MANUAL FOR THE GRADUATE PROGRAM IN CLINICAL PSYCHOLOGY

Department of Psychology
UNIVERSITY OF VICTORIA
VICTORIA, BC

September 2025

We acknowledge and respect the Lək̓ʷəŋən (Songhees and Xʷsepsəm/Esquimalt) Peoples on whose territory the university stands, and the Lək̓ʷəŋən and W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day.

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 both our website and Teams channel for easy reference. *This manual applies to students who entered the Masters or Ph.D. program in Clinical Psychology between September 1, 2025 and August 31, 2026.*

This manual should be considered as an adjunct to the "*Graduate Training Handbook: A Resource and Policy Document for Graduate Students and Faculty*," which is revised annually by the Department of Psychology of the University of Victoria.

TABLE OF CONTENTS

SECTION 1

GENERAL INFORMATION FOR CLINICAL STUDENTS

STANDING COMMITTEE ON CLINICAL TRAINING (SCCT) 2025 - 2026

Chair   Dr. Erica Woodin, Director of Clinical Training

Members   Dr. Ames, Megan
               Dr. Costigan, Catherine
               Dr. Garcia-Barrera, Mauricio
               Dr. Gawryluk, Jodie
               Dr. Haigh, Emily
               Dr. Macoun, Sarah
               Dr. Paterson, Theone
               Dr. Robinson, Jill, Psychology Clinic Director
               Dr. Turner, Brianna
               Dr. Wawrykow, Natasha
               Dr. Woodin, Erica, Director of Clinical Training
               Maddie Gregory, MSc (Student Representative, Clinical Neuropsychology)
               Aleah Ross, MSc (Student Representative, Clinical Lifespan Psychology – Fall)
               Alice Shen, MSc (Student Representative, Clinical Lifespan Psychology – Fall)

Subcommittees of the Standing Committee
   Clinical Graduate Admissions Coordinator
         Dr. Haigh, Emily
   Practicum Committee
         Dr. Turner, Brianna (Practicum Placement and Committee Chair)
         Dr. Ames, Megan (Practicum Development & Monitoring)
         Dr. Robinson, Jill (Clinic Director)
   Social Justice and Human Rights in Clinical Psychology Committee
         Dr. Costigan, Catherine (Committee Chair)

Additional Information

         Chair of the Department of Psychology: Dr. Mueller, Ulrich
         Psychology Associate Chair Health: Dr. Costigan, Catherine
         Department of Psychology Graduate Advisor: Dr. Grouzet, Frederick

         PSYC 503 Supervisors: Dr. Roemer, Audra & Dr. Bush, Jackie
         Psychometrist: Laurie Fitzgerald

Contact Information
   - Director of Clinical Training: psycdct@uvic.ca
   - Psychology Clinic Director: psychclinicdirector@uvic.ca
   - Practicum Coordinator: clinprac@uvic.ca
   - Psychology Associate Chair Health: psycach@uvic.ca
   - Graduate Advisor: psycgadv@uvic.ca
   - Graduate Secretary: psychgrd@uvic.ca

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, self-reflection about one's own identity, and an awareness of the dynamics of privilege and power 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 responsiveness 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 to address systemic inequities for the benefit of individuals and society.

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, such as cultural beliefs and values, sexual orientation, gender identity, 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 emphasis receive 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 emphasis develop expertise in using this knowledge to inform developmentally sensitive and culturally responsive 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 pre-doctoral residency at an APA and/or CPA accredited site. There are currently two accredited residencies in clinical psychology in Victoria (the Pre-doctoral Psychology Internship at the UVic Student Wellness Centre and the South Island Pre-Doctoral Residency Program). However, most of our clinical graduate students will complete their residency year outside of Victoria.

The University of Victoria and our Graduate Program in Clinical Psychology strives to create an inclusive environment. We welcome individuals from diverse backgrounds in culture, ethnicity, age, gender identity, 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, residency, 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. Otfried 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. Otfried 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.

[Accreditation Throughout North America – Canadian Psychological Association (cpa.ca)](cpa.ca)

Our program maintains CPA accreditation. Our most recent re-accreditation took place in 2021 under the leadership of Dr. Catherine Costigan and Dr. Marsha Runtz for a 6-year accreditation term. Our next reaccreditation visit will take place in 2027-28. 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
> 1-613-237-2144 or 1-888-472-0657 (toll free)
> cpa@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 Health and Care Professionals of BC (CHCPBC) regulates the practice of psychology for the safety of the public. Our Graduate Program in Clinical Psychology adheres to the CHCPBC's Psychology Code of Conduct. The CHCBC can be contacted as follows:

> Diane Millette,
> Registrar, College of Helath and Care Professionals of BC
> 900-200 Granville St.
> Vancouver, BC V6C 1S4
> Tel 1-604-742-6715 (or toll free in BC at 1-877-742-6715)
> College of Health and Care Professionals of British Columbia

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

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. 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 <u>not</u> 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 beginning clinical and professional skills) and the recommendation of the student's Supervisory Committee. Students will *not* be permitted to take 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, <u>may</u> be permitted to enroll in Ph.D. courses if their oral defense is scheduled* on or before September 15th for the Ph.D. courses in the fall semester and on or before January 15th 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 (excluding weekends and statutory holidays) prior to the oral defense (scheduled to occur on or before Sept. 15th or Jan. 15th)._ This option is considered an exception, not the rule. **The typical course should be to defend the master's thesis by August 15th at the latest to enter the doctoral program in September.**

Within the first three years (36 months) of the doctoral 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 (3.0 units) beginning in the first term in which they are working on the exam (usually 1st year in the doctoral program) and continuing until both exams have been passed. Students are required to write the Clinical Candidacy Exam in the 2nd year of the doctoral program. *Successful completion of the Clinical Candidacy Exam is a pre-requisite for starting the PSYC 603 practicum.* The Specialty Area Candidacy Exam is typically completed in the first year of the doctoral program. Graduation from the doctoral program also requires completion of a full-time one-year clinical 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 expected for our students to be involved in research and clinical experiences not just during the September to April academic year, but also in the summer months. In preparation for a career in clinical psychology, graduate students balance clinical activities, coursework, and research responsibilities year-round

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 and professional skills is not demonstrated.* Evaluation of students' clinical and professional skill development by program faculty is mandated by the 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 research, as well as 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, professionalism).

The program has no requirements that students receive psychotherapy or counseling from an outside agency or professional. However, the faculty believes strongly in the value of doing so and encourages such experiences for students in a clinical training program. Books such as "*The Myth of the Untroubled Therapist*" (2014) by Marie Adams may be a helpful resource. In addition, faculty may recommend psychological intervention if it appears that a student's personal attitudes, issues, or responses are such that they are interfering with their development of acceptable clinical and professional 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 with your supervisor to ensure that you are on track to meet course requirements. The Grad 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 make corrections. 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 "Psychology Code of Conduct" (College of Health and Care Professionals of British Columbia). A revision of the Code came into effect September 1, 2014 (edited in 2021 for gender neutral language). It can be found on the website for the College of Health and Care Professionals of BC https://chcpbc.org/wp-content/uploads/2024/11/Schedule-F-Code-of-Conduct-RP-Sept-1-2014-2024_04_30.pdf. This document is discussed in depth in the Professional & Ethical Issues in Psychology course (PSYC 583). However, it is important to know that you are accountable to these Codes as soon as you enter a training program.

3. **Exit Rules:** Students wishing 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. The DCT will welcome the opportunity for an exit interview.

4. **Practica:** The practicum committee has negotiated practicum opportunities with a number of facilities in and out of town. If you would like to complete a practicum placement that we do not currently have an arrangement with, 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. **Residency:** Residencies 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 residency usually represents the last year of a student's program. The latest date for approval of the dissertation proposal is June 30th of the year of your application for residency and the latest date for ethics approval is August 31st. Students should begin to seek out information about accredited residencies early in the year of their application. Most residency sites have application deadlines in early- to mid- November of

the year prior to the residency. Before applying, the student must inform the *Director of Clinical Training* in writing of their intention to apply. The readiness and qualification of each student for residency placement is reviewed for approval. The program follows the APPIC residency acceptance guidelines. APPIC uses a computer matching system, with residency placements being announced in February. A meeting for students planning to apply for residency 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 residency will formally graduate once the residency is completed.

