UNIVERSITY OF SASKATCHEWAN

GRADUATE PROGRAM IN CLINICAL PSYCHOLOGY

2026-2027 Program Manual

Last Updated: September 2026

Document History

This manual is the result of contributions from numerous individuals within the clinical program. We recognize and thank them for their contributions over the years. The following current faculty deserve note for their substantial revisions to this manual: Dr. Mark Olver, Dr. Jorden Cummings, Dr. Megan O'Connell, and Dr. Michelle Gagnon.

A Note on Expansion and the Policies in this Document

This document is meant to outline the program requirements, expectations, and policies that are part of the Clinical Psychology Program. In the time of program expansion, more frequent changes are required to address the needs of a growing program and evolving circumstances in order to achieve training needs. Although updates are targeted for the start of a new academic year, occasionally changes may be implemented during the academic year. Students will be notified of such changes as information becomes available.

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1. Clinical Psychology Program Overview

Program Summary

The Graduate Program in Clinical Psychology at the University of Saskatchewan was established in 1971 and has graduated over 200 PhD clinical psychologists. We have more than one faculty member with expertise in child psychology, health psychology, forensic psychology and strengths in the theoretical orientations of acceptance and commitment therapy, interpersonal, and cognitive-behavioural psychotherapy. There are currently 57 students in the program progressing toward their Ph.D. (including those on internship). The clinical psychology program admits about 10-12 students per year from a pool of about 200 applicants. Graduates from our program have held a range of diverse roles, including residency training directors, psychologists in hospital settings, academic faculty, private practice psychologists, board members of regulatory bodies, and much more.

Philosophy and Model of Training

The program follows the scientist-practitioner model which has been the predominant model of training in North American clinical psychology since the late 1940s. This model places approximately equal emphasis on development of research skills and clinical skills. In this model, trainees are required to carry out independent research for their doctoral dissertation; to meet requirements for breadth of scholarly knowledge; and to complete around 2,000 to 3,000 hours of supervised clinical experience before graduation (including a full-year, accredited residency).

Curriculum

The Clinical Psychology Program offers students the opportunity for professional development and the integration of science with practice through course work, practica, research, and the pre-doctoral residency. Students also participate in activities such as departmental colloquia, clinical program workshops, case seminars, and complete a candidacy assessment (oral examination) that covers the areas of clinical assessment and treatment, and ethics.

The curriculum balances broad training in research methods and core content areas with opportunities (often through research and clinical practica) for concentration in areas such as personality, psychopathology, forensic psychology, clinical neuropsychology, health psychology, and child psychology, as well as quantitative and qualitative methods. In each of these areas we encourage students to think critically about current research and practice and to contribute to scientific dialogue through publications, conference presentations, and other formats of professional exchange. Most of students' research training, and much of their clinical training, is grounded in mentorship experiences tailored to each student's career goals and stage of professional development. Although we are a generalist program there are often opportunities to focus your clinical and research area based on clinical and research supervisor specialization.

Core Competencies of a Clinical Psychologist

There are six core competencies for the practice of clinical psychology. The Clinical Psychology Program subscribes to these six core areas as laying the foundation for the content and competency domains in the training of clinical psychology students. A brief definition of each area is provided below. This information is taken from the Mutual Recognition Agreement (MRA) of the Regulatory Bodies for Professional Psychologists in Canada. Additional information can be found here: https://acpro-aocrp.ca/wp-content/uploads/2020/03/Mutual-Recognition-Agreement-June-2004.pdf

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

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

3. **Intervention:** The intervention competency is conceptualized as activities that promote, restore, sustain, and/or enhance positive functioning and a sense of wellbeing in clients through preventive, developmental and/or remedial services.

4. **Research:** Professional psychology programs should include research training such that it will enable students to develop: a basic understanding of and respect for the scientific underpinnings of the discipline; knowledge of methods so as to be good consumers of the products of scientific knowledge; sufficient skills in the conduct of research to be able to develop and carry out projects in a professional context and, in certain cases, in an academic context with the aid of specialized consultants (e.g., statisticians).

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

6. **Supervision:** A kind of management that involves responsibility for the services provided

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

Accreditation

The Clinical Psychology Program at the University of Saskatchewan is fully accredited by the Canadian Psychological Association, Accreditation Panel for Doctoral Programs and Residencies in Professional Psychology of the Canadian Psychological Association. The program received a 5-year renewal of its accreditation in 2022-2023 and our next accreditation review year is 2027-2028.

CPA Accreditation Office:

Canadian Psychological Association
1101 Prince of Wales Drive, Suite #230
Ottawa, ON, K2C 3W7
Email: accreditationoffice@cpa.ca
Phone: 613-237-2144 or 1-888-472-0657 (toll-free in Canada)

2. Clinical Psychology Faculty

We have eleven University of Saskatchewan faculty members working in the area of Clinical Psychology. Our faculty members' clinical and research cover a wide range of topics. Our faculty actively collaborate with other faculty in the Department and with faculty from St. Thomas More College (STM), two of whom are in clinical psychology and are contributing members to the program. The program offers Ph.D. degrees in clinical psychology. Please visit the departmental website for contact details as well as information regarding faculty clinical, research, and teaching interests.

Clinical Psychology Faculty	
Dr. Jorden Cummings	Professor
Dr. Michelle Gagnon	Associate Professor
Dr. Matt Jarrett	Professor
Dr. Kristy Kowatch	Assistant Professor
Dr. Julia McNeil	Assistant Professor
Dr. Ian McPhail	Associate Professor
Dr. Lachlan McWilliams	Professor
Dr. Megan O'Connell	Professor and co-Director of Clinical Training
Dr. Mark Olver	Professor
Dr. Joshua Rash	Professor and co-Director of Clinical Training
Dr. Keira Stockdale	Associate Professor
St. Thomas More Faculty	
Dr. Gerry Farthing	Associate Professor
Dr. Paulette Hunter	Associate Professor

3. Training Resources

University of Saskatchewan Psychology Clinic (USPC)

Who We Are

The Psychology Services Centre (PSC) was established in 1979 and renamed the University of Saskatchewan Psychology Clinic (USPC) in 2015. A new, larger clinic was built in the Qu'Appelle Hall Addition, on Campus in 2025. The USPC is an in-house training centre in the Department of Psychology where clinical psychology graduate students provide psychotherapy and/or assessment services to members of the public, either in clinical practica placements or for applied aspects of therapy and/or assessment classes. All trainees in the clinic are closely supervised by registered psychologists.

