvic.ca

Traditional Mail: Dr. Lara Robinson  
Department of Psychology  
PO Box 1700, STN CSC  
University of Victoria  
Victoria, BC V8W 2Y2

In Part II of this form, there is an optional section (Part II - Area 3) for the supervisor to describe and evaluate the student on individualized training goals. Although this section is not mandatory, we strongly encourage supervisors to discuss with students at the start of the practicum specific concrete training goals and to evaluate the student’s level of progress on these goals at the completion of the practicum. This goal-specific evaluation of students is in keeping with the competency-based approach to supervision.
## Part I: Nature of student-supervisor contact

Note: This section should be completed by the student and provided to the supervisor. However, the supervisor should verify the accuracy of this information.

1. Student’s name: ____________________________  
2. Student Number: __________

2. Practicum Level (503,505,603): ____________

3. Practicum Site: ____________________________________________________________

4. Supervisors:
   a. Primary Supervisor’s name: ____________________________________________
   b. Other Supervisors’ names: ____________________________________________

Note: This evaluation form may be completed by the primary supervisor in consultation with the other supervisors or collaboratively by all supervisors or each supervisor may complete an evaluation form. If more than one evaluation form is completed at a site, all information in this section (e.g., nature of student-supervisor contact) should be the same.

5. Starting and ending dates of Practicum: ______________________________________

6. Activities performed by student (assessment, therapy, etc.): ________________
   ______________________________________________________________________

7. Client contact Hours (i.e., in-person contact involving assessment, intervention, etc. May include live observation although observation should only be a small portion of these hours. Should not include indirect contact such as paperwork or administrative contacts such as telephone contacts scheduling appointments)
   a. Total hours of “client contact” at practicum: ____________________________
   b. Total hours of assessment contact: ________________________________
   c. Total hours of therapy contact: _________________________________

8. Supervision Hours (The primary supervisor must be a Ph.D. registered psychologist who meets with the student regularly. At times more than one psychologist may share this role. Other supervisors may be Masters level psychologists and/or other health care professionals. The primary supervisor must meet with the student weekly and must provide over 50% of the supervision hours. Supervision may be done individually between the student and supervisor OR in group format between the supervisor and a group of students including this student. However, group supervision should not exceed 25% of the total supervision.)

9. a) Total hours of supervision: ______________________________

Of the total hours of supervision listed in (a), please indicate how many of these hours were:
   (ii) individual supervision: ______________________________
   (iii) group supervision: ______________________________
   (iiii) With the primary supervisor(s): __________________
   (iv) With other supervisors: ____________________________
10. Nature of supervision by this supervisor: ___live ___audiotape ___videotape ___discussion other (please specify) __________________________________________________________

11. Population(s) seen at this practicum (e.g., child, adolescent, adult, geriatric, couple, family):
_________________________________________________________________________

12. Theoretical approach(es) taken at this practicum:

_________________________________________________________________________

**Part II: Supervisor’s Evaluation**

**Part II - Area 1: Current skills of the student (mandatory)**

**Basis of your evaluation:**

_____ My observations/supervision or _____ My and other supervisors’ observations/supervision

Description of training experience & setting (optional): (Supervisors are invited to describe the training experience offered to this practicum student, if so desired) *(expand as needed)*

**Amongst the many qualities on which one can comment, please consider:**

<table>
<thead>
<tr>
<th>1. Clinical knowledge and skills for assessment, case conceptualization, diagnosis, intervention, etc.</th>
</tr>
</thead>
</table>

**Assessment:**

______ Student met appropriate levels of competency relative to level of training  
______ Student showed growth towards meeting appropriate levels of competency  
______ Student does not yet met appropriate levels of competency relative to level of training  
______ Was not part of this practicum experience

**Case Conceptualization:**

______ Student met appropriate levels of competency relative to level of training  
______ Student showed growth towards meeting appropriate levels of competency  
______ Student does not yet met appropriate levels of competency relative to level of training  
______ Was not part of this practicum experience

**Diagnostic Skills:**

______ Student met appropriate levels of competency relative to level of training  
______ Student showed growth towards meeting appropriate levels of competency  
______ Student does not yet met appropriate levels of competency relative to level of training
_______ Was not part of this practicum experience

**Intervention/Therapy:**
_______ Student met appropriate levels of competency relative to level of training
_______ Student showed growth towards meeting appropriate levels of competency
_______ Student does not yet met appropriate levels of competency relative to level of training
_______ Was not part of this practicum experience

**Other professional and/or clinical skills (describe: ___________________________):**
_______ Student met appropriate levels of competency relative to level of training
_______ Student showed growth towards meeting appropriate levels of competency
_______ Student does not yet met appropriate levels of competency relative to level of training
_______ Was not part of this practicum experience

Please provide a brief narrative explaining your rating, as well as discuss the student’s strengths and weaknesses in these areas. *(expand as needed)*

---

2. **Work skills:** judgment, critical thinking, organizational ability, motivation, initiative, determination, timeliness, dependability, independence, interest in discovery, etc.

_______ Student met appropriate levels of competency relative to level of training
_______ Student showed growth towards meeting appropriate levels of competency
_______ Student does not yet met appropriate levels of competency relative to level of training
_______ Was not part of this practicum experience

Please provide a brief narrative explaining your rating, as well as discuss the student’s strengths and weaknesses in this area. *(expand as needed)*

---

3. **Communication skills:** quality of written & oral communications with colleagues, other professionals, clients, etc. (e.g., report-writing, feedback)

_______ Student met appropriate levels of competency relative to level of training
_______ Student showed growth towards meeting appropriate levels of competency
_______ Student does not yet met appropriate levels of competency relative to level of training
_______ Was not part of this practicum experience

Please provide a brief narrative explaining your rating, as well as discuss the student’s strengths and weaknesses in this area. *(expand as needed)*
4. Other interpersonal skills & personal resources: ability to establish and maintain rapport, trust and respect in professional relationships; self-awareness, self-reflectiveness, openness to supervision, resiliency and capacity to cope with the internship experience, etc.

_______ Student met appropriate levels of competency relative to level of training
_______ Student showed growth towards meeting appropriate levels of competency
_______ Student does not yet met appropriate levels of competency relative to level of training
_______ Was not part of this practicum experience

Please provide a brief narrative explaining your rating, as well as discuss the student’s strengths and weaknesses in this area. (expand as needed)

5. Professional conduct: knowledge of ethics, ability to act proactively and consistently for resolution regarding ethics & professional standards, readiness to seek and use supervision, awareness of limitations, respect and knowledge with regard to diversity and individual differences, etc.

_______ Student met appropriate levels of competency for someone at her/his level of training
_______ Student showed growth towards meeting appropriate levels of competency
_______ Student did not met appropriate levels of competency for relative to level of training
_______ Was not part of this practicum experience

Please provide a brief narrative explaining your ratings, as well as discuss the student’s strengths and weaknesses in this area. (expand as needed)

Part II - Area 2: Areas for growth and development (Mandatory)
Please comment on areas where you believe the student would most benefit next from supervisory guidance. How could their next training experience contribute to the course of learning and development of this student? Please provide specific feedback (more than “needs more experience”). (expand as needed)

Part II - Area 3: Individualized Practicum Goals (Optional)

Use the “Individualized Practicum Goal Setting” form at the start of the practicum to develop an individualized practicum goal document for the student’s practicum experience. Attach that document to the evaluation form and refer to it when completing this portion of the evaluation.