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 in clinical neuropsychology and one in clinical lifespan. These student representatives are invited to all meetings of the Standing Committee on Clinical Training (SCCT) except when individual students are discussed (e.g., admissions decisions). 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 student body regarding the proposed changes. Students can send feedback, raise concerns, or ask questions of the faculty via the student representatives. In addition, any student in the program may always raise issues individually with the DCT – anonymously if preferred. Furthermore, we annually 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 ongoing financial support or funding. Incoming eligible students are guaranteed minimum funding of $15,000 in their first year of studies that may be comprised of Tricouncil awards (SSHRC, NSERC, or CIHR), other external awards, UVic Fellowship or UVic Grad Award, research assistantship, etc. Students who receive a Tricouncil award in their first year of the master's are offered a $15,000 UVic Fellowship in their second year. Applicants will be informed explicitly at the time of admission of the type and amount of funding they will receive. A number of teaching assistantships are also available. Students are also advised to review section 4 of the *Graduate Training Handbook* found on the departmental website [Psychology Graduate Handbook](#) and the Faculty of Graduate Studies information on funding: [Search graduate awards & scholarships - Faculty of Graduate Studies](#). Information on awards is distributed through the psychat and clintalk listservs throughout the year. Refer to Section 7 (Policies) 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 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 August 15th 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 August 15th of their second year 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 August 15th 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 must be signed by the supervisory committee (this affirms that the thesis is ready to defend) and submitted (along with the approved thesis) to Grad Studies within the normal time limits (20 working days prior to the oral defense – excluding weekends and statutory holidays). A defense date in June or July is recommended if the student will take up external doctoral funding in September.

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. 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 Institute on Aging and Lifelong Health (IALH), the Centre for Youth and Society (CFYS), and the Canadian Institute for Substance Use Research (CISUR) 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, ABCT, 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, although students may begin working on the proposal concurrent with their candidacy exam. The <u>latest date</u> for approval of the dissertation proposal is <u>June 30th</u> of the year of your application for residency and the latest date for approval of the ethics proposal is August 31st. It is strongly recommended – and will undoubtedly enhance the student's residency marketability and enjoyment – that the dissertation be completed in its entirety prior to beginning the one-year full-time residency.

Publication of the dissertation. The residency 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 residency. This schedule should be reasonable, well-paced, and reflect the demands of the residency 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 residency 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.

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 the course(s) must then be completed before graduation at the *Master's degree level*. These requirements are prescribed by CPA accreditation standards and play an important role in becoming registered as professional psychologists following the completion of the Ph.D. The UCR form can be found here: [Undergraduate Competency Requirement Form](#).

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 to fulfill a lacking UCR area. Sometimes, however, the graduate courses 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 (or clinical training advisor) will help you 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 UCR form, 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 (2023) require all graduates of doctoral programs to demonstrate competence in five areas: biological basis of behavior and psychopharmacology; cognitive-affective basis of behavior; social-cultural bases of behavior; individual differences, diversity, growth, and lifespan development; and the history of psychology. Competence in these areas can be demonstrated by successfully completing at least one graduate course, or two upper-level undergraduate courses. Each spring, students are required to complete a "self-study" reviewing their training accomplishments to date and their goals for the coming year. 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.

 In the course of fulfilling clinical psychology program requirements, students will automatically complete coursework that meets the requirements for the Biological Basis of Behaviour (e.g., PSYC 540), The Social-Cultural Bases of Behaviour (e.g., PSYC 572), and Individual Differences (e.g., PSYC 581 & 582).

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 <u>not</u> automatic. Students may be prevented from admission to the Doctoral Program if research potential, academic scholarship, and/or clinical and professional 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, completion of the doctoral dissertation, and a year of residency). Students entering 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.

<u>Registration in clinical courses</u>: Please note that many of our courses are tightly linked in a sequence. In addition, most are only open to students enrolled in the clinical program, and must meet minimal enrollment targets (5 students) in order to proceed. Because it can cause challenges in the program as a whole when students take courses "off-time," we try to minimize deviations from a typical pathway through the clinical course requirements. Note also that a stated intention to enroll in an *applied* doctoral course (e.g., any 506A) is a professional commitment, as these courses involve recruiting clients from the community. Typically, students may "change their mind" only with permission of the Director of Clinical Training.

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 residency sites also require these courses to be completed prior to ***applying*** to residency.

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 behaviour
519, 520, 526, 566, or 572	Social-cultural bases of behaviour
581, 582, 562, 563, or 566	Individual differences, diversity, growth, and lifespan development bases of behaviour
565, 575, or 576	Cognitive-affective bases of behaviour

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 532 and 533 at some point during their graduate training, typically the first year. In addition, all students must take a research methods course that is approved by the program. This is also typically taken in the master's 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. Please note that 541 is normally offered every second year. Clinical lifespan students typically take 578 to fulfill their research methods requirement, but with permission, other courses may be substituted. One additional statistics/methods course is required to fulfill the department's and the clinical program's statistics/ methods/ 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
572	Promoting Reconciliation with Indigenous Peoples
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
556	Applied Clinical Assessment in Cognitive Functioning
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	Residency at an APA- and/or CPA-accredited site
693	Clinical Candidacy Examination & Specialty Examination

Additional Required Courses in Area of Specialization

For Students in the Clinical Neuropsychology emphasis (CN):

- 506B Neuropsyc Test Mastery, 543, 545, 546A, 546B, 506A (Supervised NP Assessment – Child/Adolescent or Adult), 547 (or 549); note that many of these are only offered every second year.
- One psychotherapy course (e.g., 595 (CBT), 596 (IPT), 588 (Child Therapy), 593 (Family Interventions), or 594 (Couples Therapy, Group Therapy, Third-wave Behavioral therapies, Narrative therapy… can be taken more than once)

For Students in the Clinical Lifespan emphasis (CL):

- 586B
- One individual adult psychotherapy course (e.g., 595 (CBT), 596 (IPT), 594 as Third wave behavioral therapies or Narrative Therapy)
- One systemic psychotherapy course e.g., 588 (Child Therapy), 593 (Family Interventions), or 594 (as Couples Therapy, Group Therapy)
- One additional 506A supervised therapy experience

PSYC 556 Applied Clinical Assessment in Cognitive Functioning. At the beginning of the second year of the master's program, all students (regardless of stream) are required to master the detailed administration and scoring of selected psychological measures. PSYC 556 is a pre-requisite to the 503 practicum and thus must be successfully completed before 503 starts.

Timing of Intervention Coursework: Typically students will take a therapy course in the second year of their master's program. Taking any therapy course (e.g., 595, 596, 593, 588, 594) is a pre-requisite or co-requisite to taking an intervention 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. The relevant therapy course must be taken *prior* to the supervised therapy practice course. If circumstances warrant, an individual adult therapy

course (e.g., 595, 596) and 506A course may be taken simultaneously, although this is not typical. A therapy course and 506A are pre-requisites for the 505 practicum. Because 506A courses have limited capacity (they are typically capped at 3 students each), we manage enrollments in 506A courses based on a priority system (versus order of registration).

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 Psychology Colloquium (formerly called "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; PSYC 597 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. PSYC 597 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 the colloquium 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 during the colloquium. 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 597 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. 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 of 597. 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.

Courses in other departments. Students are welcome to enroll in courses outside of the Department of Psychology to gain expertise in an area not offered in the department (e.g., a qualitative research methods) and to learn how other disciplines understand the world and approach knowledge creation and knowledge sharing. In some instances, a course outside of the department may be able to substitute for a program requirement (e.g., research methods). Please consult with your supervisor, the DCT, and/or the Graduate Advisor.

TABLE 1: CLINICAL PROGRAM REQUIREMENTS - LIFESPAN EMPHASIS

Master's Program

Core Clinical courses

1st year	581	Psychopathology (child)
1st year	582	Psychopathology (adult)
1st year	585	Psychosocial Assessment
1st year	589	Intro to Evidence Based Adult Therapy
2nd year	556	Applied Clinical Assessment in Cognitive Functioning
2nd year	583	Professional and Ethical Issues
2nd year	584	Cognitive Assessment
2nd year	1	Intervention (individual therapy – CBT, 3rd Wave, Narrative, etc.)
1st & 2nd	597	Clinical Psychology Colloquium
Anytime	540	History and Theory of Neuropsychology
Anytime	572	Promoting Reconciliation with Indigenous People

Stats/methods/test construction

1st year	1	one stat (532, 533), or method (typically 578)
2nd year	1	one stat (532, 533), or method (typically 578)

Research

1st year	502	Research Apprenticeship
1st & 2nd	599	Master's thesis

Other

1st or 2nd	1	UCR make-up course, if needed

Practicum

2nd year		503 practicum, typically starts in May, but sometimes September

Doctoral Program

Core Clinical courses

1st year	586A	Advanced clinical assessment
1st or 2nd	506A	Intervention/applied (concurrent or following an intervention class)
1st & 2nd	597	Clinical Psychology Colloquium

Clinical Lifespan

2nd or 3rd	586B	Practice in advanced clinical assessment
2nd or 3rd	506A	Intervention/applied (systemic therapy – family, group, couples, child, etc.)