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

The USPC engages in evidence-based practice and strives for client-directed, outcome informed services by working collaboratively with clients to determine what is most useful to them in the services they seek.

The USPC embraces diversity along all dimensions, including race, culture, religion, socio-economic status, bodies and abilities, sexuality, gender identity, and types of families. The USPC is LGBTQ2S+ affirming.

Who We Serve

The USPC offers a range of services across age groups. Currently available services include:

Therapy for Adult Individuals and Groups

- Anxiety
- Depression
- Trauma and stressor-related disorders
- Health concerns
- Relational trauma
- Relationship concerns
- Grief and loss
- Work-life balance
- Life transitions
- Identity questions

Assessment Services for All Ages

- Psychoeducational assessments for persons over the age of 7:
  - ADHD, learning disabilities, intellectual disability
- For ADULTS only: Mental health concerns/psychodiagnostics assessments (diagnostic clarity, better understanding of self, and/or treatment planning)
- **We cannot assess for autism in children/youth or adults**

Services Not Currently Available

Due to USPC's priority as a training facility, and the generally short-term nature of therapeutic services, our clinic cannot provide services when there is a risk of frequent or severe crisis or involvement with the law (either criminal or civil). We do not provide services for the following:

- High suicidality
- High levels of crisis (with a need for emergent interventions)
- Moderate to high substance abuse difficulties without an involved addictions counsellor
- Involvement in the criminal justice or civil legal systems.

Referrals

The USPC welcomes self-referrals and client referrals from physicians and other healthcare providers. Referrals are accepted based on the assessed fit between the training needs of our students and the assessed needs of clients. Individuals seeking USPC services or healthcare providers wishing to make a referral may contact the USPC through the online referral form.

Fees for Services

The fee for therapy provided by a student clinician is $25/hour.

The fee for therapy provided by a registered psychologist is $200/hour. The USPC also offers sliding scale fee options on a case-by-case basis, to prevent cost being a barrier or deterrent for people who may benefit from services. The fee structure for therapy and assessment services can be found on the website.

Group therapy fees depend on the number of sessions, and the fee is communicated in advance.

The USPC accepts payment by Visa, Mastercard, Amex, debit, cash, or cheque. The USPC does not currently direct-bill to insurance providers but will issue a receipt for fees paid which can be submitted to an insurance provider.

Fees received are put toward costs associated with running the clinic.

USPC Staff

Clinic Director

Effective August 1, 2015, the clinical psychology program has a full-time Clinic Director who assumes many of the clinic's administrative and training functions. Dr. Renée Roy has been the Clinic Director since October 2024. The Clinic Director is a member of the Clinical Program's Clinical Executive Committee (CEC) and has the following responsibilities:

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

Staff Psychologists

There are currently two staff psychologists working in the USPC. Staff psychologists engage in many roles in the clinic, with their primary duties devoted to providing training and supervision to graduate students and delivering clinical services to clients. The staff psychologist roles are currently held by:

- Dr. Lisa Gaylor, R. Psych
- Dr. Fern Stockdale, R.D. Psych

Administrative Coordinator

The Administrative Coordinator is responsible for supporting the USPC through management of reception and front desk services, clinic financial management, and administrative support for the Clinic Director and Staff Psychologists. This role also supports the program and department as needed. The role of Administrative Coordinator is currently held by:

- Efeomo Awelewa

Psychology Clinic Space

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

USPC Room Booking Policies

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

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

- Faculty and students in the Graduate Program in Clinical Psychology.
- Faculty and students in other programs in the Department of Psychology and Health Studies.
- Clinical adjunct, associate, and professional affiliates of the Department of Psychology and Health Studies.
- Other registered psychologists associated with the Department of Psychology and Health Studies as approved by the USPC Director.
- Clinical adjunct, associate, professional affiliates and other registered psychologists associated with the Department of Psychology and Health Studies are requested to provide a signed letter to the USPC Director indicating the proposed use of the space. Space in the USPC may be reassigned up to one month before the reserved time according to the priorities above. In these rare circumstances, we have historically been able to provide workable alternate arrangements.

Bookings must be done in advance. Email **psychology.clinic@usask.ca** and include your requested date, time and room number in your email. You will receive a reply confirming your booking.

If a course requires specific rooms on a particular weekday for the entire term please book well in advance of the term.

University property and services are to be used for activities that fulfill the University's mandate. Incidental use of University property and services for personal purposes is permitted only if it is not part of an activity which the employee does for personal profit. Use of University property and services is not permitted for any commercial activity other than that currently provided for in the collective agreements.

There is no fee to use USPC space. We require at least 24 hours cancellation notice.

Test Library Policies

The USPC maintains an extensive library of psychological assessment materials (i.e., Test Library) located in the clinic. The primary functions of the test library are to support teaching at the graduate level, to facilitate assessment and treatment services offered to the community through the USPC, and to support student and faculty research.

Eligible Borrowers for Assessment Materials

To the highest degree possible we strive to ensure test security and, thereby, follow the CPA code of ethics regarding testing material.

Borrowers are restricted to graduate students in the clinical program and clinical psychology faculty. Adjunct, associate, and professional affiliate clinical faculty may borrow materials for use in teaching and research connected with the Department of Psychology and Health Studies. Undergraduate students who wish to use the test library as a resource for their honour's theses must provide a letter from their faculty supervisor to the Clinic Director outlining the need for use of test materials and assuming responsibility for the return of the materials. Their faculty supervisor must have the correct credentials to use this test (i.e., supervisor must be Level C for Level C tests). Moreover, supervisors must have competency in these tests to borrow them and they might be asked to detail evidence of their competency.

All other requests to use test library materials must be approved by the Clinic Director. In keeping with test publishers' restrictions, only requests from Registered Psychologists will be considered in most cases. It is assumed that off-campus practicum sites will supply consumables and test kits for student clinician use. However, when required and for limited periods, assessment materials may be signed out by student clinicians completing an off-site practicum.

Procedure

Materials are kept under lock and key and can only be signed out by the approved persons mentioned above. All signing out of materials must go through the Administrative Coordinator or designate.

Students in graduate assessment courses may use materials without contacting the Administrative Coordinator provided they inform their faculty instructor, the materials do not leave the clinic and they record where and for how long they will be using the materials in the sign-out binder.