The following format may be copied as many times as needed to cover the goals developed at the beginning of the practicum.
Goal #__:

Ways to meet goal:

Way to assess if met:

Status at end of practicum

Supervisor’s perspective:

Student’s perspective:

Part III: Summary (supervisor and student signatures are mandatory)

Supervisor’s Summary Please briefly summarize your overall evaluation of the student’s performance. (expand as needed)

_____________________________  ______________________
Signature of Supervisor,                          Date

(add additional signatures, as needed)

Student’s Summary: Please respond to your clinical supervisor’s evaluation of your performance. (expand as needed)

_____________________________  ______________________
Signature of Student,                          Date
Feedback from Students about Practicum Settings (optional)

The ability to provide feedback is an important skill to develop. But we recognize that the power imbalance between student and practicum supervisor can make this challenging. Therefore, feedback on Practicum Sites or supervisors will be treated as confidential by the DCT. You may discuss possible limits on confidentiality with the DCT at any time. Any feedback provided to a site or supervisor based on student feedback will be conveyed in a manner that does not reveal the identity of the student providing the feedback, if possible.

Name of Student: __________________________________________

Setting: __________________________________________________

__________________________________________________________________

Dates of Practicum/Internship: From ___________ To ____________

Total Number of Hours: _______________

Total Number of Hours in Direct Clinical Service: _______________

Total Number of Hours of Supervision: _______________

Types of Clients Seen: __________________________________________

__________________________________________________________________

Types of Activities Completed:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Please provide a brief description of the strengths and weaknesses of the practicum or internship setting from your point of view (continue on a separate page if necessary).

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Please provide one copy of the completed form to the Director of Clinical Training.

Revised: August 2016
List of Practicum Settings & Supervising Psychologists in Victoria

After each site there is an indication of the focus of that site (therapy, assessment or both) and which level of practicum student, the site accepts. Unless otherwise indicated, all of the listed supervisors are Registered Psychologists in British Columbia.

Each student will complete 3 practica (503, 505, 603). Your supervisor, the practicum coordinator and DCT can assist you in selecting the three practicum placements to maximize breadth and depth of clinical experience. Although not required and not necessarily advisable, students may complete an "extra" practicum if there is a placement available and if approved by their research supervisors.

Please note students can go to more than one setting at one site but cannot go to the same setting at the same site twice (e.g., you may complete two of the required practicum placements at QA; one practicum with Dr. Kelly Price [setting: Neuropsychological Services] and one with Dr. Mary Ann Leason [setting: Preschool Assessment]).

1. Psychology Clinic – 503 Practicum
   Street Address: Cornett Building Room A163, University of Victoria
   Supervisors: Dr. Lisa Van Bruggen, R.Psych; Dr. Louise Fennell, R. Psych.
   Focus: Assessment
   Level: 503
   Full (120 direct client hours) or Part (60 direct client hours): Full only
   Notes:
   • Given students initially require more time to complete assessments (re: prep, scoring, interpreting & report writing) when they are novice assessors, it is expected that students 503 practicum may take up to 500 hours (rather than just 400 hours).

2. Youth Forensic Psychiatric Services
   Street Address: 1515 Quadra Street, Victoria, BC V8V 3P3
   Supervisors: Dr. James Sawchyn, R.Psych; Dr. Scott Bezeau R. Psych.; Dr. Christine Schwartz, R.Psych.; Dr. Louise Clark, R.Psych. (in Nanaimo)
   Focus: Primarily Assessment, some therapy options
   Level: 603
   Full (120 direct client hours) or Part (60 direct client hours): Full or Part
   Notes:

3. Developmental Mental Health Team
   Street Address: 3939 Quadra Street, Victoria, BC V8X 1J5
   Supervisors: Dr. James Hill, R.Psych.
   Focus: Assessment, Consultation, some Intervention
   Level: 603, maybe 505
   Full (120 direct client hours) or Part (60 direct client hours): Part
4. **Counseling Services**

   Street Address: University of Victoria
   Supervisors: Dr. Rita Knodel, R.Psych.; Dr. Ai-Lan Chia, R.Psych.
   Focus: 505, 603
   Level: Full (120 direct client hours) or Part (60 direct client hours):
   Notes:
   - Note: Although this practicum accepts 505 students, the strong preference is for 603 students. Students applying for a 603 will be given priority.
   - This practicum has an additional site specific application process. Discuss with Practicum Coordinator.

5. **Victoria Child & Youth Mental Health**

   Street Address: 712 Yates Street, Victoria, BC V8W 1L5
   Supervisors: Dr. Josh Slatkoff, R.Psych.; Dr. Alina Carter, R. Psych.; Dr. Barbara Kennedy, R.Psych.; Dr. Marei Perrin, R.Psych.
   Focus: Therapy
   Level: 505, 603
   Full (120 direct client hours) or Part (60 direct client hours): Full

6. **Saanich Child & Youth Mental Health**

   Street Address: Suite 201-4478 West Saanich Rd., Victoria, BC V8Z 3E9
   Supervisors: Dr. Laurel Townsend, R.Psych.; Dr. Kim Lane, R.Psych.; Dr. Barbara Kennedy, R.Psych.
   Focus: Therapy
   Level: 505, 603
   Full (120 direct client hours) or Part (60 direct client hours): Full

7. **West Shore Child & Youth Mental Health**

   Street Address: 104-3179 Jacklin Road, Victoria, B.C. V9B 3Y7
   Supervisors: Dr. Shirley Graham, R.Psych.
   Focus: Therapy, perhaps some assessment
   Level: 505, 603
   Full (120 direct client hours) or Part (60 direct client hours): Full or Half
   Notes:
   - This practicum could be combined with the Preschool Assessment Service at QA
8. **Anxiety Disorder Clinic**
   Street Address: Victoria Mental Health, Royal Jubilee Hospital, Victoria
   Supervisors: Dr. Eric Ochs, R.Psych.; Dr. Ned Baess
   Secondary supervisor: Dr. Cliff Duncalf, Psychiatrist
   Focus: Therapy
   Level: 505, 603
   Full (120 direct client hours) or Part (60 direct client hours): Half
   Notes:
   - Generally combined with A.T. Malcolm & Associates (Private Practice) – PTSD site
   - Generally preference given to 505 students

   Street Address: 284 Helmcken Road, Suite 216, Victoria BC, V9B 1T2
   Supervisors: Dr. Tamara Goranson, R.Psych.; Dr. Leah Hatton, R.Psych.; Dr. Megan Caines, R.Psych.
   Focus: Therapy
   Level: 505, 603
   Full (120 direct client hours) or Part (60 direct client hours): Part
   Notes:
   - Generally combined with the Anxiety Disorder Clinic site
   - Generally preference given to 505 students

10. **Dr. Sylvain Boies (Private Practice)**
    Street Address: 648 Herald St., Suite 202, Victoria, BC
    Supervisors: Dr. Sylvain Boies, R.Psych.
    Focus: Therapy
    Level: 603 or extra
    Full (120 direct client hours) or Part (60 direct client hours): Full or Part
    Notes:
    - Preference given to more senior student as an extra
    - Long-term therapy focus requiring a commitment to 8-12 months (although fewer hours).

11. **DBT Program**
    Street Address: USTAT, Quadra St.
    Supervisors: Dr. Elisabeth Hallam, R.Psych.
    Focus: Therapy
    Level: 505 or 603
    Full (120 direct client hours) or Part (60 direct client hours): Full
12. **Preschool Assessment Services at Queen Alexandra Centre for Children’s Health**  
Street Address: 3179 Jacklin Road, Victoria, B.C. V9B 3Y7 (not at QA)  
Supervisors: Dr. Mary Anne Leason  
Focus: Assessment  
Level: 603  
Full (120 direct client hours) or Part (60 direct client hours): Full or Part  
Notes:  
• This practicum could be combined with the Preschool Assessment Service at QA

13. **Child, Youth & Family Mental Health Services at Queen Alexandra Centre for Children’s Health**  
Street Address: Psychology Services, 2400 Arbutus Road, Victoria, BC V8N 1V7  
Supervisors: Dr. Loren McMaster, R.Psych.; Dr. Laila Thaiss, R.Psych.; Dr. Lisa Van Bruggen, R.Psych.; Dr. Alissa Schactman, R.Psych.  
Focus: Assessment, Therapy, Consultation  
Level: 603  
Full (120 direct client hours) or Part (60 direct client hours): Full

14. **Neuropsychological Services at Queen Alexandra Centre for Children’s Health**  
Street Address: Psychology Services, 2400 Arbutus Road, Victoria, BC V8N 1V7  
Supervisors: Dr. Kelly Price, R.Psych.; Dr. Chand Taneja, R.Psych.  
Focus: Neuropsychological Assessment, Consultation  
Level: 603  
Full (120 direct client hours) or Part (60 direct client hours): Full

15. **Neurorehabilitation Services at VGH**  
Street Address: Victoria General Hospital, Victoria BC  
Supervisors: Dr. Karen Kit, R.Psych.  
Focus: Neuropsychological Assessment  
Level: 603  
Full (120 direct client hours) or Part (60 direct client hours): Full  
Notes:  
• right now this site is mainly assessment with very limited options for exposure to neurorehabilitation.