Stats/methods/test construction

1st year	1	one statistics or methods course
2nd year	1	one statistics or methods course

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 (*successful completion of Clinical Candidacy Exam required)

Residency

4th or 5th	606	Residency

Master's Program

Core Clinical courses

1st year	581	Psychopathology (child)
1st year	582	Psychopathology (adult)
1st year	585	Psychosocial Assessment
1st year	589	Intro to Evidence Based Adult Therapy
2nd year	556	Applied Clinical Assessment in Cognitive Functioning
2nd year	583	Professional and Ethical Issues
2nd year	584	Cognitive Assessment
2nd year	1	Intervention (CBT, 3rd Wave, Narrative, etc.)
1st & 2nd	597	Clinical Psychology Colloquium
Anytime	540	History and theory in Neuropsychology
Anytime	572	Promoting Reconciliation with Indigenous People

Clinical Neuropsychology

1st or 2nd yr	543	Neuroanatomy
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), or methods (typically 541)
2nd year	1	statistics (532, 533), or methods (typically 541)

Research

1st year	502	Research Apprenticeship
1st & 2nd	599	Master's thesis

Other

1st or 2nd	1	UCR make-up course, if needed

Practicum

2nd year	503 practicum, typically starts in May, but sometimes September

Doctoral Program

Core Clinical courses

1st year	586A	Advanced clinical assessment
1st or 2nd yr	506A	Intervention/applied (concurrent or following an intervention class)
1st & 2nd	597	Clinical Psychology Colloquium

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	547	Neuropsychological intervention in adults

Stats/methods/test construction

1st year	1	one statistics or methods course
2nd year	1	one statistics or methods course

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 (*Successful completion of Clinical Candidacy Exam required)

Residency

4th or 5th	606	Residency

TABLE 3: COURSE LIST FOR THE CLINICAL PROGRAM

Core Courses

506A	Psychology Clinic Practice
532	General Linear Model - Univariate
533	General Linear Model - Multivariate
540	History and Theory in Neuropsychology
556	Applied Clinical Assessment in Cognitive Functioning
572	Promoting Reconciliation with Indigenous Peoples
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
593	Family Interventions
594	Special Topics in Clinical Intervention (e.g., Couples therapy, Group, Narrative therapy)
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
549	Neuropsychological Intervention in Children and Adolescents
574A	Cognitive Methods: Electroencephalography and Event-related Brain Potentials
574B	Cognitive Methods: Functional Magnetic Resonance Imaging

Clinical Lifespan emphasis

578	Clinical Research Methods

TABLE 4: TYPICAL SEQUENCE OF COURSES FOR THE CLINICAL LIFESPAN STREAM AT THE MASTER'S LEVEL

	1st Fall	1st Spring	1st Summer	2nd Fall	2nd Spring	2nd Summer
Research	*502 Research Apprenticeship* *If needed, apply for Tri-Council funding*	*502 Research Apprenticeship*	*599 Master's Thesis* *Propose thesis by* **August 15th**	*599 Master's Thesis* *Apply for doctoral Tri-Council funding* *Collect thesis data*	*599 Master's Thesis* *Analyze thesis data by* **April 15th** *to start 503 in May*	*599 Master's Thesis* *Defend thesis by* **August 15th** *to start PhD in September*
Assessment	*585 Psychosocial Assessment*			*584 Cognitive Assessment* *556 Applied Clinical Assessment in Cognitive Functioning*		*503 Assessment Practicum* *(Shadow and buddy cases)*
Intervention		*589 Introduction to Evidence Based Adult Therapy*			*Individual Therapy Course* • 595 CBT • 596 IPT • 594 Narrative or Third Wave	
Other	*581 Child Psychopathology* *532 General Linear Model Univariate* *540 History & Theory of Neuropsychology* OR *578 Clinical Research Methods*	*582 Adult Psychopathology* *533 General Linear Model Multivariate* *583 Professional and Ethical Issues in Clinical Psychology*	*572 Promoting Reconciliation with Indigenous Peoples* OR *Stats/Method Course* • Multilevel • SEM • Qualitative • Other stats or method course	*540 History & Theory of Neuropsychology* OR *578 Clinical Research Methods*		*572 Promoting Reconciliation with Indigenous Peoples* OR *Stats/Method Course* • Multilevel • SEM • Qualitative • Other stats or method course

	1st Fall	1st Spring	1st Summer	2nd Fall	2nd Spring	2nd Summer
Research	*502 Research Apprenticeship* If needed, apply for Tri-council funding	*502 Research Apprenticeship*	*599 Master's Thesis* Propose thesis by August 15th	*599 Master's Thesis* Apply for doctoral Tri-council funding Collect thesis data	*599 Master's Thesis* Analyze thesis data by **April 15th** to start 503 in May	*599 Master's Thesis* Defend thesis by **August 15th** to start PhD in September
Assessment	*585 Psychosocial Assessment*			*584 Cognitive Assessment* *556 Applied Clinical Assessment in Cognitive Functioning*	*(E) 545 NP Assessment* *(E) 506B NP Test Mastery* *(O) 541 Methods in NP*	*503 Assessment Practicum* • Shadow & buddy cases
Intervention		*589 Introduction to Evidence Based Adult Therapy*			*Individual Therapy Course* • 595 CBT • 596 IPT • 594 Narrative or Third Wave	
Other	*581 Child Psychopathology* *532 General Linear Model Univariate* *(E) 540 History & Theory of Neuropsychology* *(O) 543 Neuroanatomy*	*582 Adult Psychopathology* *533 General Linear Model Multivariate* *583 Professional and Ethical Issues in Clinical Psychology*	*572 Promoting Reconciliation with Indigenous Peoples* *OR* *Stats/Method Course* • Multilevel • SEM • Qualitative • Other stats or method course	*(O) 540 History & Theory of Neuropsychology* *(E) 543 Neuroanatomy*		*572 Promoting Reconciliation with Indigenous Peoples* *OR* *Stats/Method Course* • Multilevel • SEM • Qualitative • Other stats or method course

TABLE 5: TYPICAL SEQUENCE OF COURSES FOR THE CLINICAL NEUROPSYCHOLOGY STREAM AT THE MASTER'S LEVEL

TABLE 6: TYPICAL SEQUENCE OF COURSES FOR THE CLINICAL LIFESPAN STREAM AT THE DOCTORAL LEVEL

	1st Fall	1st Spring	1st Summer	2nd Fall	2nd Spring	2nd Summer	3rd Fall	3rd Spring	3rd Summer
Research	*593 Comps* Propose specialty comps	*593 Comps* Complete specialty comps	*593 Comps* Defend specialty comps	*699 Dissertation* Write dissertation proposal	*699 Dissertation* Full proposal draft to supervisor by **April 30th** *(if not possible, wait one year to apply to residency)*	*699 Dissertation* Proposal approved by **June 30th** and ethics approved by **August 31st** to apply for residency	*699 Dissertation* Collect data	*699 Dissertation* Analyze data	*699 Dissertation* Full dissertation draft to supervisor by **August 31st**
Assessment	*503 Assessment Practicum* *586A Advanced Psychological Assessment*	*503 Assessment Practicum* *586B Advanced Psychological Assessment*	*503 Assessment Practicum (Supervision cases)*						
Intervention	*506A Adult Therapy* *Systemic Therapy Course* • 588 Child & Adolescent • 593 Family • 594 Couple or Group	*506A Adult Therapy*		*505 Therapy Practicum* *506A (.75 credits) Indigenous Practicum (optional)*	*505 Therapy Practicum* *506A (.75 credits) Indigenous Practicum (optional)*		*603 Advanced Practicum*	*603 Advanced Practicum*	
Other			Study for Clinical Comps Exam	Take Clinical Comps Exam		Gather residency materials	Apply to residency	Conduct residency interviews	Register for *606 Residency* Sept. to Aug.

TABLE 7: TYPICAL SEQUENCE OF COURSES FOR THE CLINICAL NEUROPSYCHOLOGY STREAM AT THE DOCTORAL LEVEL

	1st Fall	1st Spring	1st Summer	2nd Fall	2nd Spring	2nd Summer	3rd Fall	3rd Spring	3rd Summer
Research	*593 Comps* Propose specialty comps paper	*593 Comps* Complete specialty comps paper	*593 Comps* Defend specialty comps paper	*699 Dissertation* Write dissertation proposal	*699 Dissertation* Full proposal draft to supervisor by **April 30th** *(if not possible, wait one year to apply to residency)*	*699 Dissertation* Proposal approved by **June 30th** and ethics approved by **August 31st** to apply for residency	*699 Dissertation* Collect data	*699 Dissertation* Analyze data	*699 Dissertation* Full dissertation draft to supervisor by **August 31st**
Assessment	*503 Assessment Practicum* *586A Advanced Psychological Assessment*	*503 Assessment Practicum*	*503 Assessment Practicum* (Supervision cases)						
Intervention	506A Adult Therapy (.75 credits)	506A Adult Therapy (.75 credits)		505 Therapy Practicum	505 Therapy Practicum (O) 547 Rehab		603 Advanced Practicum	603 Advanced Practicum (E) 547 Rehab	
Neuropsych	(E) 546A Child NP assessment (E) 546B Adult NP assessment	(O) 545 NP assessment (O) 506B NP Test Mastery (E) 541 Methods in NP		(O) 546A Child NP applied (O) 546B Adult NP applied (E) 506A NP Assessment	O) 506A NP Assessment				
Other			Study for Clinical Comps Exam	Take Clinical Comps Exam		Gather residency materials	Apply to residency	Conduct residency interviews	Register for *606 Residency* Sept. to Aug.