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

All assessment materials may only be signed out for brief periods of time (i.e., not more than a few days) to be arranged at the time of sign-out. The sign-out period may vary somewhat

depending on the demand for the specific assessment tool and the number of copies in the test library.

Consumables (e.g., test blanks) will be provided to students in classes and clinicians. All other borrowers will be charged replacement costs.

Requests to purchase new testing materials should be forwarded to the Clinic Director. An inventory of library materials is maintained by the USPC, and a complete list of the inventory can be found on the USPC website or by contacting the USPC directly.

Additional Bookable Space

Throughout their training, clinical students often need access to space to practice test administration and other clinical skills as part of their course work. The Department of Psychology and Health Studies has access to several additional spaces for training purposes. Priority will be given to students using the space for clinical purposes, and particularly to students in assessment, therapy, and supervision who are practicing specific clinical skills (e.g., test administration, provision of supervisory feedback). The following spaces are available by contacting the department administrative assistant, who will indicate if the space is available to be booked and assist with signing out keys:

- Arts 190 – three individual and one multipurpose room.
- Arts 77 – two small, attached offices.
- Arts 45.1 and 45.5.

Email Listservs

clinpsy-usask-l@usask.ca

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

Posting Messages

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

Listserv Etiquette

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

psychgrad_clin@usask.ca

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

Privacy

Only people who have subscribed are able to post to the list, so little junk e-mail is expected on this list. The list of addresses is accessible only to the list manager and the DCT.

Accommodation and Equity Services

Access and Equity Services (AES) is responsible for providing, along with faculty, reasonable accommodations for students who experience barriers to their education on the basis of a prohibited ground(s), including disability, religion, family status and gender identity. Graduate students who wish to seek academic accommodations must register with AES. For more information on AES and how to apply, visit: https://students.usask.ca/health/centres/access-equity-services.php

In cases where AES standard accommodations are not sufficient or when graduate students enter a stage of their program that requires an individualized accommodation plan (e.g., to support thesis/dissertation research, practicum placements), CGPS will establish an Accommodation Planning Committee (APC) to help determine the appropriate accommodations. The APC includes the student, the research supervisor, the director of AES, Associate Dean of CGPS and, in the clinical psychology program, typically also includes the DCT. For more information and policy and procedures associated with accommodations visit: https://cgps.usask.ca/policy-and-procedure/leaves-accommodations/Accommodations-and-Supports.php#132ACADEMICACCOMMODATIONS

4. Funding

A longstanding policy of the clinical psychology program is to strive to ensure students receive at least four years of funding for students in the graduate program. Students are expected to apply for research and teaching fellowships, but the department is prepared to guarantee four years of funding when the student is not successful in acquiring other sources of funds. In the fifth year of training, students will optimally be completing their residency, during which students receive stipend funding from their residency site.

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

Department and University Funding

Students can be funded by the department through various sources, including GTFs, Expansion Funding, and 75th Awards. Across sources, students will receive $20,000 in their first year prior to transferring to the Ph.D., and $25,000/year in the subsequent three years. Students who do not transfer by the end of their first year will only be eligible to receive the M.A.-level stipend (i.e., $20,000) annually until they transfer.

Graduate Teaching Fellowship (GTF)

GTFs require 240 hours of departmental service in years 2 to 4 of training; the activities are assigned by the Department Head or Associate Head. Students in their first year will not be assigned service hours as a condition of their funding. More details can be found on the department website.

Expansion Funding

Students receiving clinical graduate program expansion funding in years 2 through 4 will be expected to complete 240 teaching or research assistance hours per year as assigned by the Department Head or Associated Head.

75th Anniversary Recruitment Scholarship

Each year, the Department of Psychology has a limited allocation of 75th Anniversary Recruitment Scholarships that can be awarded to incoming students. Several criteria are considered in the weighting and evaluation of potential recipients for this award. Students receiving these awards will be notified in the spring prior to beginning their training. Students do not need to apply for this award. The length of the award is determined on a case-by-case basis and at the discretion of the Department of Psychology and Health Studies.

Tri-Council Funding or Other National Level Funding

Students are expected to apply for external funding from one of the three tri-agencies: Social Sciences and Humanities Research Council (SSHRC), Canadian Institutes of Health Research

(CIHR), or Natural Sciences and Engineering Research Council (NSERC) in every year that they are eligible. Clinical psychology students have been funded by all three of these granting agencies and historically have been very competitive for these grants. Students can consult with their research supervisor and the Graduate Program Chair to determine the most suitable award.

Students eligible to apply for Master's level tri-agency funding may apply to the Canada Graduate Research Scholarship – Master's. This scholarship is jointly administered the three granting agencies (i.e., SSHRC, CIHR, and NSERC) and applications are submitted through a single submission portal. Master's awards are 12-month, non-renewable awards at $27,000. More information can be found at the following link and on the College of Graduate and Postdoctoral Studies website.

Students eligible to apply for Doctoral level tri-agency funding may apply to the Canada Graduate Research Scholarship – Doctoral (CGRS-D). This scholarship is administered by each the three granting agencies (i.e., SSHRC, CIHR, and NSERC), and applications are submitted through a single submission portal for the agency best aligned with the students' area of research. Doctoral awards are valued at $40,000 per year for up to 3 years. For all applications submitted to the CGRS-D, CGPS conducts a university-level review. CGPS then determines whose application will be sent for tri-agency review, according to their quotas to each agency for consideration. More information can be found on the College of Graduate and Postdoctoral Studies website.

*__NOTE:__ Students who receive tri-council funding are to indicate to the agency that they would like to begin their funding in September of the upcoming academic year.

Supervisor Research Funding

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

Departmental or University Employment

Teaching and Research Assistant Positions

Students may receive paid employment through sessional teaching of undergraduate psychology courses or through picking up additional research assistant work. Other university jobs may also be available to clinical psychology students. It should be noted, however, that in general the program discourages students from outside employment, particularly during the early years of their training.

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

Clinical Work outside the Program

Clinical psychology students sometimes garner employment in clinical settings outside the program at some point in the completion of their program of studies. Students **must not** work more than 20 hours/week. Please refer to Chapter 8 for other requirements and expectations related to outside clinical employment.

5. Program Administration

Clinical Psychology Program Executive Committee (CEC)

Committee Purpose

The CEC is very active in all aspects of clinical psychology program administration and is the final arbiter in program decisions.