16. **Forensic Psychiatric Services, Adult Services**  
Street Address:  
Supervisors: Dr. Tony Dugbartey, R.Psych.; Dr. Heather Scott, R.Psych.; Dr. Shauna Darcangelo, R.Psych.  
Focus: Neuropsychological Assessment  
Level: 603  
Full (120 direct client hours) or Part (60 direct client hours): Full
17. Canadian Forces Health Services Centre (Pacific), Mental Health Services
   Street Address: 1200 Colville Rd, Victoria, BC
   Supervisors:
   Dr. Ron Penner, R.Psych.; Dr. Robert Kline, R.Psych.; Dr. Sam Morgan, R.Psych;
   Dr. Janny Thompson, R.Psych.
   Focus: Therapy or Assessment (including some neuropsychological assessment)
   Level: 505 (therapy), 603 (both)
   Full (120 direct client hours) or Part (60 direct client hours): Full

18. Neuropsychological Assessment Private Practice Consortium
   Street Address: Varied private practice sites
   Supervisors: Dr. Claire Sira, R.Psych.; Dr. Patrick Corney, R.Psych. ; others as arranged
   Focus: Neuropsychological Assessment
   Level: 603
   Full (120 direct client hours) or Part (60 direct client hours): Part
   Notes:
   • Currently being piloted. Requires flexibility from student and an ability to travel to multiple sites.

19. Joint Victoria Child & Youth Mental Health & Eating Disorder Clinic
   Street Address: 712 Yates Street, Victoria, BC V8W 1L5
   Supervisors: Dr. Marei Perrin, R.Psych.
   Secondary supervisor: Dr. Cliff Duncalf, Psychiatrist
   Focus: Primarily Therapy, Assessment
   Level: 603
   Full (120 direct client hours) or Part (60 direct client hours): Part
   Notes:
   • Currently being piloted. Cooperative venture between Victoria Child & Youth Mental Health and Eating Disorder Clinic. Majority of clients with Victoria CYMH with an exposure to individual and group eating disorder treatment
SECTION 5

CANDIDACY EXAMINATIONS
Candidacy Examinations: General Guidelines

All students enrolled in the clinical program are expected to demonstrate their competence through the successful completion of their candidacy examinations in:

(1) **clinical psychology** (equivalent to the “Major” Area Candidacy Examination for non-clinical graduate students); and,

(2) **their area of emphasis** (clinical neuropsychology or clinical lifespan development; equivalent to the “Minor” Area Candidacy Examination for non-clinical graduate students).

The former is referred to as the **Clinical Candidacy Examination**, and the latter is referred to as the **Specialty Area Candidacy Examination**.

**Candidacy Exam #1: THE CLINICAL CANDIDACY EXAMINATION**

**Purpose**
The purpose of the clinical candidacy examination is to provide students with an opportunity to consolidate, update, integrate, and expand their understanding in the areas of assessment, psychopathology, methods, psychological interventions, ethics, and professional issues. The examination format allows students to demonstrate in writing a breadth and depth of understanding within these areas of clinical psychology; as well as their ability to integrate their knowledge in these key domains to address research and practice questions. A secondary purpose of the clinical candidacy examination is to signal preparedness for the predoctoral internship through a demonstrated understanding of key clinical issues.

More specifically, it is expected that students have an up-to-date understanding of:

1. various theoretical models (both historical and current) of psychopathology and approaches to psychotherapy;
2. diagnostic classification systems, especially DSM, and the advantages and problems associated with the diagnostic process;
3. familiarity with psychological assessment techniques (personality, behavioral, and intellectual assessment as well as the clinical interview), their possible uses and misuses, and psychometric techniques relevant to the selection and interpretation of assessment measures;
4. the symptom presentation, etiologies (where known), associated risks, and recommended treatments and prevention strategies for various psychological problems and disorders;
5. psychosocial factors and stresses relevant to psychological suffering;
6. the impact of gender, culture, and development on the expression of psychopathology and on the selection of appropriate assessment techniques and therapeutic interventions;
7. clinical research methods; including research models, designs, and findings relevant to psychological practice; and,
8. ethical, legal, and professional issues relevant to the practice of clinical psychology.

Candidacy examinations in clinical psychology evaluate **breadth**, as well as **depth** of understanding in *any or all* of the above areas. The examination requires the student to demonstrate attainment of the level of competency required for successful completion of (1) formal clinical training at the internship level and (2) the doctoral dissertation.
Format of the Clinical Candidacy Exam

The Clinical Candidacy Examination is written over the course of one day in the second half of September. The exam is comprised of a Morning Session (9-12) and an Afternoon Session (1-4). At the exam you will receive hard copies of two questions in your Morning Session package/envelope, which will also include a computer diskette and some scratch paper. You will also receive hard copies of two questions in your Afternoon Session package, which will also include a computer diskette and some scratch paper. You will be asked to select and write on one of the two questions for the Morning and Afternoon Sessions of the exam. The Morning and Afternoon Sessions are separate components of the examination. Once you leave the Morning Session, you will not be able to return to that question even if you have time left over after writing the Afternoon Session question.

Once you arrive at the exam and open your exam package on the day of the exam this counts as your first attempt at the exam. That is, if you open the package and having looked at the questions you then decide you will not write the exam on that date, this will count as one of two possible attempts to write the exam.

During the Morning Session of the exam (9-12) you will be asked to write a case analysis. The different components of the analysis will be explicitly spelled out as different parts of the question. These different components will make reference to assessment/diagnosis, treatment/interventions, and ethical/legal issues relevant to the client described in the case vignette. You will be provided with two brief case vignettes, of which you will choose ONE on which to base your case analysis. One of the case vignettes will involve a child or adolescent, whereas the other case vignette option will describe an adult.

For the Morning Session of the exam only, you are permitted to use an unmarked copy of the DSM. By “unmarked” we mean unmarked by notes; highlighting and page tagging identifying sections are allowed. If your DSM is marked with notes, you can request an unmarked copy well in advance of the exam.

During the Afternoon Session of the exam (1-4) you will be asked to write an essay in response to an integrative question. Again you will be provided with two question options, of which you will choose one for your essay response. These integrative questions are spelled out into specific question components. Please make sure that you have paced yourself to cover all components of the question. Most students find it worthwhile to take 5-15 minutes to jot down a few key points for each of the question sections to serve as an outline of their essay. Subheadings can be helpful to the reader, but also to the students in organizing their thoughts and ensuring that all components are covered.

Although grammar and writing skills are not a focus of the clinical candidacy exam, for both the Morning and Afternoon sessions you must write in full sentences and communicate effectively (except in places where full sentences are never appropriate, such as when providing a multi-axial diagnosis in standard 5-axis format). You are advised to run a spell check near the end of each examination session.
Timing of the Clinical Candidacy Exam

The clinical candidacy examination will be provided in September of each year. Students are required to write the Clinical Candidacy Exam at the beginning of the 2nd year of their doctoral program (for students who entered in the MSc program). Students who enter the doctoral program after 2.5 years at UVic (e.g., in January of their third year rather than September) should consult with their supervisor and the DCT as to the best time to take this exam (either September of the 2nd or 3rd year in the doctoral program). Typically, students who entered directly into the PhD program are required to write the Clinical Candidacy Exam in the 3rd year of their doctoral program.