Notes on the Tables:

- **Tables 4 to 7** present a typical sequence of the completion of courses across the master's and doctoral programs for the Clinical Lifespan and Clinical Neuropsychology streams**.**
- Student progress may vary based on course availability and research timeline. Please consult your supervisor (or clinical training advisor) about course registration decisions.
- Many students choose to wait one additional year before applying to residency to ensure that they have adequate time to complete their dissertations.
- For neuropsychology students, (E) = even year entry into the doctoral program (e.g., 2026, 2028); (O) = odd year entry into the doctoral program (e.g., 2025, 2027).

SECTION 3

PRACTICA

CLINICAL PSYCHOLOGY PRACTICUM PLACEMENT GUIDELINES FOR PRACTICUM SUPERVISORS AND STUDENTS

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 $_i$);
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).

---

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.

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 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 their 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: 556, 581, 582, 583, 584, 585

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 and will have successfully completed the Clinical Candidacy exam)
- 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 Placement 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). There is also an opportunity to learn about practicum placements in the community directly from clinical supervisors during our yearly practicum reception, which we strongly encourage all students to attend.

THE 503 PRACTICUM

The Clinic Director oversees the 503 practicum (e.g., criminal record check, progress, evaluation/grade, etc.). Therefore, all material related to the 503, such as the Criminal Record Check, should be submitted to the Clinic Director.

Students will typically complete a full 503 practicum in the Psychology Clinic assessment practicum. In certain circumstances, students may apply to complete half of the 503 outside of the Psychology Clinic (External Half Practicum). The application for the External Half Practicum is reviewed by the Clinic Director and the decision is made jointly between the Clinic Director (who oversees 503) and the Practicum Placement Coordinator. The decision is based, in part, on our ability to fulfill our obligations associated with external contracts to the Psychology Clinic. The full policy for an External Half 503 Practicum placement can be obtained from the Clinic Director and is available on our program's website.

Use the Practicum Application form + Approval External Practicum form to apply for an External Half Practicum for 503. The first form must be signed by your research supervisor (and clinical advisor if applicable). The second form must be signed by the head supervisor for the clinic 503 practicum. Submit these forms to the Psychology Clinic Director (or Acting Clinic Director) who will share it with the Practicum Placement Coordinator and together they will make the decision about the placement.

Completion of Clinic 503 Half Practicum: Students cannot start the external half 503 practicum until they have completed their Clinic half 503 assessment practicum (60 hours direct client contact, Minimum of 4 assessments). They will only be able apply for the External Half Practicum if they have completed sufficient direct client hours/assessments by the application deadline in order for it to be clear they will be done on time.

APPLICATION PROCESS

We have a formal application process for practica that is managed by the Practicum Placement Coordinator. Applications for local practicum placements are reviewed two times per year: Feb. 15 (for the Spring/summer and Fall terms) and November 1 (for the Winter term). By having regular application dates, the Practicum Placement Coordinator and practicum supervisors are aware of all students seeking placements for a specific starting period (e.g., summer). This permits the Practicum Placement 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 Placement Coordinator in person if they are considering completing a practicum outside of the Victoria area.

Prior to the practicum application deadlines, the Practicum Placement 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 Placement 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 training advisor).

After receiving the student's completed application form, the Practicum Placement Coordinator contacts potential practicum supervisors to establish whether they wish to interview the applicant. The Practicum Placement Coordinator then provides feedback to the student and may ask them 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 Placement 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 Placement 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 Placement 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 Placement 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 their

comments at the end of the evaluation form prior to signing it (i.e., a response to the supervisor's evaluation). While the Practicum Placement 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 Placement Coordinator. Once the Practicum Student Evaluation form and the Feedback from Students documents are received by the Practicum Placement 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 training advisor, where applicable) and submitted to Practicum Placement Coordinator. Criminal Record check submitted to Clinic Director prior to 503.
4. Practicum Placement 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 Placement Coordinator of practicum arrangements.
7. Practicum Placement 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 Placement Coordinator.
12. Practicum Placement Coordinator submits grade change form.

   * all forms are available on the program's website
   https://www.uvic.ca/socialsciences/psychology/graduate/clinical-psychology/index.php

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 Placement and Practicum Development Coordinators 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 training 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 Placement 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 Development Coordinator will submit paperwork – this needs to be done at least 2 months in advance (more is preferable); To complete this task, the Practicum Development 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 outlined in the "Practicum Checklist for Students" (found on the Clinical Program's website) 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.

SECTION 4

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, 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 practice questions. A secondary purpose of the clinical candidacy examination is to signal preparedness for the pre-doctoral residency 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, 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 residency level and (2) the doctoral dissertation.

FORMAT OF THE CLINICAL CANDIDACY EXAM

The Clinical Candidacy Examination is normally written over the course of one morning in early September. At the exam you will receive hard copies of two questions. You will be asked to select and write on *one of the two questions*.

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 exam 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.

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.

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, you must write in full sentences and communicate effectively. You are advised to run a spell check near the end of the examination session. If you wish, you may use the Excel program on the computer to organize your thoughts but NOTE that ONLY the Word file will be provided to the markers for grading.

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 enter the PhD program directly after attaining a clinical master's degree elsewhere or who transfer into the PhD program after 1-2 years in the master's 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 May or September 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 their 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 three hours. 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. Both parts of the exam must be

passed in order to remain in the program. Failure to pass after two attempts is grounds for exiting a student from the program. 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.

STUDY SUGGESTIONS FROM SUCCESSFUL EXAM CANDIDATES

1. Review notes, handouts, and readings from relevant clinical psychology courses: psychopathology (581, 582), ethics (583), assessment (584, 585, 586A, 586B), and Clinical Psychology Colloquium (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.

2. 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).

3. 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.

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

5. 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.

CANDIDACY EXAM #2: SPECIALITY AREA CANDIDACY EXAM

This document provides faculty and students with a set of guidelines for the administration of the specialty area candidacy exam to students in the clinical program. The following is a supplement to information contained in the *Graduate Training Handbook* (pages 37-38; available 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 their 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 revisions and a write-up of the Master's thesis if appropriate) or it may be a comprehensive literature review.

If a master's thesis is revised for publication, there should be adequate evidence that the student gained additional methodological or theoretical skills and knowledge as a part of the experience. This evidence could include the completion of additional statistical analyses or the inclusion of additional theoretical or methodological discussions. Submitting a master's thesis for publication in its current or near-current form would not be considered sufficient to meet the bar for the specialty area exam.

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.

If an empirical study or systematic review is conducted for the specialty candidacy exam, a significantly revised version of this study (e.g., additional analyses or theoretical depth) may be included as a chapter in a multi-chapter dissertation.

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 their 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 their 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 (Authorship guidelines psychology). 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 their 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 5

PRE-DOCTORAL RESIDENCY

GUIDELINES FOR RESIDENCY READINESS

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

2. Students must communicate to the Director of Clinical Training their intentions to apply for residency by August 30th of the year of their application *at the latest.* Most residency applications are due in early-to-mid-November. Most Canadian residencies begin September 1st (sites in the U.S. often start July 1st).

3. **Students need to have completed the following in order to be considered as eligible to <u>apply</u> for residency:**
   a. Both candidacy exams must be completed prior to applying for residency.
   b. The student must have successfully defended the dissertation <u>proposal</u> prior to applying for residency. Proposal meetings must occur <u>no later than June 15th to allow time for any required revisions</u>. Only in extenuating situations can an extension be requested from the Director of Clinical Training by your supervisor. Successful defense of a dissertation or dissertation proposal is a standard requirement of APPIC. In fact, some programs require dissertation data collection be completed prior to residency application and residency sites view this favorably. The farther along you are on the dissertation, the better. Note that although the dissertation proposal is usually done after completion of the candidacy exam, students may find it expedient as well as useful to have some overlap in the timing of the specialty area exam and development of the dissertation proposal. Thus, defense of the dissertation proposal before completion of both candidacy examinations may be allowed only after consultation with your supervisor to determine that sufficient progress has been made on the candidacy exam (especially the specialty area exam) before defending the dissertation proposal. Timing is thus of paramount importance and needs to include: 1) planning for your supervisor's review of your initial draft of the proposal; 2) time for you to revise and resubmit your proposal to your supervisor until s/he approves it for distribution to the supervisory committee; 3) time for your committee to review the proposal; 4) time to schedule a proposal defense meeting with your supervisory committee; 5) time for any required revisions before your committee approves your proposal.
   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 to issue an email to this effect, especially if your supervisor is not a clinical faculty member and may be less aware of the June 30th deadline.

4. **All required courses, including practica, must be completed prior to leaving for residency.** If students have not completed all required courses prior to residency 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 residency application clearly acknowledges that

students may still be completing a practicum while applying for residency 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 residency 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 residency 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 residency sites.