Some of these activities include serving a curriculum evaluation and planning function, active participation in the comprehensive examination process (this meets the CGPS requirement for a candidacy exam), reviewing program applications and making admissions recommendations, conducting annual student evaluations, and monitoring student progress. CEC the body to which the USPC provides reporting updates.

Committee Membership

This committee consists of the core clinical faculty (i.e., those employed full time in the Department of Psychology & Health Studies and STM and identified as members of the clinical psychology doctoral program), the USPC Clinic Director, and two student representatives. Others can be invited to attend or join CEC after a motion and majority vote.

One student is selected to represent clinical graduate students in years 1 and 2, and the other represents years 3+. The method of selecting a student representative (whether by volunteering, appointment by a student organization, or direct election) is normally left to the respective classes of students. See the program manual for more information about the roles of student representatives on the CEC (e.g., how students are voted in and how they distribute information, etc.).

Committee Structure

Chair: a Director of Clinical Training (DCT) acts as chair or will designate a chair.

Meeting schedule: The committee meets at least six times a year, at the agreed upon time, normally on the first Tuesday of the month from September to May. Business may also be carried out at special meetings or retreats and during the summer months. The Director of Clinical Training distributes the meeting notice and agenda.

Agenda: CEC members are to review the previous minutes on the shared drive, in advance of the meeting date. The Chair or designate will distribute the agenda no later than one day prior to the meeting date. All requests for agenda items are to be submitted to the Chair/designate no later than two days prior to the meeting date.

Committee Processes

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

- Notice of motions on substantive issues will involve at least 5 days. The time may be lengthened depending on the scope and complexity of the issue.
- Several non-substantive issues can be resolved over email at the CEC's discretion.
- Examples of substantive issues include, but are not limited to, curriculum changes, changing degree requirements, admissions criteria changes, changes to remediation policies, resource allocation and budgetary decisions, allocation of significant program funds for new initiatives, and program structure changes. Examples of non-substantive issues include, but are not limited to, student progression and evaluation decisions, updating templates or instructions for internal processes, minor procedural adjustments, and decisions affecting a student's continuation in the program (but not discontinuation).
- Quorum for voting purposes: Quorum of 2/3 of the eligible members (those not on leave). Those on leave have voice and vote, but do not count toward quorum.
- Motions pass by a simple majority of votes cast.

Some of these activities, particularly regarding any program matters that involve sharing or reviewing student information, are performed in camera (i.e., without the student representatives present).

All members of CEC have voice and vote, this includes the Chair and the student representatives, with the exception of in-camera items where students will not vote and are not included in quorum.

Discussion of selected issues by email to the whole CEC may precede discussion at the meeting.

Minutes are kept and distributed to CEC members for approval – separate in camera minutes are kept with more restricted circulation.

Decisions made by the CEC will be forwarded to the appropriate person(s) or committee, which could be the Department Head, the Graduate Committee, the department faculty, or CGPS, depending on the nature of the decision.

Student Input in Clinical Program Governance and Role of Student Representatives

Benefits of being active in program governance

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

Student representatives and their role

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

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

Selection or election of representatives

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

Other ways of introducing input from students

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

1. Individual meetings between DCT and each student in the program, to assess progress and obtain feedback on program issues
2. 'Town hall' or community meetings of the entire program to discuss issues openly - once a year or once a term.
3. Discussion of issues on e-mail listservs.
4. Evaluation forms for classes, practica, and research supervision.
5. Student committees to address issues of concern to students and make recommendations to faculty.
6. Program evaluation surveys with responses compiled anonymously.

Responsibilities of Director of Clinical Psychology Training (DCT)

The clinical program has had several formats for distributing DCT responsibilities amongst faculty. Most clinical psychology programs have one DCT. In recent years, our program has had a

shared position with two co-DCTs to distribute workload, with the roles of each co-DCT shifting depending on the people in the positions, their interests, and external influences on the program. Students will be informed when changes to who holds the role of DCT are made. Some of these responsibilities are normally delegated to other clinical psychology faculty members or to department staff, with the DCT remaining accountable to the Department Head for supervision of these functions.

Program Administration

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

Faculty

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

Students

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

Curriculum

1. Clinical course teaching assignments
2. Coordination with complementary faculty re: non-clinical courses required for our students:
   PSY 805, PSY 806, PSY 807, PSY 811, PSY846, PSY 461/812
3. Assist the Practicum Coordinator with identification of placements; matching of students; receipt of evaluations
4. Residency: contact with external residency directors at mid-term and end of residency
5. Comprehensive examinations: arranging exams, advising students on process, communicating results to the Department and College, planning for remediation where needed
6. Clinical Psychology Case Seminar Series

Resources

1. Website
2. Listserv (clinpsy-usask-l)
3. Request departmental support for conferences and special events
4. Payment of program fees for CPA accreditation, CCPPP, CUDCP, and APPIC membership

6. Program Components and Milestones

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

Program Requirements and Components

Coursework

Clinical students are required to complete a minimum of 36 credit units (CUs). They can be divided into core departmental requirements, clinical requirements, and core content area courses. A full description of courses can be found in Chapter 7.

Core Department Courses (6 CU):

PSY 805	Statistics I Univariate General Linear Models
PSY 807 or PSY 809	Statistics III Multivariate Statistics or Qualitative Research

Required Clinical Courses (30 CU):

PSY 811	Program Evaluation
PSY 813	Mental Health, Personality, and Diagnostic Assessment of Individual Differences
PSY 814	Theories and Models of Intelligence and Their Application in Cognitive Assessment
PSY 831	Psychopathology and Individual Differences Across the Lifespan
PSY 841	Child Socioemotional and Cognitive Assessment
PSY 845	Clinical Supervision and Consultation
PSY 850	Topics in Psychological Therapy 1
PSY 852	Topics in Psychological Therapy II
PSY 858	Ethical and Professional Issues in Clinical Psychology
PSY 860	Learning from Indigenous Cultural Perspectives on Health and Healing

Core Content Area Courses

To meet our accreditation requirements and to ensure that students will be qualified under the Mutual Recognition Agreement (MRA), clinical psychology students are required to demonstrate undergraduate or graduate competence in six core content areas. These core content areas are: (1) the biological bases of behaviour, (2) the cognitive-affective bases of behaviour, (3) the social-cultural bases of behaviour, (4) individual differences, diversity, growth, and lifespan development; (5) the historical and scientific foundations of psychology; (6) the foundations of psychopharmacology.