An information session about the exam format and scope is held by the DCT each spring.

A core set of courses will normally be made available to the student to take prior to the second year of the PhD program (and thus, prior to writing the exam). Essential courses include 581, 582, 584, 585, 586A, 589, 583, and some applied experience (e.g., 503, which is typically taken in January or May of 1st year PhD). Request for a delay in writing the exam at the required time must be made in writing to the DCT by July 1st. A 1-year postponement will be granted only in exceptional cases:

a) Documented medical or compassionate leave (following a similar process and scope of reasons as other academic concessions or request for leave from Grad Studies)
b) Recommendation from the SCCT to postpone writing the exam (this would typically be determined at the May annual review of students)
c) Through no fault of his or her own, the student has not been able to complete all of the “essential” courses listed above. For example, this situation may be encountered by students who entered directly into the doctoral program. In these situations, the student is expected to write the candidacy exam at the first opportunity after having taken the essential courses noted above.

Evaluating the Clinical Candidacy Exam

As noted above, this examination will be completed in writing over the period of one day (a morning and an afternoon session of 3 hours each). The completed examination will be evaluated independently by at least two clinical faculty members who are "blind" to the identity of the particular student. In addition, evaluators grade one or more sections of the exam for all students who have written at the same sitting to ensure continuity of grading. If the evaluators wish further clarification, a subsequent oral examination may be scheduled. The oral examination does not replace the necessity of demonstrating excellence in written performance, but would allow clarification of an unexpected response.

If a student is asked to re-write the examination, suggestions will be made to the student for ways to improve performance. Normally only a single re-write is allowed, and that re-write will take place at the next scheduled sitting for the examination. With the exception of a documented medical emergency, once a student begins the clinical candidacy exam and has been exposed to the exam, this will count as a first writing of the exam even if the student chooses to discontinue taking the clinical candidacy examination. Students will generally re-write the entire examination, although, at the discretion of the examining committee, it is possible that a student might be asked to re-write only the morning or afternoon session.
Study Suggestions from Successful Exam Candidates

1. Throughout studying, think about the concept of mental disorder/health and its pros and cons, and about how it has changed.

2. Think about the pros and cons of classification systems, including the DSM and changes that were instantiated in DSM-5.

8. Review notes, handouts, and readings from relevant clinical psychology courses: psychopathology (581, 582), ethics (583), assessment (584, 585, 586A, 586B), and Rounds (597), as well as any psychotherapy course you may have taken (588, 589, 593, 594, 595, and/or 596). Also consider relevant material from practicum placements and/or 506A experiences. Core course syllabi (including reading lists) are a key study guide—look across your courses and integrate and update your knowledge.

9. In addition to studying disorder-specific information, review the history of clinical psychology, different perspectives, and therapeutic approaches.

10. Reflect on your own areas of strength and relative weakness, and seek out extra readings on topics that you may know less about, as well as areas of rapid change within the profession (similar to what you will do on an ongoing basis in your career).

4. Some students find it helpful to review study notes compiled by students over the years. It may be useful to review study notes from students who wrote candidacy exams in recent years. However, note that the clinical faculty is not familiar with the content of the “binders” that have been circulated in the past, and therefore cannot endorse their contents as a helpful study tool.

6. Read articles on ethics and professional issues and practice applying these issues to case studies.

7. Use casebooks to quiz yourself. Also use with a partner, and take various approaches to a case. Practice completing full cases like on the exam.

8. Toward the end of the study period, read some really current articles from, e.g., American Psychologist, about whatever interests you, especially "hot" topics, controversial topics, interdisciplinary issues, the history and future of clinical psychology.
Background Resources
The following list of resources may be helpful in preparing for the clinical candidacy exam. Note, however, that your course syllabi (and associated reading lists) are likely the most essential elements of preparation.

Psychopathology – Diagnosis & Etiology


[www.dsm5.org](http://www.dsm5.org) – a summary of changes and relevant publications regarding the DSM-5.

Research and review articles in specific areas of psychopathology are published regularly in *Clinical Psychology Review*, the *Journal of Abnormal Psychology*, *Journal of Clinical Child Psychology*, *Journal of Consulting and Clinical Psychology*.

Clinical Assessment


Research and review articles in specific areas of clinical assessment are published regularly in *Professional Psychology: Research and Practice, Psychological Assessment, and Clinical Psychology: Research and Practice*.

**Psychotherapy**

**Books**


**Articles**


Additional readings on psychotherapy can be found in: *Clinical Psychology: Science & Practice, American Journal of Psychotherapy & Psychology*, the *Journal of Consulting and Clinical Psychology*, and the *Journal of Clinical Child Psychology*

**Readings in Ethics and Professional Issues**


**Other Resources**

Relevant legislation: [http://www.collegeofpsychologists.bc.ca/lcoc.php](http://www.collegeofpsychologists.bc.ca/lcoc.php)

BC Acts: Adult Guardianship Act; Child, Family and Community Service Act; Family Relations Act; Freedom on Information and Protection of Privacy Act; Health Care (Consent and Care Facility (Admissions) Act; Health Professions Act; Health Professions Act (as it pertain to the regulation of Psychologists); Infants Act; Mental Health Act; Motor Vehicle Act; Personal Information Protection Act (PIPA); School Act


The Cochrane Database: [www.cochrane.org](http://www.cochrane.org)

Kenneth S. Pope, PhD., ABPP: Articles, research, and resources in psychology website: [http://kspope.com/index.php](http://kspope.com/index.php) (excellent resources, particularly on ethics)

Candidacy Exam #2: SPECIALITY AREA CANDIDACY EXAM

This document provides faculty and students with a set of guidelines for the administration of the specialty candidacy exam to students in the clinical program. The following is a supplement to information contained in the Description of Graduate Program Regulations (copies are available in the department office and on the department website).

Purpose of the Specialty Area Exam
The specialty area candidacy exam provides a mechanism for students to continue to develop mastery and expertise in research, theory, and content that is relevant to their area of emphasis within the clinical psychology graduate program, neuropsychology or lifespan psychology. Competency is reflected not only by what a student knows but also by how well the student can integrate his or her knowledge and present a coherent synthesis. The completion of the specialty area candidacy exam, in conjunction with other training experiences in the graduate program, together ensure that students have reached a level of competency needed to successfully complete a doctoral dissertation.

Timing of the Specialty Area Exam
The specialty area exam is usually written during the first year of the student's Ph.D. program. It must be completed within three years of registration as a doctoral student, and at least six months before the final oral examination of the dissertation. The specialty area candidacy exam is typically completed over the course of one academic term.

Content of the Specialty Area Exam
The intent of the specialty candidacy exam is to prepare a manuscript that is submitted for publication, unless at the beginning of the exam the supervisor recommends otherwise. This paper may be an empirical study (including a write-up of the Master's thesis if appropriate) or it may be a comprehensive literature review. If a comprehensive literature review is proposed, the focus of the review may relate to the anticipated focus of the doctoral dissertation, but should be broader and/or more theoretical than a dissertation proposal. In all cases, the execution of the paper should allow the student to further develop and demonstrate skills and qualities that are essential to the research process (e.g., critical thinking skills, building theoretical arguments, executing appropriate statistical analyses, knowledge dissemination, etc.). Students and supervisors will discuss the specific skills to be developed in order to conduct independent dissertation research, as these vary across individuals. These considerations will guide the specific project that is proposed for the specialty area exam.

In the case of students specializing in the area of clinical neuropsychology, the content of the paper can involve a broad range of historical, theoretical, factual and clinical aspects of neuropsychology; neuroanatomy/ neurophysiology; neuropsychological assessment and rehabilitation; neuropsychological syndromes and disorders; research methods and statistics relevant to the study of clinical neuropsychology.