5. Students are expected to apply for residency through the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC uses a computer matching system. Most Canadian residency 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) residency**, 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 residency. 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
    o   Canadian Council of Professional Psychology Programs: www.ccppp.ca
    o   APA resources: http://www.apa.org/education/grad/internship.aspx
    o   CPA resources: CPA Accredited Programmes – Canadian Psychological Association

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) under the "Resources for Students" tab. These guidelines (and their accompanying forms) are currently required most Canadian residency sites.

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

Website: http://www.appic.org
email: appic@appic.org
Executive Director: Jeff Baker, PhD, ABPP; email jeffbaker@appic.org

An up-to-date listing of accredited internship sites in Canada can be found on the Canadian Psychological Association's website: CPA Accredited Programmes – Canadian Psychological Association. Please also check directly with APPIC for the most up-to-date information about residency sites http://www.appic.org/Directory.

SECTION 6

POLICIES

GRADUATE STUDENT SELF-REPRESENTATION

Self-representation includes anything where students indicate their status as a master's or doctoral student to members of the community (e.g., clients), colleagues, health providers (e.g., social workers, GPs), practicum settings, as well as residency programs and potential employers. Some examples of self-representation include but are not limited to:

- Email signatures
- LinkedIn, ResearchGate, or other online or social media presences (e.g., professional Twitter)
- Biographies on lab websites
- Public statements (e.g., news reports, political work)
- Cover letters and CV

Accurate representation is not only a matter of academic integrity, but also has clinical and ethical implications. You should relay your degree program status and credentials to communicate your competence and acquired training.

Doctoral candidate is a term used in academia to indicate that you have successfully completed your Comprehensive Examinations. For our program, you must successfully pass the Specialty Area Comps (i.e., Research Comps) as we all as the Clinical Comprehensive Exam. Notably, the term Master's candidate is not a recognized term.

Although doctoral candidate is recognized in the university setting, it may be confusing to the public and **it is recommended that you only list your highest earned degree** (e.g., B.A., M.Sc., etc.). This also aligns with CPBC ethical guidelines.

As trainees, it is also recommended that students should represent themselves as student clinicians in clinical settings, using credentials such as **Graduate Student Clinician**, Practicum Student, etc.

Doctoral student is reserved for students who have completed master's level coursework and training, successfully defended their thesis project, and have entered the Ph.D. program. **"Doctoral researcher"** is misleading as members of the public may interpret this to mean that you have already obtained a doctoral degree or are currently a post-doc or faculty member.

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 the Clinical Psychology Colloquium.

The CPA Accreditation Standards for Doctoral and Residency Programs in Professional Psychology (Sixth Revision, 2023) stipulates that "Students do not work more than 20 hours a week in employment outside of the program" (Standard III.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 residency 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. In

addition, these hours do not count as practicum hours on residency applications. This includes employment that is undertaken at a practicum site following the completion of an official practicum placement. If you want the hours you to count towards residency practicum hours, you must make these arrangements in advance.

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 the Clinical Psychology Colloquium. If a student is not regularly progressing through program requirements, they may be asked to leave the program.

6. Volunteer activities which students may undertake fall 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 (e.g., as a psychologist-in-training, you are required to be supervised by a registered psychologist, whether the clinical work is paid or not).

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 their 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 their 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, 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. A "fail" on either part of the exam means that the student will be required to re-write the exam the following year. Failure to pass the Clinical Candidacy Exam (both parts) after two attempts is grounds for exiting from the program. Remedial steps to help the student prepare for an exam re-write will be determined in consultation with the student on a case-by-case basis.

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, professionalism). 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 CONCERNS, 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 graduate students. As such, it is critical that we have clear guidelines for where to turn if you have a concern, as well as fair appeal policies and effective conflict resolution processes available to students. We also strive to ensure that students are well informed about their options.

Student concerns, 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, student colleague, 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 concern, problem, or complaint may be discussed with the student's supervisor/advisor, the Director of Clinical Training, or the Department's Graduate Advisor. All concerns are treated as confidentially as possible.

Often discussing an emerging issue with the DCT can be helpful in starting a conversation about possible pathways for resolving an issue. We recognize that it can be extremely challenging to raise a complaint, especially if it is about someone in a position of greater power, such as a faculty member or clinical supervisor. Prior to discussing the substance of the concern, the DCT will discuss with you how to make the process as safe as possible, recognizing that it is not possible to remove all sources of potential lack of safety. You may bring a problem or concern to the DCT without sharing personal information. In addition, no student will face repercussions for bringing a concern or complaint to the DCT's attention. You can bring an issue to the DCT or other faculty member even if you are not sure about how serious it is or about what you would like to see happen. Bringing a concern to the DCT or other faculty member does not automatically trigger official processes that you may not have intended. Except in extreme circumstances (e.g., typical limits on confidentiality), we work collaboratively with the student raising an issue to find a solution – we do not take action without the knowledge (and typically consent) of the person raising the concern. In addition, we strive to protect their privacy to the greatest extent possible.

You can also raise a complaint or concern anonymously through the annual online student survey.

Graduate students also have the right to request a confidential consultation with an Associate Dean in the Faculty of Graduate Studies. Please see the Graduate Student Supervision Policy located on the FGS website:
https://www.uvic.ca/graduatestudies/assets/docs/docs/policies/Graduate%20Supervision%20Policy.pdf

There may be situations in which a student is not comfortable bringing a concern directly to a faculty member. In those situations, students may instead 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 student representatives can help the student navigate their options and/or can represent the concern or 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 Training Handbook*, which is posted on the departmental website under "Information for Current Students." The University Ombudsperson can be contacted at ombuddy@uvic.ca; 721-8357; SUB B205. This position is funded by the UVic Student Society (UVSS) and the Graduate Student Society (GSS). See: Office of Ombudsperson

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 EQHR).

Student Support Services & Self-Care

Maintaining your health and wellness during graduate school can be a challenge. Graduate school entails a volume of work, frequent evaluation, the need to balance multiple roles all at the same time (e.g., student, therapist, TA, etc.) and the expectations associated with each, and to manage multiple professional and personal relationships. It is common to experience periods of performance anxiety, fatigue, and emotional distress. In addition, the nature of training in clinical psychology can be stressful, as the work we do as clinical psychologists is often emotionally challenging. We encourage students to take an active approach to taking care of themselves. Faculty and students alike strive to maintain a healthy balance in their lives. What this looks like will be unique to each person. Oftentimes the most helpful self-care strategies are those that are quick, low cost or free, and easily accessible. We encourage you to talk with faculty members about self-care, and talk to each other, to share different ideas and strategies and decide what might work best for you. Although "work-life balance" is difficult to achieve during graduate school, remember that graduate school is a marathon, not a sprint. Regularly engaging in self-care that is personally meaningful and restorative will help you stay well during this intensive training program.

On-campus Health and Wellness resources include:
  University Health Services
  Counselling Services
  Student mental health strategy - Student Wellness
  Student Mental Health
  HealthLink BC
  Heart Pharmacy
  Campus Dental Centre
  Victory Health and Wellness
  Multifaith Centre

We strongly support students to seek out counseling or therapy services during their training. Seeking help is a sign of strength, not weakness. As students at the University of Victoria, you are eligible to receive counseling services on campus at Counselling Services https://www.uvic.ca/services/counselling/appointments/index.php. Counseling Services has strong procedures in place to protect the confidentiality of your records even if you plan to complete one of your practicum placements at this site.

Psychiatric and other medical services are also available through the university Health Services https://www.uvic.ca/services/health/. Their services include:

Medical care	Mental health	Immunization
Wellness education	Sexual health	Substance use
Management of chronic illness	Health promotion programs	

Counselling Services also maintains a list of community resources in the greater Victoria area. We highly recommend that you explore these resources: https://www.uvic.ca/services/counselling/resources/community-resources/index.php

Clinical faculty members are also happy to provide referrals if asked. The Graduate Students' Society (GSS) health and dental plan provides extended health coverage for graduate students through Pacific Blue Cross. The GSS website has links to full information about these benefits. Current this plan provides coverage for $500/year to see a psychologist or clinical counsellor.

Here is a link to BC's list of resources for Virtual Mental Health support: Virtual mental health supports - Province of British Columbia (gov.bc.ca). This includes links to supports for children & youth, students, Indigenous Peoples, and online courses such as MindShift™ CBT.

User-friendly Ministry of Mental Health and Addictions website for resources to support well-being: Wellbeing.gov.bc.ca

We also want to encourage students who are struggling (perhaps with feeling stressed, overloaded, or burned out) or who are concerned about their well-being and mental health to reach out to someone in the program, such as your supervisor, the DCT, the Grad Advisor, or any faculty member with whom you feel comfortable. We may be able to help you in several ways, such as problem-solving workloads or difficulties in your supervisory relationship, providing referrals for support, or recommending an accommodation, a leave of absence, or modification to your pace through the program. We will support you without judgement as we want to help you both to take care of yourself and to succeed in your program.