The requirements can usually be met by taking a 3-credit unit graduate-level course. However, these requirements can be met by evidence of successful completion of the equivalent of 6 credit units in each area at the senior undergraduate level (i.e., year 3 or 4), with the exception of history and systems, for which equivalency can be achieved from 3 credit units at the senior

undergraduate level. Exemptions will be determined by the Director of Clinical Psychology Training when students register in their first year of the program.

The current clinical psychology program is designed to cover most of these content area requirements through our clinical coursework. Additional courses offered by other graduate streams can assist with meeting other content areas. The content areas and options for meeting these content areas are as follows:

1. **Biological bases of behaviour:** Students who do not have an exemption based on their undergraduate training or previous graduate degrees can typically meet this requirement by taking *PSY 846: Selected Topic in Advanced Human Neuropsychology* or other courses offered by the CGNS faculty.

2. **Cognitive-affective bases of behaviour:** Students do not typically need to take additional coursework to meet this requirement. Our program is designed such that *PSY 814: Theories and Models of Intelligence and Their Application in Cognitive Assessment* meets this content area requirement.

3. **Social-cultural bases of behaviour:** Students do not typically need to take additional coursework to meet this requirement. Our program is designed such that *PSY 860: Learning from Indigenous Cultural Perspectives on Health and Healing* meets this content area requirement.

4. **Individual differences, diversity, growth, and lifespan development**: Students do not typically need to take additional coursework to meet this requirement. Our program is designed such that *PSY 831: Psychopathology and Individual Differences Across the Lifespan* meets this content area requirement.

5. **The historical and scientific foundations of psychology**: This content area is currently being met by an undergraduate course, *PSY461: Stories of Psychology Critical Perspectives on History and Systems,* that clinical students can receive special permission to take.

6. **The foundations of psychopharmacology.** This content area is currently being met by a 2-week focus being offered at the end of the term in *PSY 846: Selected Topic in Advanced Human Neuropsychology* offered every few years. Students who do not need to take this course to meet the biological bases of behaviour content area requirement may sit in on the final two weeks of PSY 846.

Elective Courses

Electives are not normally required. However, students who request exemptions from core departmental courses (e.g., statistics) and who do not need to take core content area courses due to meeting these requirements elsewhere, still need to take 36 CUs. In this case, electives

would need to be taken to meet the 36 CU requirement. At times students might pursue electives due to interest or research topic, which should be done in consultation with their advisor, advisory committee, and DCTs.

Clinical Placement Requirements

For complete information on clinical placements and expectations, please refer to Chapter 8.

The core clinical placements in the Clinical Psychology Program are:

1. **PSY 921: USPC 1 – Practicum in Profession Psychology**. This is completed in the Spring and Summer terms of first year where students complete a 2-days per week practicum in USPC.
2. **PSY 922: USPC 2 – Practicum in Professional Psychology.** This is a continuation of the USPC placement throughout the Fall and Winter terms of Year 2 of the program.
3. **PSY 923: Community 1 –Practicum in Professional Psychology.** Students complete their first external or specialized practicum placement in Year 3 of the program. This is typically from September to April and is 1-2 days per week.
4. **PSY 924: Community 2 – Practicum in Professional Psychology.** Students complete their second external or specialized practicum placement. This is typically from September to April and is 1-2 days per week.
5. **PSY 930: Internship in Clinical Psychology.** Students completed a full year, full time clinical psychology residency. This typically occurs in the 5th year of the program, assuming other program requirements have been met.

Research Requirements (Dissertation)

Expectations for a Dissertation

As outlined by CGPS, the Ph.D. thesis (i.e., dissertation), based upon original investigation, must demonstrate mature scholarship and critical judgment on the part of the candidate, as well as familiarity with tools and methods of research in the candidate's special field. Theses may be produced in either the traditional style or the 'manuscript' style, which consists of a manuscript, or cohesive series of manuscripts, written in a style suitable for publication in appropriate venues. It must comply with specifications described on the CPGS website. Thesis preparation involves a long-term commitment through the stages of preparing a research proposal, completing a literature review, developing methodology, carrying out research and writing the results. Throughout this process the student will maintain contact with the Supervisor, as well as the Advisory Committee. It is expected the student will follow the advice of the supervisor and the advisory committee in establishing when the dissertation is ready for examination. Typically, a process of multiple drafts and revisions will occur between the student and the supervisor prior to completion of a final draft for distribution to the advisory committee. When, in the opinion of the student and the Supervisor, the work is virtually complete and ready for defence, the supervisor will submit it to the Advisory Committee. When a majority of the voting members of the advisory committee agree the dissertation is ready for defence, the supervisor will inform the academic unit, who will advise CGPS in writing.

Research Milestones and Expectations

Students are expected to be continuously working on their dissertation research throughout the program. Students should consult their research supervisors for specific guidance on timelines and expectations while developing their project(s). Several program-level deadlines are in place to ensure that students are consistently progressing and are close to completing their dissertation research *prior* to applying to residency.

1. **Transfer:** Students are expected to transfer from their M.A to the Ph.D. program at the end of their first year. The research requirement for this transfer involves a prepared written document that is completed by the end of August of their first year. The nature of this document is up to the student and the supervisor. Examples may include but are not limited to a literature review, a mini proposal, a tri-council scholarship application.

2. **Dissertation Proposal:** The full dissertation proposal must be approved by the supervisor and sent to the dissertation committee before students can begin their third-year practicum. Students and supervisors must plan ahead for this and plan for any significant supervisor absences. Ideally planning for this begins in the summer of first year. The timeline for this should be collaboratively discussed in the supervision contract.

   The dissertation proposal should include a comprehensive and up-to-date literature review followed by a program of original scholarly research that is the breadth and caliber of a doctoral thesis. The specific scope and nature of the study or studies are determined by the student and supervisor in conjunction with the advisory committee. While part of a dissertation may be based on existing data banks or data from previous studies, it is normally expected that at least one study including original data collection will be carried out.

3. **Data collection and Residency Applications:** In 3rd year or year prior to which the student intends to apply for residency, the following timelines and checkpoints are set:
   a. First day of Fall term Year 3 (or year before intention to apply) the students are highly encouraged to have started data collection, or for forensic students, are highly encouraged to have applied for appropriate ethics and agency approvals.
   b. First day of Winter term Year 3 (or year before intention to apply), the student must have started data collection if they wish to apply for residency in the upcoming cycle.
   c. By residency applicant approval date (i.e., July CEC meeting), data collection for the final study of a manuscript-style dissertation must have begun. Subject to CEC approval, students who did not meet the requirements in item “b” may be eligible to apply if “c” is met.