In the case of students specializing in the area of clinical lifespan psychology, the content of the paper can involve a broad range of historical, theoretical and methodological aspects of lifespan psychology; commonalities and individual differences, including cultural factors, in development in infancy, childhood, adolescence, young adulthood, middle adulthood, and older adulthood; relational contexts of development including the study of romantic relationships and families over the life span; research methods and statistics relevant to the study of lifespan development; and topics spanning normal to dysfunctional or pathological development.
Composition of the Examining Committee
Because the specialty area candidacy exam is completed at the beginning of the doctoral program, it will be necessary for students to establish their PhD supervisory committee early. The student and the supervisor are responsible for selecting the members of the examining committee. Typically the examining committee will be the same as the student’s Ph.D. supervisory committee. At minimum, the examining committee must include at least two faculty members in the specialty area (or closely related area), one of which is the student's primary supervisor. Typically these will be the two departmental members of the PhD supervisory committee. In some cases, the external member of the PhD supervisory committee will be added later, if the student and supervisor are not yet able to make this decision.

Procedures for Completing the Specialty Area Exam
The specific focus of the specialty area exam is determined jointly between the student and his or her examining committee. Students are required to develop a written description of the focus and scope of the paper and the skills that will be demonstrated in the course of completing the exam. In the case of a literature review paper, the student also develops a reading list that outlines the scope of literature that will contribute to the review. The student’s committee provides input on these materials. The specific focus, readings, timeline, and process of evaluating each student’s specialty area candidacy exam must be agreed upon in writing by the student and his or her committee.

Once these materials are approved by the committee, a date is set for the completion of the exam paper. At this time, the paper is circulated to committee members. Committee members can raise concerns, request revisions, make suggestions for improvements, schedule an oral follow-up examination, or accept the paper as is. The exam is “passed” when the supervisory committee determines that the paper is ready to be submitted for publication (and in most cases, the paper is actually submitted). Often there will be at least one set of revisions before the specialty area candidacy paper is judged as a “pass.”

Specifically, the examining committee is responsible for
1. discussing the scope and format of the examination with the student and participating in the preparation of the reading list (if applicable)
2. reading the written portion of the examination in its entirety
3. attending the oral portion of the exam, if an oral portion is required, and
4. providing written feedback to the primary supervisor about the acceptability of the written exam and any revision

In all circumstances, determination of authorship on the paper should be discussed from the beginning. Authorship decisions should be consistent with departmental guidelines regarding the determination of authorship (http://web.uvic.ca/psyc/graduate/docs/Authorship_18Nov2003.pdf). Authorship will typically include the faculty supervisor (and perhaps others, as appropriate) particularly when the paper is based on the master’s thesis. Normally, because the intention is to submit the manuscript for peer-review, the supervisor will have had input on earlier drafts before the final manuscript is completed. Acceptance of the paper for publication is not required in order to receive credit for completing the specialty area candidacy exam, but typically the student and his or her supervisor will see the process through to ultimate publication.

Documentation of Completion of the Specialty Area Exam
The examining committee will make a final determination as to whether the exam paper has been "passed", "failed", or "incomplete." A written document indicating the rating of the committee, and signed by the committee members, will be placed in the student’s clinical file. If
there is a disagreement among committee members about the rating, the situation will be brought to the attention of the Director of Clinical Training for resolution.

The student and the supervisor are responsible for forwarding the examiners' names, the focus of the paper, and notice of completion of the paper to the Director of Clinical Training and the Graduate Advisor. If the examination is judged to be "passed," no further action will normally be required.
SECTION 6

INTERNSHIP
Guidelines for Internship Readiness

These guidelines have been approved by the Standing Committee on Clinical Training.

1. An information meeting regarding the internship application process is held in the spring of each year (typically in late May or early June).

2. Students must communicate to the Director of Clinical Training their intentions to apply for internship by August 30th of the year of their application at the latest. Most internship applications are due in early-to-mid-November. Most Canadian internships begin the following September (sites in the U.S. often start earlier in the summer).

3. Students need to have completed the following in order to be considered as eligible to apply for internship:
   a. Both candidacy exams must be completed prior to applying for internship.
   b. The student must have successfully defended the dissertation proposal prior to applying for internship. Proposal meetings must occur no later than September 30 (or the last working day of September, if the 30th falls on a weekend) in order to meet application deadlines. Successful defense of a dissertation or dissertation proposal is a standard requirement of APPIC. It is important to note that the dissertation proposal cannot be defended until both candidacy examinations have been passed successfully. Timing is thus of paramount importance and needs to include planning for your supervisor’s review of your initial draft of the proposal, time for you to revise and resubmit your proposal to your supervisor until s/he approves it for distribution to the supervisory committee, time for your committee to review the proposal, and time to schedule a proposal defense meeting with your supervisory committee.
   c. Your supervisor must confirm in writing to the DCT that your dissertation proposal has been successfully defended, including the date of the defense. You may wish to prompt your supervisor, especially if your supervisor is not a clinical faculty member and may be less aware of the September 30th deadline, to issue an email to this effect.

4. All required courses, including practica, must be completed prior to leaving on internship. If students have not completed all required courses prior to internship application, they must be registered for the remaining courses needed to complete the Ph.D. during the application year.
   a. Completing the final practicum course (Psyc 603) during the application year is common. Indeed, it is often unavoidable for students who are moving through the program in a timely manner. The internship application clearly acknowledges that students may still be completing a practicum while applying for internship by including a section in which students can estimate the remaining clinical hours they will accrue after the application is submitted in November.
   b. We allow students to apply for internship even if they need to complete a required course in the year of application. We believe that this policy supports students in completing the program in a timely manner. It is important to note, however, that we have been observing a trend in which some internship sites are requiring students to have completed all required coursework prior to the application deadline in order to be considered eligible. Currently it is the minority of sites who state this requirement. Nonetheless, we encourage students to enroll in required courses at their first opportunity, in order to maximize their choice of internship sites.
5. Students are expected to apply for internships through the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC uses a computer matching system. Most Canadian internship sites are members of the Canadian Council of Professional Psychology Programs (CCPPP) and are part of the computer matching process. **Students must select an accredited (CPA or APA) internship**, as this is important for maintaining our program’s accredited status.

6. Very detailed information about your training is required as part of the application for internship. Students are advised to review the nature of information that is requested early in their program so that appropriate and detailed records can be kept. This is the student’s responsibility.

7. Important on-line information can be accessed through the following websites:
   
   o Association of Psychology Postdoctoral & Internship Centers: [www.appic.org](http://www.appic.org)
   o Canadian Council of Professional Psychology Programs: [www.ccppp.ca](http://www.ccppp.ca)
   o CPA resources: [http://www.cpa.ca/students/studentinternships/](http://www.cpa.ca/students/studentinternships/)

8. Students should familiarize themselves with the CCPPP Guidelines for Letters of Reference for Internship Placements, which can be found on the CCPPP website ([www.ccppp.ca](http://www.ccppp.ca)) under the “Resources for Students” tab. These guidelines (and their accompanying forms) are currently required most Canadian internship sites.