We recognize that sometimes it is difficult for students to reach out to faculty for a variety of reasons. However, graduate students are expected to keep in touch with the program and specifically with their supervisor, on a regular basis. This is mentioned in the Graduate Student Supervision Policy (see sections 2.3, 7.14, and 9.10) as an aspect of professionalism: "*The student has a fundamental obligation to remain in contact with the academic unit and the supervisor, to meet with the supervisor in accordance with FGS, unit and program requirements, and to respond in a timely, complete and respectful manner to reasonable and appropriate requests from the supervisor for information and progress reports on academic and scholarly matters.*" (section 2.3) graduate-supervision-policy

When a student "has been unexpectedly absent and cannot be contacted by e-mail or telephone for a period of time long enough to cause concern" (see section 7.14), your supervisor (in consultation with the DCT, Grad Advisor, and/or FGS) may need to take extra steps to reach you in order to check on your well-being (e.g., possibly including contacting family, Campus Security, or police to do a welfare check). This action of last resort can be prevented if you maintain contact and respond in a timely manner to efforts by your supervisor or the program to contact you. Remember that any action taken would be done in the spirit of making sure you are OK.

SECTION 7

PROGRAM STUDENTS

LIST OF CURRENTLY ENROLLED CLINICAL STUDENTS (2025 – 2026)

Student	**Supervisor / Co-Sup or Clinical Training Advisor**	**Program**
Babei, Nazanin	Smart	CN
Bousefield, Jayden	Haigh	CL
Boyd, Brayden	Ames	CL
Breen, Lorna	Woodin	CL
Brunet, Philippe	Macoun	CN
Casey, Hayley	Gawryluk	CN
Chomistek, Tessa	Macoun	CN
Chung, Alison	Paterson	CN
Dabrowski, Cian	Paterson	CN
Doucette, Madeline	Garcia-Barrera	CN
Elgharbawy, Heba	Ames	CL
Gill, Bhavana	Gawryluk	CN
Gilson, Zoë	Paterson	CN
Gregory, Madeline	Paterson	CN
Guo, Sunny	Macoun	CN
Hamilton, Sierrah	Woodin	CL
Helps, Carolyn	Turner	CL
Hohn, Lilea	Smart	CN
Jain, Barbie	Costigan	CL
Keenan, Haley	Gawryluk	CN
Kennedy, Cole	Garcia-Barrera	CN
Kim, Yaewon	Macoun	CN
Knox, McKenna	Haigh	CL
Kurkimaki, Simon	Garcia-Barrera	CN
Kwan, Heather	Gawryluk	CN
Lacey, Colleen	Gawryluk	CN
Lewis, Jessica	Macoun	CN
Li, Jessica (Yijia)	Costigan	CL
Li, Jie	Costigan	CL
Light, Erin	Mueller	CL
Longtin, Emilie	Costigan	CL
Mason, Geneva	Turner	CL
Morgan, Sean	Woodin	CL
Nicoll, Patrick	Smart	CL
Qualls, Lauren	Smart	CN
Printup, Alix	Haigh	CL
Ross, Aleah	Ames	CL
Ryan, Jessica	Turner	CL
Schaeffer, Morgan	Paterson	CN
Shen, Alice	Turner	CL
Sihoe, Emmett	Ames	CL
Storey, Quinn	Woodin	CL
Styba-Nelson, Kevin	Ames	CL
Switzer, Andrew	Turner	CL

Torok, Debra	Ball/Costigan	CL
Vanderzwaag, Baeleigh	Garcia-Barrera	CN
Warren, Grace	Garcia-Barrera	CL

LIST OF STUDENTS WHO HAVE COMPLETED THE CLINICAL PROGRAM

Name	Supervisor	Program	Year Completed
Bedir, Buse	Macoun	CN	2024-25
Matheson, Lauren	Woodin	CL	2024-25
Ortiz, Drexler	Costigan	CL	2024-25
Robillard, Christina	Turner	CL	2024-25
Saadat, Nazanin	Gawryluk	CN	2024-25
Song-Choi, Pauline	Woodin	CL	2024-25
Sturgess, Clea	Stinson/Costigan	CL	2024-25
Collardeau, Fanie	Woodin	CL	2023-24
Legg, Nicole	Turner	CL	2023-24
Mohun, Hannah	Mueller/Smart	CL	2023-24
Prud'homme, Julie	Turner	CL	2023-24
Agate, Taylor	Garcia-Barrera	CN	2023-24
Parker, Ashleigh	Gawryluk	CN	2023-24
Viczko, Jeremy	Smart	CN	2023-24
Duerksen, Kari	Woodin	CL	2022-23
Quan, Cindy	Costigan	CL	2022-23
Quistberg, Kirsten	Mueller/Woodin	CL	2022-23
Venditelli, Rebecca	Hofer/Smart	CN	2022-23
Wong, Ryan	Garcia-Barrera	CN	2022-23
Wright (nee Ohlhauser), Lisa	Gawryluk	CN	2022-23
Graves, Abigail	Mueller/Costigan	CN	2021-22
Rodd, Keara	Runtz	CL	2021-22
Scarapicchia, Vanessa	Gawryluk	CN	2021-22
Silveira, Kristen	Smart	CN	2021-22
Ali, Jordan	Smart	CN	2020-21
Mayo, Chantel	Gawryluk	CN	2020-21
So, Vivien	Costigan	CL	2020-21
Ali, Sheliza	Macoun	CN	2019-20
Graham, Raquel	Hofer/Ehrenberg	CL	2019-20
Halliday, Drew	McDonald/Garcia-Barrera	CN	2019-20
Mirotchnick, Carolyn	Runtz	CL	2019-20
Taknint, Joelle	Costigan	CL	2019-20
Talbot, Karley	Mueller/Macoun	CN	2019-20
Walker, Hope	Runtz	CL	2019-20
Gou, Lisa	Woodin	CL	2018-19
Duggan, Emily	Garcia-Barerra	CN	2018-19
Roemer, Audra	Stockwell	CL	2018-19
Galaugher, Tara	Woodin	CL	2018-19
Brown, Cassandra	Piccinin/Tuokko	CN	2018-19
Baker, Lesley	Mueller/Costigan	CL	2017-18
Bodkyn (nee Lukie), Carmen	Holroyd/Kerns	CN	2017-18
Carey, Tyler	Grouzet/Woodin	CL	2017-18

Cochrane, Melanie	Smart	CN	2017-18
Direnfeld, Esther	Garcia-Barrera	CN	2017-18
Irwin, Julie	Christie/Garcia-Barrera	CN	2017-18
Jeznach (nee Braslavsky), Anna	Tuokko	CN	2017-18
Karr, Justin	Garcia-Barrera	CN	2017-18
Miao, Sheena	Costigan	CL	2017-18
Rosen, Lianne	Runtz	CL	2017-18
Ross, Stacey	Skelton/Smart	CN	2017-18
Crevier-Quintin, Emilie	Garcia-Barrera	CN	2016-17
Mulligan, Bryce	Smart	CN	2016-17
Hua, Josphine	Costigan	CL	2016-17
MacSween, Jennifer	Kerns	CN	2016-17
Lazinski, Marysia	Ehrenberg	CL	2016-17
DeCarlo, Correne	MacDonald/Tuokko	CN	2015-16
Moore, Rylie	Garcia-Barrera	CN	2015-16
Brewster, Paul	MacDonald	CN	2014-15
Jouk, Sasha	Tuokko	CN	2014-15
Regev, Rotem	Ehrenberg	CL	2014-15
Sotskova, Alina	Woodin	CL	2014-15
Brache, Kristina	Stockwell	CL	2014-15
Chance, Lauren	Costigan	CL	2014-15
Desjardins, Tracy	Leadbeater	CL	2014-15
Lentz, Tanya	Kerns	CN	2014-15
Bush, Jacqueline	Ehrenberg	CL	2013-14
Caines, Megan	Tuokko	CL	2013-14
Caldeira, Valerie	Woodin	CL	2013-14
Eadie, Erin	Runtz	CL	2013-14
Hager, Alanna	Leadbeater/Runtz	CL	2013-14
Lillie, Rema	Mateer	CN	2013-14
Bharadia, Vinay	Tuokko	CN	2012-13
Koryzma, Celine	Costigan	CL	2012-13
Frazer, Jeff	Garcia-Barrera	CN	2011-12
Kodalen, Kent	Skelton/Ehrenberg	CN	2010-11
Randall, Katherine	Kerns	CN	2010-11
Su, Tina	Costigan	CL	2010-11
Young, Laura	Ehrenberg	CL	2010-11
Hrabok, Marianne	Kerns	CN	2009-10
Kit, Karen	Mateer	CN	2009-10
Lindstrom-Forneri, Wendy	Tuokko	CN	2009-10
Perrin, Marei	Ehrenberg	CL	2009-10
Tan, Jing Ee	Strauss/Hultsch	CN	2009-10
Van Bruggen, Lisa	Runtz	CL	2009-10
Dokis, Daphné	Costigan	CL	2008-09
Engle (née Michel), Jennifer	Kerns	CN	2008-09
Pringle, Jennifer	Ehrenberg	CL	2008-09
Ritchie, Lesley	Tuokko	CN	2008-09
Siklos, Susan	Kerns	CN	2008-09