   *Data Collection is defined as: In traditional dissertation (i.e., single study dissertation) approach, data collection is for the single study. In manuscript style dissertations, data

collection for at least one study, regardless of methodology, must be started. By the approval date, data collection for the final study must be started.

4. **Dissertation Defense:** Ideally, students will defend their dissertation prior to leaving for residency or while on residency. There are many benefits to completing the dissertation before or by the completion of residency, including ability to register promptly within the province of Saskatchewan, ability to access jobs at the residency site or elsewhere immediately upon completion of the residency, and tuition savings. Decisions on whether a dissertation is ready for defense are made by the student, research supervisor, and committee. Defenses can take place in-person or virtually.

A Note on Research Activity Outside of your Graduate Thesis

Research supervisors vary in terms of their expectations for graduate students working under their supervision to participate in the research activities of the lab. Some may have set hours and have structured lab meetings and specific expectations; others may have less specific or minimal expectations for you to be involved in their research. At the most basic level, your top priorities are performance in your coursework, clinical training, and your dissertation (e.g., at this stage, your transfer document). That said, participating in additional research projects and having your hand in presenting at conferences, manuscript writing, navigating the publication process, and so on are important professional activities that can enrich your graduate training and increase your competitiveness for scholarships, residency, and future job prospects. It will be important for you to obtain a clear understanding of what your research supervisor's expectations are for contribution to their lab research activity.

Policy on Transferring from the M.A. to the Ph.D.

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

1. Successful completion of all first-year graduate courses.
2. Successful completion of summer portion of the USPC practicum.
3. Ethical and professional conduct.
4. Approval by the student's advisory committee that the research requirement for transfer, as set out by the research supervisor, has been met.

Other Program Requirements

Graduate Students Ethics Requirement

In the first year of the program, students need to complete the following two courses:

GPS 960 Introduction to Ethics and Integrity
GPS 961 Ethics and Integrity in Human Research.

These are mandatory 0 credit courses offered by the College of Graduate and Postdoctoral

Studies (CGPS). These courses are generally quick to complete. Some students choose to do one per term, while other students choose to do both in one term.

Clinical Seminars (PSY 900)
Students must enroll in PSY 900 Directed Research in Psychology in the Fall and Winter terms of Years 1-4 of the program. This course code is our clinical seminar course code.

Clinical seminars are held for an hour usually on Tuesdays from 3:30-4:30 from September to April. All pre-residency clinical psychology students are **required to attend**. Students who are unable to attend must inform the DCT of their absence.

Seminar speakers will be asked if they will be willing to share their presentation via Zoom. If they agree, a Zoom link will be circulated prior to the seminar. Students who are in a clinical placement during the seminar time are expected to make every effort to attend in person. For students on practicum and for whom it is not possible to make it to campus by 3:30, we request that you speak to your clinical supervisor about joining virtually.

Seminar topics are quite varied but typically cover professional and applied issues in diagnosis, conceptualization, assessment, intervention, and ethics in various domains of clinical psychology in research and practice. **Fourth year students are expected to present in clinical seminar.** This may be a presentation of their case from their comprehensive examinations, or another topic decided in conjunction with the clinical seminar coordinator.

Research Team and Directed Research Credits (PSY 994/996)
Students must be continuously enrolled in either PSY 944 or PSY 996 for all terms for the duration of your studies. This includes all Spring and Summer terms, all terms while on residency, and all terms of any post-residency years taken to complete the degree. Students enroll PSY 994 if they are in the M.A. program and have not completed their transfer. Students enroll in PSY 996 if they are in the Ph.D. program or once they have transferred.

Clinical psychology students are expected to attend a weekly or bi-monthly research team meeting, which will be chaired and/or attended by your research supervisor and attended by other graduate students and faculty with similar research interests. This is a non-credit course on your transcript, but to obtain satisfactory standing attendance is required. You will, at minimum, be expected to attend your research team in the four years prior to beginning residency. Please discuss expectations for attendance with your research supervisor. As a member of a research team, you may have opportunities to:

- Bring in references you come across that may interest other members of the team.
- Present and discuss important articles in the research literature, as in a journal club.
- Act as a research assistant in a project being carried out by the team leader or by another student.

- Receive assistance from other team members in carrying out your own research (e.g., rating, scoring, entering data, assistance with analysis).
- Offer constructive criticism of documents written by other members of the team (e.g., articles to be submitted to journals, thesis proposals, grant proposals, conference presentations, posters).
- Rehearse talks for conferences, dissertation defenses, etc., and obtain feedback.
- Carry out a joint research project in which all team members contribute.
- Brainstorm and refine ideas for further research.
- Discuss and demonstrate specific research techniques (e.g., statistical methods, psychometric methods).
- Give and receive social support to help get through the tribulations of completing research.

Normally each student will participate on their research supervisor's research team. If the research supervisor does not have a research team, or if the supervisor is away, the student should take the initiative to locate another research team.

Candidacy Assessment
The candidacy assessments (formerly comprehensive exam but we will use these terms interchangeably) occur in May and/or June of the third year of the program. For more information on the candidacy assessment requirements, please see Chapter 9.

Typical Program Progression

Year 1
The first year of the program is very course intensive. We do this for you to complete a number of fundamental courses in theory, clinical applications, statistical methods, and professional issues to prepare you for your USPC practicum and to prepare for transfer to the PhD program at the end of your first year. In your first year, your priorities are:

1. **Coursework:** A primary goal for you will be to focus on your coursework and to take in as much as possible. It will inevitably be a steep learning curve, as we will be expecting you to learn about mental health disorder diagnosis and classification, administration of standardized psychological tests, clinical interviewing, report writing, and ethics in professional practice.

   Students typically take 3 courses in each of the Fall and Winter terms, although scheduling of courses within each term varies year to year. The first-year courses are:

   - PSY 805 Statistics I Univariate General Linear Models
   - PSY 813 Mental Health, Personality, And Diagnostic Assessment of Individual Differences

- PSY 814 Theories and Models of Intelligence and Their Application in Cognitive Assessment
- PSY 831 Psychopathology and Individual Differences Across the Lifespan
- PSY 850 Topics in Psychological Therapy I
- PSY 858 Ethical and Professional Issues in Clinical Psychology

Students are generally discouraged from taking more that 3 courses per term. Students wishing to do so should discuss this with their research supervisor and the DCT prior to enrolling. Questions related to course advising can be addressed to the DCT.