**Detailed information about the APPIC application process can be obtained as follows:**

**APPIC - Central Office**
10 G Street NE, Suite 440, Washington, DC 20002

Phone: (202) 589-0600
Fax: (202) 589-0603
Office Hours: M-F 9:00-5:00 EST
Website: [http://www.appic.org](http://www.appic.org)
email: Appic@aol.com

The following pages provide information on current CPA-accredited internship placements. Please check directly with APPIC, however, for the most up-to-date information about internship/residency sites [http://www.appic.org/Directory](http://www.appic.org/Directory), as these placements are continually evolving.
## CPA-Accredited Internship/Residency Programs

N.B. Consult the APPIC directory after July of each year for the most up-to-date listing of programs

### Alberta

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta Children’s Hospital</td>
<td>2888 Shaganappi Trail N.W. Calgary, AB T3B 6A8</td>
</tr>
<tr>
<td>Edmonton Consortium</td>
<td>10230 – 111 Avenue Edmonton, AB T5G 0B7</td>
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### British Columbia

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<th>Program Name</th>
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<tbody>
<tr>
<td>British Columbia's Children's Hospital</td>
<td>4480 Oak Street Vancouver, BC V6H 3V4</td>
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<tr>
<td>Vancouver Coastal Health Authority</td>
<td>2775 Heather Street, Room 421 Vancouver, BC V5Z 1M9</td>
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### Manitoba

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<tbody>
<tr>
<td>University of Manitoba</td>
<td>771 Bannatyne Avenue, PZ 350 Winnipeg, MN R3E 3N4</td>
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### New Brunswick

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<tr>
<th>Program Name</th>
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<tbody>
<tr>
<td>River Valley Health Fredericton</td>
<td>800 Priestman Street Fredericton, NB E3B 0C7</td>
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### Nova Scotia

<table>
<thead>
<tr>
<th>Program Name</th>
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<tbody>
<tr>
<td>IWK - Grace Health Centre</td>
<td>5850-5980 University Avenue Halifax, NS B3K 6R8</td>
</tr>
<tr>
<td>Nova Scotia Capital District Mental Health Internship Program</td>
<td>Dartmouth Community Mental Health Suite 500, 33 Alderney Drive</td>
</tr>
<tr>
<td></td>
<td>Dartmouth, NS B2Y 2N4</td>
</tr>
<tr>
<td></td>
<td>Queen Elizabeth II Health Sciences Centre Psychology Department</td>
</tr>
<tr>
<td></td>
<td>5909 Veteran’s Memorial Lane Halifax, NS B3H 2E2</td>
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</tbody>
</table>
Ontario

Centre for Addiction & Mental Health
Clarke Division
250 College Street
Toronto, ON M5G 1R8

Ontario Shores Centre for Mental Health Sciences
700 Gordon Street
Whitby, ON L1N 5S9

Children’s Hospital of Eastern Ontario
401 Smyth Road
Ottawa, ON K1H 8L1

Royal Ottawa Health Care Group
Predoctoral Residency Program in Clinical Psychology
1145 Carling Avenue, Rm 1213
Ottawa, ON K1Z 7K4

Hamilton Health Sciences Corp.
Chedoke Division
Box 2000, Station A
1200 Main Street West
Hamilton, ON L8N 3Z5

St. Joseph’s Healthcare
Clinical Psychology Residency Program
Beckfield Building
Hamilton, ON L8N 3K7

Holland Bloorview Kids Rehab
Psychology Predoctoral Internship Program
150 Kilgour Road
Toronto, ON M4G 1R8

The Ottawa Hospital
Neuropsychology Training Program
501 Smyth Road, Suite 7300
Ottawa, ON K1H 8L6

London Clinical Psychology Residency Consortium
Psychological Services
339 Windermere Road
London, ON N6A 5A5

The Hospital for Sick Children
555 University Avenue
Toronto, ON M5G 1X8

Ongwanda Kingston Internship Consortium
Psychological Services
191 Portsmouth Avenue
Kingston, ON K7M 8A6

University of Ottawa
Centre for Psychological Services
136 Jean-Jacques-Lussier Private
Ottawa, ON K1N 6N5

Saskatchewan

Regina Qu’Appelle Health Region
Pre-doctoral Residency Program
1680 Albert Street
Regina, SK S4P 2S6

Saskatoon Health Region
Psychology Residency Program
Department of Clinical Health Psychology
103 Hospital Drive
Saskatoon, Sask. S7N 0W8

Recent Student Internship Placements

<table>
<thead>
<tr>
<th>2016/17</th>
<th>Site</th>
<th>Details</th>
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<tbody>
<tr>
<td>Lesley Baker</td>
<td>Eastern Health</td>
<td>St. John’s, NL Child and Adolescent Stream</td>
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<tr>
<td>Emilie Crevier-Quintin</td>
<td>Baycrest</td>
<td>Toronto, ON Neuropsychology Internship</td>
</tr>
<tr>
<td>Bruce Mulligan</td>
<td>The Ottawa Hospital</td>
<td>Ottawa, ON Neuropsychology</td>
</tr>
<tr>
<td>Lianne Rosen</td>
<td>Queen Elizabeth II Health Sciences Centre</td>
<td>Halifax, NS Psychology Internship</td>
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<tr>
<td>Marysia Lazinski</td>
<td>Children's Hospital of Eastern Ontario</td>
<td>Ottawa, ON Psychology Internship</td>
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<tr>
<td>Jenny MacSween</td>
<td>Edmonton Consortium</td>
<td>Edmonton, AB Neuropsychology</td>
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<td>Julie Irwin</td>
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<td>Esther Direnfeld</td>
<td>Hamilton Health Sciences-Neuropsychology</td>
<td>Hamilton, ON Neuropsychology</td>
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<tr>
<td>Tara Galaugher</td>
<td>Saskatoon Health Region</td>
<td>Saskatoon, SK Psychology Internship</td>
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<td><strong>2015/16</strong> Site</td>
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<tr>
<td>Correne DeCarlo</td>
<td>Calgary Clinical Psychology Program</td>
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<td>Anna Jeznach</td>
<td>Vancouver Coastal Health</td>
<td>Neuropsychology Track</td>
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<td>Rylie Moore</td>
<td>Center for Addictions and Mental Health</td>
<td>Psychology Internship</td>
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<td>Hope Walker</td>
<td>B.C. Children’s Hospital</td>
<td>Psychology Internship Clinical</td>
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<td><strong>2014/15</strong> Site</td>
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<tr>
<td>Paul Brewster</td>
<td>University of California, San Diego</td>
<td>Consortium/VA MED Outpatient (Neuropsych)</td>
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<tr>
<td>Sasha Jouk</td>
<td>VA West Los Angeles Healthcare Center</td>
<td>(Geropsychology)</td>
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<td>Stacey Ross</td>
<td>London Clinical Psych Res Consortium</td>
<td>(Neuropsychology Track-Adult)</td>
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<td>Carmen Lukie</td>
<td>River Valley Health</td>
<td>Fredericton</td>
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<td>Josie Hua</td>
<td>University of Manitoba Clinical Psychology Residency</td>
<td>(Child &amp; Adolescent Stream)</td>
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<td>Rotem Regev</td>
<td>University of Ottawa</td>
<td>Centre for Psychological Services and Reserach</td>
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<tr>
<td>Alina Sotsokova</td>
<td>London Clinical Psych Res Consortium</td>
<td>(Adult Mental Health Track)</td>
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<td>Alanna Hager</td>
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<td>Megan Caines</td>
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<td>Glenrose Rehabilitation Hospital; Edmonton, AB</td>
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<td>Tracy Desjardins</td>
<td>London Health Sciences</td>
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<td>Valerie Caldeira</td>
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<td>Kristina Brache</td>
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<td>Erin Eadie</td>
<td>Royal Ottawa Health Care Group</td>
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<td>Rema Lillie</td>
<td>Michael E. DeBakey VA Medical Centre</td>
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<td>Jeff Frazer</td>
<td>University of Manitoba-Clinical Health</td>
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<td>Jacqueline Bush</td>
<td>Alberta Children’s Hospital</td>
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<td>Tanya Lentz</td>
<td>University of Manitoba-Clinical Health</td>
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<td>Kate Randall</td>
<td>IWK Health Centre</td>
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<td>Laura Young</td>
<td>London Health Services</td>
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<td>Vinay Bharadia</td>
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<td>Marianne Hrabok</td>
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<td>Marei Perrin</td>
<td>BC Children’s Hospital</td>
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<tr>
<td>Tina Su</td>
<td>Calgary Consortium in Clinical Psychology</td>
<td>Foothills Medical Centre</td>
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<td>Psychology Department</td>
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<tr>
<td>Jing Ee Tan</td>
<td>Clinical Psychology Training Consortium</td>
<td>Providence, Rhode Island, USA</td>
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2008/09

Dokis, Daphné
Edmonton Consortium & Glenrose Rehabilitation Hospital
Edmonton, AB