Vanderhill, Susan	Strauss/Hultsch	CN	2008-09
Chia, Ai-lan	Graves	CL	2007-08
Mish, Sandra	Mateer	CN	2007-08
O'Connell, Megan	Tuokko	CN	2007-08
Sira, Claire	Mateer	CN	2007-08
Burton, Catherine	Strauss	CN	2006-07
Hesson, Jackie	Strauss	CN	2006-07
McInerney, Rob	Kerns	CN	2006-07
Patry, Brigitte	Mateer	CN	2006-07
Price, John	Skelton/Strauss	CN	2006-07
Ebert, Patricia	Tuokko	CN	2005-06
Price, Kelly	Kerns/Mateer	CN	2005-06
Slatkoff, Joshua	Strauss	CL	2005-06
Wilde, Nancy	Strauss	CN	2005-06
Williams, Benjamin	Strauss	CN	2005-06
Bezeau, Scott	Graves	CN	2004-05
Bogod, Nicholas	Mateer	CN	2004-05
Feldman, Rhonda	Mateer/Tuokko	CN	2002-03
Frerichs, Robert	Tuokko	CN	2002-03
Johnson, Shannon	Bub/Mateer	CN	2002-03
Schwartz, Christine	Runtz	CL	2002-03
Sheer, Jeffrey	Mateer	CN	2002-03
Archibald, Sarah	Kerns	CN	2000-01
Brulot, Magali	Strauss	CN	2000-01
Fuentes, Karina	Hultsch/Ehrenberg	CL	2000-01
Goranson, Tamara	Graves	CN	2000-01
Jameson, Barbara	Ehrenberg	CL	2000-01
Janzen (nee Shepard), Laura	Joschko	CN	2000-01
Penkman, Louise	Mateer	CN	2000-01
Saltzman, Jennifer	Strauss	CN	2000-01
Sawchyn, James	Mateer	CN	2000-01
Friesen, Ingrid	Mateer	CN/CL	1999-00
Nicholson (nee Walker), Tavi	Ehrenberg	CL	1999-00
Roche, Diane	Runtz	CL	1999-00
Armstrong (nee Stickgold), Kira	Kerns	CN	1999-00
Carswell, Lisa	Graves	CN	1998-99
Hopp, Grace	Dixon/Strauss	CN/CL	1998-99
Stroup, Elizabeth	Mateer	CN	1998-99
Alyman, Cheryl	Joschko	CN	1997-98
Christensen, Karin	Mateer	CN	1997-98
McGuire (nee Fisher), Kim	Strauss	CN	1997-98
Bailey, Mark	Joschko	CN	1996-97
Fox, Diane	Strauss	CN	1996-97
Kirkby, Brenda	Graves	CN	1996-97
Sherman, Elisabeth	Joschko	CN	1996-97
Slick, Dan	Strauss	CN	1996-97
Biggan, Shannah	Graves	CN	1995-96

Dugbartey, Anthony	Spellacy	CN	1995-96
Lowick, Brenda	Spreen	CN	1995-96
Pinch, Diane	Strauss	CN	1995-96
Pirolli, Ann	Strauss	CN	1995-96
Townsend, Laurel	Mateer	CN	1995-96
Meehan, Geraldine	Spellacy	CN	1994-95
Sears, Heather	Galambos	CL	1994-95
O'Connor, Shelly	Duncan	CN	1993-94
Troyer, Angela	Graves	CN	1993-94
Correa, Denise	Graves	CN	1992-93
Wishart, Heather	Strauss	CN	1992-93

RECENT STUDENT RESIDENCY PLACEMENTS

2025-26	Site	Details
Lorna Breen	University of Victoria Counselling Center	Victoria, BC Psychology
Madeline Doucette	Edmonton Consortium	Edmonton, BC Neuropsychology
Carolyn Helps	South Island Residency Program in Psychology	Victoria, BC Psychology
Colleen Lacey	St. Joseph's Healthcare	Hamilton, ON Neuropsychology
Debra Torok	Calgary Clinical Psychology Program	Calgary, BC Generalist Track
2024-25	Site	Details
Jessica Lewis	Alberta Children's Hospital	Calgary, AB Pediatric Psychology
Christina Robillard	Fraser Health Authority	New Westminster, BC Adult Mental Health
Nazanin Saadat	Hamilton Health Sciences	Hamilton, ON Neuropsychology
2023-24	Site	Details
Taylor Agate	Edmonton Consortium	Edmonton, AB Neuropsychology
Buse Bedir	BC Children's Hospital	Vancouver, BC Clinical
Nicole Legg	Fraser Health Authority	New Westminster, BC Adult Mental Health
Lauren Matheson	Eastern Health	St. John's, NL Adult Stream Mental Health
Drexler Ortiz	University of Manitoba	Winnipeg, MB Clinical Health, Rural
Ashleigh Parker	St. Joseph's Healthcare	Hamilton, ON Neuropsychology
Julie Prud'homme	University of Ottawa Centre for Psychological Services	Ottawa, ON
2022-23	Site	Details
Kari Duerksen	University of Ottawa Centre for Psychological Services	Ottawa, ON
Lisa Ohlhauser	Hamilton Health Sciences	Hamilton, ON Neuropsychology
Cindy Quan	University of Manitoba	Winnipeg, MB Clinical Health Psychology - Adult
Kirsten Quistberg	BC Children's Hospital	Vancouver, BC

		Clinical Psychology
Pauline Song	Edmonton Consortium	Edmonton, AB Generalist
Clea Sturgess	Kingston Internship Consortium	Kingston, ON
Rebecca Vendittelli	St. Joseph's Health Care	Hamilton, ON Neuropsychology
Jeremy Viczko	Halifax Clinical Psychology Residency	Halifax, NS Neuropsychology
2021-22	Site	Details
Abbi Graves	Hamilton Health Sciences	Hamilton, ON Neuropsychology
Hannah Mohun	Saskatchewan Saskatoon Area Psychology Residency	Saskatoon, SK Psychology Residency
Keara Rodd	Eastern Health	St. John's, NL Health Stream (Eating Disorders Focus)
Vanessa Scarapicchia	Ottawa Hospital – Clinical	Ottawa, ON Neuropsychology
Ryan Wong	Kingston Internship Consortium	Kingston, ON Psychology Internship
2020-21	Site	Details
Jordan Ali	London Clinical Psychology Consortium	London, ON Neuropsychology Track – Adult
Fanie Collardeau	Edmonton Consortium	Edmonton, AB Generalist
Chantel Mayo	Hamilton Health Sciences	Hamilton ON Neuropsychology emphasis
Kirsten Silveira	Calgary Clinical Psychology Program	Calgary, AB Psychology Internship
Vivien So	University of Manitoba – Counseling	Winnipeg, MB Psychology Internship
2019-20	Site	Details
Shelly Ali	Hamilton Health Sciences	Hamilton ON Neuropsychology emphasis
Raquel Graham	Eastern Health	St. John's NL Adult stream
Drew Halliday	BC Children's Hospital	Vancouver, BC Psychology Internship – Clinical

Joelle Taknint	Boston University Medical Campus/Center for Multicultural Training	Boston, MA Psychology Internship
Karley Talbot	Children's Hospital of Eastern Ontario	Ottawa, ON Child Neuropsychology Track
2018-19	Site	Details
Emily Duggan	Charleston Consortium Internship	Charleston, South Carolina, US Neuropsychology Emphasis
Lisa Gou	Edmonton Consortium	Edmonton, AB Generalist
Audra Roemer	University of Manitoba- Clinical Health	Winnipeg, MB Child and Adolescent Stream
2017-18	Site	Details
Cassandra Brown	Calgary Clinical Psychology Program	Calgary, AB Psychology Internship
Tyler Carey	BC Children's Hospital	Vancouver, BC Psychology Internship - Clinical
Melanie Cochrane	Baycrest	Toronto, ON Neuropsychology Internship
Justin Karr	VA Puget Sound, Seattle	Seattle, WA Psychology Internship
Sheena Miao	Ontario Shores Centre for Mental Health Sciences	Whitby, ON Psychology Internship
Carolyn Mirotchnick	University of Ottawa-Ctr for Psychological Service	Ottawa, ON Adult/External Applicant
2016-17	Site	Details
Lesley Baker	Eastern Health	St. John's, NL Child and Adolescent Stream
Emilie Crevier-Quintin	Baycrest	Toronto, ON Neuropsychology Internship
Bryce Mulligan	The Ottawa Hospital	Ottawa, ON Neuropsychology
Lianne Rosen	Queen Elizabeth II Health Sciences Centre	Halifax, NS Psychology Internship
Marysia Lazinski	Children's Hospital of Eastern Ontario	Ottawa, ON Psychology Internship
Jenny MacSween	Edmonton Consortium	Edmonton, AB Neuropsychology
Julie Irwin	Children's Hospital of Eastern Ontario	Ottawa, ON Psychology Internship