Lastly, students must complete the mandatory 0 credit courses offered by the College of Graduate and Postdoctoral Studies (CGPS) by the end of the Winter term:

- GPS960: Introduction to Ethics and Integrity
- GPS961: Ethics and Integrity in Human Research

2. **Summer Practicum (PSY 921):** In the summer of your first year (i.e., May), you will begin your USPC practicum. This practicum will run from May of your first year to end of March of your 2nd year. Students will work in the clinic 2 days per week. Closer to the start date of the practicum, the USPC Clinic Director will contact students with more information, including the days of their practicum.

3. **Required Summer Research Day:** Students will be provided with space (e.g., clinic multipurpose room, or with their supervisor) and support to meet on an identified day, weekly from May to August with the expectation that they work on their research. Research expectations throughout the summer will be determined by the supervisor and regular progress updates will be provided to the supervisor.

4. **Formation of advisory committee:** The members of the advisory serves as the student's committee for their transfer and for dissertation. To transfer from the M.A. to the Ph.D. program, students are required to have a committee comprised, at minimum, of i) their supervisor, and ii) an additional member. Although the additional member is typically an internal committee member (i.e., faculty members from any stream in the Department of Psychology and Health Studies), this may be any member of CGPS faculty, including Adjunct Professors. A Professional Affiliate or someone approved for one-time membership by CGPS can also serve in this role.

   The dissertation committee includes: i) your research supervisor as chair, ii) one additional member who meets the criteria listed above, and iii) a cognate. The cognate member is a member of CGPS faculty and is from a different principal academic unit than the student and supervisor. For instance, the cognate member could be from a college such as Law, Medicine or Nursing, another department within Arts and Science such as philosophy, sociology, etc. Although the dissertation committee is required once a student has transferred into the Ph.D.

program and is ready to propose their dissertation proposal, many supervisors will assemble a full dissertation committee at the M.A. to Ph.D. transfer phase. Students are encouraged to discuss this with their supervisor, who will provide guidance on committee membership.

Of note, in 2023 the CEC adopted a policy for Supervisors of graduate students in the graduate program. This document outlines particular requirements for advisory committees of clinical students.

Your committee will oversee your transfer and/or doctoral research planning, progress, and development leading up to your defense. They also serve as your broader advisory committee who will evaluate your progress in the program in general, including your progress on coursework, and satisfactory progress in practica, and satisfactory completion of research requirements (e.g., transfer, dissertation proposal, final dissertation) Throughout your time here, you will meet with your advisory committee annually. When it comes time for defense an external examiner, university examiner, and department chair or designate will be added to your committee for a total of six members.

Year 2

The following are the priorities for Year 2:

1. **Coursework:** Second year students continue to complete their required courses. Additionally, it is recommended that students aim to complete their content area requirements in the second or third year. Scheduling of courses within terms varies year to year.

   The second-year courses are:
   - PSY 811 Program Evaluation
   - PSY 841 Child Socioemotional and Cognitive Assessment

   Additional required or content area courses that students are encouraged to take in their second year, if they are offered include and if needed by the student:
   - PSY 807 Statistics III Multivariate Statistics or PSY 809 Qualitative Research
   - PSY 461 Stories of Psychology Critical Perspectives on History and Systems
   - PSY 846 Selected Topic in Advanced Human Neuropsychology

2. **Practicum (PSY 922):** Students in second year continue their USPC practicum from September until end of March.

3. **Dissertation proposal:** Students are expected to make steady progress on their dissertation proposal in their second year. Students who do not have a draft of their proposal sent to their committee by August of their 2nd year will not be permitted to enroll in their first community practicum (PSY 923).

Year 3

The following are the priorities for Year 3:

1. **Coursework:** Third year students are expected to complete their required courses and content area requirements by the end of their 3rd year. Clinical courses to be taken in the third year include:

    - PSY 852 Topics in Psychological Therapy II
    - PSY 845 Clinical Supervision and Consultation
    - PSY 860 Learning from Indigenous Cultural Perspectives on Health and Healing

2. **Practicum (PSY 923):** Students in third year complete their first community practicum. This generally takes place from September to April.

3. **Candidacy assessment:** Students complete their candidacy assessments in May/June of Year 3. More information on the candidacy assessment in Chapter 9.

4. **Dissertation data collection:** Students in third year should be well into their data collection. Students wishing to apply for residency in their 4th year are required to have started data collection on all dissertation studies to have their application request considered by CEC.

5. **Submission of Request to Apply for Residency:** Students wishing to apply for residency must complete the Residency Application Approval form (Appendix I) and submit it to the DCT by May 31st of the year in which they wish to apply.

6. **Residency applications:** Students who are approved to apply for residency will be contacted by the DCT with instructions on how to begin applying for residency. Applications are typically started in July or August.

Year 4

The following are priorities for Year 4:

1. **Dissertation progress:** Students are expected to continue making substantial progress on their dissertation, even while apply for residency. Ideally, students will have a completed draft of their dissertation submitted to their supervisor prior to leaving for residency.
2. **Practicum (PSY 924):** Students in fourth year complete their second community placement. This generally takes place from September to April.

3. **Residency applications and interviews:** Residency applications are finalized in September and October. Site deadlines vary but are generally between October 31st and November 15th. Students will be notified of interviews towards the beginning of December. Interviews take place from December to end of January. Students will be notified of their match mid-

February. Unmatched students can participate in phase 2 of the match and the post-match vacancy, if needed.

Year 5 and beyond

The following are the priorities for year 5 and beyond:

1. **Residency (PSY 930):** Students complete a 1-year, full-time residency, typically in Year 5.

2. **Completion of dissertation and dissertation defense:** The final program component to complete is the dissertation and the dissertation defense. Students are encouraged to carve out time for their dissertations while on residency, where possible. Ideally, students will defend their dissertation prior to completing their residency (i.e., before August 31st).

   Once the supervisor and student have agreed that dissertation is complete, they will send it to the committee. The committee must determine if the dissertation is approved for defence. The Ph.D. examining committee for the defense consists of at least six members, as follows:
   a. Examining committee chair (non-voting) - This individual is assigned by the department once the defense is ready to be scheduled.
   b. Supervisor (Co-supervisors, if applicable) and all members that served on the advisory committee.
   c. University examiner – This individual is identified by the supervisor/student and communicated to the department once the defense is ready to be scheduled.
   d. External examiner – This individual is identified by the supervisor/student and communicated to the department once the defense is ready to be scheduled.