Kit, Karen
The Ottawa Hospital – Rehabilitation Centre

Kodalen, Kent
Missouri Health Sciences Centre
Columbia, MO

Lindstrom-Forneri, Wendy
London Health Sciences/Clinical Psychology Internship Consortium
London, ON

Michel, Jennifer
The Hospital for Sick Children
Toronto, ON

Ritchie, Lesley
Queen Elizabeth II Health Sciences Centre
Halifax, NS

Van Bruggen, Lisa
Saskatoon Health Region/Royal University Hospital
Saskatoon, SK

Vanderhill, Susan
Brown Medical School
Providence, Rhode Island

2007/08

Chia, Ai-lan
Edmonton Consortium Clinical Psychology Predoctoral Residency Program
Edmonton, AB

Siklos, Susan
BC Children’s Hospital
Vancouver, BC

2006/07

Burton, Cathy
QE II Health Sciences Centre
Capital Health Psychology Department
Halifax, Nova Scotia

Mish, Sandra
Johns Hopkins University School of Medicine, Kennedy Krieger Institute

Pringle, Jennifer
Centre for Psychological Services, University of Ottawa
Ottawa, Ontario

2005/06

McInerney, Rob
Children’s Hospital of Eastern Ontario
Ottawa Ontario

Price, John
B.C. Children’s Hospital
Vancouver, B.C.

O’Connell, Megan
London Health Sciences Centre
London, Ontario

Sira, Claire
Calgary Health Region Consortium
Calgary Alberta

Patry, Brigitte
Ottawa Hospital
Ottawa, Ontario

Slatkoff, Josh
Calgary Health Region Consortium
Calgary, Alberta
Williams, Ben
Vancouver Coastal Health Authority
Vancouver, B.C.

2004/05
Hesson, Jacqueline
Memorial University Counselling Centre
St. John’s, Newfoundland

Price, Kelly
Alberta Children’s Hospital
Calgary Alberta

2003/04
Aulakh, Harpreet
Nova Scotia Hospital
Dartmouth, Nova Scotia

Ebert, Patricia
Queen Elizabeth II Health Sciences Center
Halifax, Nova Scotia

Bogod, Nick
Riverview Hospital
Port Coquitlam (Vancouver), BC

Wilde, Nancy
London Health Sciences Centre
(Pediatric Neuropsych)
London, Ontario

2001/02
Bezeau, Scott
SCO Health Service
Elisabeth Bruyere Health Centre
Ottawa, Ontario

Schwartz, Christine
Royal University Hospital
Saskatoon, Saskatchewan

Feldman, Rhonda
Baycrest Geriatric Centre
Toronto, Ontario

Sheer, Jeffrey
Long Island Jewish Medical Centre
New York, New York

Frerichs, Robert
Calgary Regional Health Authority
Calgary, Alberta

2000/01
Archibald, Sarah
University of Minnesota Medical School
Minneapolis, Minnesota

Penkman, Louise
Alberta Children’s Hospital
Calgary, Alberta

Fuentes, Karina
Pacific University Psychological Center
Portland, Oregon

Saltzman, Jennifer
Hospital for Sick Children
Toronto, Ontario

Johnson, Shannon
Medical University of South Carolina
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<td>Goranson, Tamara</td>
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<td>Jameson, Barbara</td>
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<td>Roche, Diane</td>
<td>Department of Psychiatry and Behavioral Sciences</td>
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<td>1997/98</td>
<td>Carswell, Lisa</td>
<td>London Health Sciences Center</td>
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<td>London, Ontario</td>
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<td>1996/97</td>
<td>Hopp, Grace</td>
<td>University of Manitoba</td>
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<tr>
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<td></td>
<td>Department of Clinical Health Psychology</td>
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<td>Winnipeg, Manitoba</td>
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<td>Kirkby, Brenda</td>
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<td>Tucson, Arizona</td>
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<td>Christiansen, Karin</td>
<td>Ottawa General Hospital</td>
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1994/95

Alyman, Cheryl
Chedoke Hospital Child and Family Centre
Hamilton, Ontario

Bailey, Mark
B.C. Children’s Hospital
Vancouver, B.C.

Dugbarney, Tony
Toronto Hospital

Fox, Diane
Camp Hill Medical Centre
Halifax, Nova Scotia

Pirollo, Ann
University Hospital - UBC Site
Vancouver, B.C.

O’Connor, Shelley
Victoria General Hospital
Forensic Psychiatric Services
Victoria, BC.

1993/94

Biggan, Shannah
University of Arizona
Health Sciences Center
Tucson, Arizona

Lowick, Brenda
Toronto Hospital
Toronto, Ontario

Troyer, Angela
Camp Hill Medical Center
Halifax, Nova Scotia
Queen Alexandra Centre for Children’s Health

1992/93

Correa, Denise
Hillside Hospital
Long Island Jewish Medical Center
Glen Oaks, NY

Fisher, Kim
Workers Compensation Board
Richmond, BC.

Meehan, Geraldine
Hillside Hospital
Long Island Jewish Medical Center
Glen Oaks, NY

Wishart, Heather
Hillside Hospital
Long Island Jewish Medical Center
Glen Oak, NY
SECTION 7

POLICIES
CPA Policy on Clinical Psychology Graduate Students’ Outside Employment

"Outside employment" refers to employment and responsibilities that occur outside of the Graduate Program in Clinical Psychology and outside the University of Victoria, for example, completing psychometrist duties at a private practice in the community. Research and teaching assistantships in the Department of Psychology are not examples of outside employment.

The Graduate Program in Clinical Psychology is a full-time graduate training program. Although it is recognized that students may need to engage in some outside employment to support themselves, such employment should be kept to a minimum in order to ensure timely progression through the program and to prevent missing important program-related activities, such as Clinical Rounds and Research Conferences.

The CPA Standards for Accreditation of Doctoral Programmes in Professional Psychology (Fifth Revision, 2011) stipulate that "Students do not work more than 20 hours a week in employment outside of the programme" (Standard V.F) at any time during their graduate training.

Guidelines for Clinical Students Seeking Employment in Clinical Settings

During the course of the clinical program, students sometimes seek out and obtain employment in clinical settings, outside of regularly scheduled practicum or internship experiences. When kept to a minimum in terms of time commitment (as per above) outside employment in clinical settings may provide valuable clinical experiences for the student and provide financial support. However, the program does not consider such activities as part of the student's training program. As such, neither the program nor the program faculty is responsible for facilitating, monitoring or evaluating such employment. Neither are they responsible for the actions of students in the course of such employment.

In an effort to assist clinical students in receiving the best possible training and to protect clients, the clinical faculty have developed the following guidelines for clinical service employment. Clinical service includes any interaction with clients or patients of a psychological practice or service which involves activities related to assessment, diagnosis and/or treatment.

1. Prior to seeking, applying for, interviewing for or accepting employment in which clinical services would be provided, clinical students are advised to have completed at least two years of coursework and at least one approved practicum (PSYC 503).

2. Outside employment experiences are not considered practicum experiences (unless they are part of the official practicum program). As such, the program cannot comment on or use such experiences for evaluation purposes or for meeting clinical practicum requirements.

3. The responsibility and liability incurred in any clinical service position (including volunteer positions) will be the sole responsibility of the student, their outside work supervisor and/or the employing body. The program will take no responsibility for student employment obtained outside regular practicum channels. Students are recommended to ascertain liability coverage prior to commencing outside service related employment and to obtain
appropriate coverage as needed.

4. Neither the program nor the program faculty will be responsible for or become involved in labour disputes or issues related to working standards or conditions in student employment situations.

5. It should be recognized that employment demands will not be considered an excuse for failure to meet course or other training/research requirements, even when such employment may be clinically related. This includes satisfactory progress in academic courses, research activity, and required practica. Students are expected to be present and engaged full time in regular program activities such as clinical rounds and research forums. If a student is not regularly progressing through program requirements, he or she may be asked to leave the program.

6. Volunteer activities which students may undertake falls under the same guidelines.

7. Students seeking outside employment should advise themselves of all ethical and professional issues that may pertain to their employment in the particular clinical setting.