Esther Direnfeld	Hamilton Health Sciences-Neuropsychology	Hamilton, ON Neuropsychology
Tara Galaugher	Saskatoon Health Region	Saskatoon, SK Psychology Internship
2015-16	Site	Details
Correne DeCarlo	Calgary Clinical Psychology Program	Calgary, AB Psychology Internship
Anna Jeznach	Vancouver Coastal Health	Vancouver, BC Neuropsychology Track
Rylie Moore	Center for Addictions and Mental Health	Toronto, ONT Psychology Internship
Hope Walker	B.C. Children's Hospital	Vancouver, BC Psychology Internship Clinical
2014-15	Site	Details
Paul Brewster	University of California, San Diego	Consortium/VA MED Outpatient (Neuropsych)
Sasha Jouk	VA West Los Angeles Healthcare Center	(Geropsychology)
Stacey Ross	London Clinical Psych Res Consortium	(Neuropsychology Track-Adult)
Carmen Lukie	River Valley Health	Fredericton, NB
Josie Hua	University of Manitoba Clinical Psychology Residency	(Child & Adolescent Stream)
Rotem Regev	University of Ottawa	Centre for Psychological Services and Reserach
Alina Sotsokova	London Clinical Psych Res Consortium	(Adult Mental Health Track)
2013-14	Site	Details
Alanna Hager	Calgary Consortium in Clinical Psychology	Alberta Health Services Foothills Medical Centre
Lauren Chance	University of Manitoba Clinical Psychology Residency	Winnipeg, MB
Megan Caines	Edmonton Consortium Clinical Psychology Residency	Glenrose Rehabilitation Hospital; Edmonton, AB
Tracy Desjardins	London Health Sciences Centre	Psychological Services; London, ON

Valerie Caldeira	Edmonton Consortium Clinical Psychology Residency	Glenrose Rehabilitation Hospital; Edmonton, AB
2012-13	Site	Details
Kristina Brache	Calgary Consortium in Clinical Psychology	Alberta Health Services Foothills Medical Centre
Céline Koryzma	Calgary Consortium in Clinical Psychology	Alberta Health Services Foothills Medical Centre
2011-12	Site	Details
Erin Eadie	Royal Ottawa Health Care Group	Ottawa, ON
Rema Lillie	Michael E. DeBakey VA Medical Centre	Houston, TX
Jeff Frazer	University of Manitoba-Clinical Health	Winnipeg, MB
2010-11	Site	Details
Jacqueline Bush	Alberta Children's Hospital	Calgary Alberta
Tanya Lentz	University of Manitoba-Clinical Health	Winnipeg, Manitoba
Kate Randall	IWK Health Centre	Halifax, Nova Scotia
Laura Young	London Health Services	University Hospital London, Ontario
2009-10	Site	Details
Vinay Bharadia	The Ottawa Hospital	Ottawa, Ontario
Marianne Hrabok	BC Children's Hospital	Vancouver, BC
Marei Perrin	BC Children`s Hospital	Vancouver, BC
Tina Su	Calgary Consortium in Clinical Psychology Psychology Department Alberta Health Services	Foothills Medical Centre Calgary, AB

Jing Ee Tan	Clinical Psychology Training Consortium Brown Medical School	Providence, Rhode Island, USA
2008-09	Site	Details
Dokis, Daphné	Edmonton Consortium & Glenrose Rehabilitation Hospital	Edmonton, AB
Kit, Karen	The Ottawa Hospital – Rehabilitation Centre	Ottawa, ON
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	Site	Details
Chia, Ai-lan	Edmonton Consortium Clinical Psychology Predoctoral Residency Program	Edmonton, AB
Siklos, Susan	BC Children's Hospital	Vancouver, BC
2006-07	Site	Details
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	Baltimore, Maryland
Pringle, Jennifer	Centre for Psychological Services, University of Ottawa	Ottawa, Ontario
2005-06	Site	Details
McInerney, Rob	Children's Hospital of Eastern Ontario	Ottawa Ontario
O'Connell, Megan	London Health Sciences Centre	London, Ontario
Patry, Brigitte	Ottawa Hospital	Ottawa, Ontario
Price, John	B.C. Children's Hospital	Vancouver, B.C.

Sira, Claire	Calgary Health Region Consortium	Calgary, Alberta
Williams, Ben	Vancouver Coastal Health Authority	Vancouver, B.C.
2004-05	Site	Details
Hesson, Jacqueline	Memorial University Counselling Centre	St. John's, Newfoundland
Price, Kelly	Alberta Children's Hospital	Calgary, Alberta
2003-04	Site	Details
Aulakh, Harpreet	Nova Scotia Hospital	Dartmouth, Nova Scotia
Bogod, Nick	Riverview Hospital	Port Coquitlam (Vancouver), BC
Ebert, Patricia	Queen Elizabeth II Health Sciences Centre	Halifax, Nova Scotia
Wilde, Nancy	London Health Sciences Centre (Pediatric Neuropsych)	London, Ontario
2001-02	Site	Details
Bezeau, Scott	SCO Health Service Elisabeth Bruyere Health Centre	Ottawa, Ontario
Feldman, Rhonda	Baycrest Geriatric Centre	Toronto, Ontario
Frerichs, Robert	Calgary Regional Health Authority	Calgary, Alberta
Schwartz, Christine	Royal University Hospital	Saskatoon, Saskatchewan
Sheer, Jeffrey	Long Island Jewish Medical Centre	New York, New York
2000-01	Site	Details
Archibald, Sarah	University of Minnesota Medical School	Minneapolis, Minnesota
Fuentes, Karina	Pacific University Psychological Center	Portland, Oregon
Johnson, Shannon	Medical University of South Carolina	Charleston, South Carolina
Nicholson, Tavi	Calgary Regional Health Authority	Calgary, Alberta
Penkman, Louise	Alberta Children's Hospital	Calgary, Alberta
Saltzman, Jennifer	Hospital for Sick Children	Toronto, Ontario
Shepard, Laura	London Health Sciences Centre	London, Ontario
1999-00	Site	Details
Brulot, Magali	Calgary Regional Health Authority	Calgary, Alberta

Goranson, Tamara	London Health Sciences Centre	London, Ontario
1998-99	Site	Details
Jameson, Barbara	Calgary Regional Health Authority	Calgary, Alberta
Roche, Diane	Department of Psychiatry and Behavioral Sciences Baylor College of Medicine	Houston, Texas
Sawchyn, James	Calgary Regional Health Authority	Calgary, Alberta
Stickgold, Kira	Department of Psychiatry and Behavioral Sciences University of Oklahoma Health Sciences Center	Oklahoma City, Oklahoma
Stroup, Elizabeth	Southwest Consortium and VA Medical Center	Albuquerque, New Mexico
1997-98	Site	Details
Carswell, Lisa	London Health Sciences Centre	London, Ontario
Friesen, Ingrid	Calgary Regional Health Authority	Calgary, Alberta
1996-97	Site	Details
Hopp, Grace	University of Manitoba Department of Clinical Health Psychology	Winnipeg, Manitoba
Kirkby, Brenda	University of Arizona Health Sciences Center	Tucson, Arizona
Sherman, Elisabeth	London Health Sciences Centre	London, Ontario
Slick, Dan	Rush-Presbyterian-St. Luke's Medical Center	Chicago, Illinois
1995-96	Site	Details
Christiansen, Karin	Ottawa General Hospital	Ottawa, Ontario
Pinch, Diane	University of Arizona Medical Center	Tucson, Arizona
Townsend, Laurel	University Hospital	London, Ontario
1994-95	Site	Details
Alyman, Cheryl	Chedoke Hospital Child and Family Centre	Hamilton, Ontario
Bailey, Mark	B.C. Children's Hospital	Vancouver, B.C.
Dugbartey, Tony	Toronto Hospital	Toronto, Ontario
Fox, Diane	Camp Hill Medical Centre	Halifax, Nova Scotia

Pirolli, Ann	University Hospital - UBC Site	Vancouver, B.C.
O'Connor, Shelley	Victoria General Hospital Forensic Psychiatric Services	Victoria, BC.
1993-94	Site	Details
Biggan, Shannah	University of Arizona Health Sciences Center	Tucson, Arizona
Lowick, Brenda	Toronto Hospital	Toronto, Ontario
Sears, Heather	Children's Hospital of Eastern Ontario	Ottawa, Ontario
Troyer, Angela	Camp Hill Medical Center Queen Alexandra Centre for Children's Health	Halifax, Nova Scotia
1992-93	Site	Details
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