8. Students who are engaged in paid employment outside of approved practica should not be represented or represent themselves in those settings as students of the clinical program at the University of Victoria.

9. It is the official policy of the clinical program not to render an opinion regarding any clinical employment or volunteer setting or agency. Any comments regarding such opportunities made by an individual clinical supervisor are solely the responsibility of that supervisor.
Remediation Policies and Procedures

Remediation takes place in the broader context of student feedback. Several mechanisms are in place for students to receive frequent feedback on the development of their research and clinical skills, to participate in the feedback process, and if necessary, any remediation process.

Students receive feedback while completing their required courses. In clinical skills courses, students are invited to assess their own performance and to respond to the feedback provided to them. Students also receive verbal and written feedback from practicum supervisors and clinic supervisors concerning the development of their clinical skills, typically including suggestions for areas requiring more development. Students who have completed their clinical candidacy examinations are provided with “Pass/Marginal/Fail” feedback as soon as possible, and are then offered more detailed feedback reflecting an integration of the comments provided by all of the exam readers at a later date once all of the exams are fully complete. Students also receive feedback on their progress in research development throughout the program, beginning with the required research apprenticeship. They also receive verbal and written feedback on drafts of theses and dissertations from their research supervisor and other supervisory committee members. Finally, the department as a whole conducts an annual review of all graduate students, resulting in a brief report issued to the student. Students are required to acknowledge the report, are encouraged to respond with comments, and are invited to discuss this feedback with their supervisors.

Linked to this departmental process is a more specific review that is conducted within the clinical program. Specifically, clinical students are asked additional questions on the Student Self-Study that requires them to reflect on areas of relative strength and weakness in all aspects of their professional development, and to set goals for the next academic year. These self-study reports are reviewed by the primary supervisor and the DCT, and are discussed at a two-day meeting each spring to review each student’s progress. Recent practicum supervisor reports are also brought to the meeting. Importantly, all written comments or reports about individual students contain information that has already been shared with students prior to the annual review meeting. At the annual review meeting, each student’s progress and development is discussed in light of the student’s perspective, as detailed in his or her annual self-study questionnaire. This is integrated with written and verbal feedback provided by clinical faculty, supervisors, and instructors who have had the opportunity to teach or supervise the student during the past year. Areas of strengths and weakness are identified, and recommendations are provided to support the student’s professional development and to address areas requiring remediation. Following the review meeting, the DCT and clinical faculty supervisor of each student prepares a progress letter which is signed by the student’s supervisor and the DCT. All progress letters are confidentially distributed to the students on the same day. The student is then invited to attend an individual meeting with his or her supervisor to discuss the progress letter.

Remediation

Because students receive feedback in each area of performance, as well as overarching feedback each year, it should never be the case that an area of concern comes as a surprise. Our policy is to inform students as soon as possible when a concern is detected so that any emerging issues can...
be addressed early. The possible need for remediation may be revealed in the context of a specific course or the clinical candidacy exam, or it may emerge as an outcome of discussions at the annual review of students meeting.

If a student encounters difficulty with the material in a specific course, the instructor should first raise concerns directly with the student and provide opportunities for the student to extend their learning in the area that is perceived to be deficient. Typically, the provision of extra readings, a focused paper assignment, or some other learning activity successfully addresses the area of concern.

If a student encounters difficulty with the Clinical Candidacy Exam, several options are available. If the student does not receive a Pass on one of the questions, the examiners consult to identify the most appropriate response in light of the reasons for not receiving a Pass. Most often, the student is invited to attend an oral examination in order to give the student the opportunity to expand or clarify their written response. The exam is considered to be “in progress” until after the oral exam. The outcome of the oral exam can result in a passing mark for the overall Clinical Candidacy Exam if the student was successful in clarifying or expanding their response. If the oral exam does not result in a passing mark for the overall Clinical Candidacy Exam, the DCT, in consultation with the examiners, recommends remedial activities that address the perceived area of deficit, and these recommendations are discussed with the student. Remediation may entail further supervised clinical experience, directed readings in a specific topic area, and/or the completion of an additional course. Student input into remediation plans is sought and valued, while recognizing that the final decision and responsibility lies with the clinical faculty.

Occasionally, the clinical faculty’s concern with a student’s progress is broad. In these cases, as in any other, students are provided with feedback early and often, providing the student with many opportunities to address the areas of concern. Thus, specific concerns would have been communicated to the student at many junctures. In addition, when concerns about the same student have emerged across multiple contexts, these issues are discussed during the Annual Review of Students meeting. This allows the involved faculty members the opportunity to consult confidentially with other clinical faculty members. This consultation often provides additional perspectives that are useful in understanding why the student is experiencing difficulty. The clinical faculty brainstorm potential means of addressing the situation. Once a remediation plan is drafted, the affected student is offered opportunity to have input into the remediation plan.

Our overarching objective is to support the student in developing the skills or qualities that appear to be missing. If we reach a point where multiple efforts at providing specific and constructive feedback and remediation opportunities have not been successful, the faculty will discuss the situation among themselves, and with the student, to determine if any additional remediation avenues remain open. The Director of Clinical Training, in consultation with the clinical faculty, has the authority to restrict practicum experiences and exit students from the clinical training program if there is a judgment that the student has not made sufficient progress in the training program on any dimension (e.g., clinical development, coursework performance, research development). This possibility is communicated to students from the beginning of their time in the program and is written in the Manual for the Clinical Psychology Program that all
students receive and that is posted on the program’s website. If a situation has developed to this point, faculty members may also consult with the Faculty of Graduate Studies to ensure that their process has been fair and transparent.

Our overarching stance is that we are invested in supporting students through any learning challenges, and therefore we do as much as we can to supply additional learning opportunities, providing many opportunities to address identified areas of weakness. We are mindful, however, of our ethical obligations to the profession and to the protection of the public, and aim to balance our commitment to students in our program with our professional obligations.
Student Complaints and Grievances Policies and Procedures

We strive to create a collaborative and effective learning environment in our graduate program. However, we also recognize that clinical faculty members have significant “power over” our graduate students. As such, it is critical that we have fair appeal policies in place, as well as effective conflict resolution processes available to our students, and that students are well informed about their options.

Student problems and complaints are handled at several levels. In most instances, the student should attempt to bring the problem directly to the attention of the instructor, supervisor, or other person involved in the problem. If this does not lead to a satisfactory solution or if the student feels unable to raise the problem directly with that person, the problem or complaint may be discussed with the student’s supervisor/advisor, the Director of Clinical Training, or the Department’s Graduate Advisor.

Students may also bring their concern to the student representatives to the Standing Committee on Clinical Training (SCCT), either before or after seeking assistance from the DCT or Graduate Advisor. The representatives can help the student navigate their options and/or can represent the complaint anonymously to the DCT. Similarly, students can access the departmental ombudsperson or University ombudsperson. The department ombudsperson is a graduate student in the department and changes each year. The identity of the person in that role each year is listed in the Graduate Program Regulations document, which is posted on the departmental website under “Information for Current Students.” The University Ombudsperson is Martine Conway (ombuddy@uvic.ca; 721-8357; SUB B205). This position is funded by the UVic Student Society (UVSS) and the Graduate Student Society (GSS). The identity of the person in this role can always be found by searching “ombudsperson” in the University website.

Academic problems, conflict situations, and problems related to course evaluations or expectations, interpersonal relations, and other areas not resolved informally in discussion with the instructor, supervisor, student representatives to the SCCT, DCT, Graduate Advisor, or Ombudspersons may be pursued by making a formal complaint to the Chair of the Department of Psychology or to the Faculty of Graduate Studies. Complaints about harassment and equity can also be addressed to the University of Victoria’s Office of Equity and Human Rights (see http://web.uvic.ca/eqhr/).
SECTION 8

ETHICAL/PROFESSIONAL STANDARDS OF PSYCHOLOGISTS IN BRITISH COLUMBIA