   For more information about the roles, including criteria for appointment, please visit the CGPS website.

7. Core Courses and Degree Requirements

Overview of Degree Requirements

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

The course descriptions and program degree requirements from the College of Graduate Studies and Research for the clinical psychology stream of the Graduate Program can be found on the University Catalogue webpage.

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

Normally, students in the clinical stream transfer from the M.A. after their first year in the graduate program to the Ph.D. program and then maintain continuous registration in until all requirements for the Ph.D. are met. For students in the transfer program, this will entail a total of 36 credit units of classroom-based course work. Note that many of the courses including clinical placements, graduate theses, and other program seminars or course requirements are 0-credit and thus do not contribute to the 36-credit unit total; they are, however, equally as important and their successful completion is required for graduation.

Students are eligible to earn an M.A. degree from the Graduate Program in the clinical psychology stream, although this tends to be much less common and most students transfer from the M.A. to Ph.D. program. For the M.A. degree following clinical stream requirements, this entails the completion of 24 credit units of coursework and concordant clinical and thesis research requirements, while the Ph.D. degree requires an additional 12 credit units and the remaining clinical and thesis research requirements as outlined in the course catalogue. Students directly entering the Ph.D. program from another institution, however, are usually required to complete most, if not all, of the core courses and clinical placements (in addition to the dissertation) to qualify for graduation.

The degree requirements by course listing for the three-degree options within the clinical psychology stream are presented here:

MA (if awarded)	PhD (if MA completed)	MA/PhD (standard program path)
• GPS 960.0 • GPS 961.0, if research involves human subjects • GPS 962.0, if research involves animal subjects A minimum of 24 credit units of course work, including the following: • PSY 805.3 • PSY 807.3 or PSY 809.3 • PSY 811.3 • PSY 813.3 • PSY 814.3 • PSY 831.3 • PSY 850.3 • PSY 858.3 • PSY 900.0 • PSY 921.0 • PSY 922.0 • PSY 994.0 • Thesis defense.	• GPS 960.0 • GPS 961.0, if research involves human subjects • GPS 962.0, if research involves animal subjects • IMPORTANT: Students entering the program without an M.A. in Clinical Psychology from the University of Saskatchewan (or equivalent degree) may be required to complete additional credit units in order to obtain the Ph.D. in Clinical Psychology, including PSY 805.3, PSY 807.3 or PSY 809.3, PSY 813.3, PSY 814.3, PSY 831.3, PSY 850.3, PSY 858.3 • Dissertation defense • Comprehensive Examination A minimum of 12 credit units, including: • PSY 841.3 • PSY 845.3 • PSY 852.3 • PSY 860.3 • PSY 900.0 • PSY 921.0 • PSY 922.0 • PSY 923.0 • PSY 924.0 • PSY 925.0	• GPS 960.0 • GPS 961.0, if research involves human subjects • GPS 962.0, if research involves animal subjects • Comprehensive examinations • Dissertation defense A minimum of 36 credit units of course work, including the following: • PSY 805.3 • PSY 807.3 or PSY 809.3 • PSY 811.3 • PSY 813.3 • PSY 814.3 • PSY 831.3 • PSY 841.3 • PSY 845.3 • PSY 850.3 • PSY 852.3 • PSY 858.3 • PSY 860.3 • PSY 900.0 • PSY 921.0 • PSY 922.0 • PSY 923.0 • PSY 924.0 • PSY 925.0 • PSY 930.0 • PSY 996.0 • Additional core content area coursework may be assigned by the Director of Clinical Training to satisfy accreditation requirements

	• PSY 930.0 • PSY 996.0	

Brief Course Descriptions

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

PSY 805: Statistics I Univariate General Linear Models

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

PSY 807: Statistics III Multivariate Statistics

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

PSY 809: Qualitative Research

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

PSY 811: Program Evaluation

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

PSY 813: Mental Health, Personality, and Diagnostic Assessment of Individual Differences

This is a foundational course in the theoretical and practical issues in clinical personality assessment. The nature, history, and current controversies and problems related to objective personality are examined. A goal of this course is to become proficient in basic interviewing skills and in the administration and interpretation of basic objective personality instruments.

PSY 814: Theories and Models of Intelligence and Their Application in Cognitive Assessment

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

PSY 831: Psychopathology And Individual Differences Across the Lifespan

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

PSY 841: Child Socioemotional and Cognitive Assessment

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

PSY 845: Clinical Supervision and Consultation

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

PSY 850: Topics in Psychological Therapy I

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

PSY 852: Topics in Psychological Therapy II

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

PSY 858: Ethical and Professional Issues in Clinical Psychology

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

PSY 860: Learning from Indigenous Cultural Perspectives on Health and Healing

The seminar is designed to develop professional competence in clinical psychology through the

study and discussion of professional issues and problems in clinical and community practice. Both theoretical and practical issues will be considered, including topics such as forensic assessment and awareness of cultural factors in healing. Required for all PhD students in clinical psychology.

PSY 900: Directed Research in Psychology

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

PSY 921: USPC 1- Practicum in Professional Psychology

Supervised field work in professional psychology as required by the Canadian Psychological Association for accreditation and subsequent registration as a clinical psychologist. USPC 2 takes place in the University of Saskatchewan Psychology Clinic, typically during the spring and summer terms of a clinical psychology student's first year of courses.

PSY 922: USPC 2 - Practicum in Professional Psychology

Supervised field work in professional psychology as required by the Canadian Psychological Association for accreditation and subsequent registration as a clinical psychologist. USPC 2 takes place in the University of Saskatchewan Psychology Clinic, typically during the fall and winter terms of a clinical psychology student's second year of courses.

PSY 923: Community 1 - Practicum in Professional Psychology

Supervised field work in professional psychology as required by the Canadian Psychological Association for accreditation and subsequent registration as a clinical psychologist. Community 1 takes place in a community psychology setting with supervision provided by a registered psychologist or individual faculty member, typically during the fall and winter terms of a clinical psychology student's third year of courses.

PSY 924: Community 2 - Practicum in Professional Psychology

Supervised field work in professional psychology as required by the Canadian Psychological Association for accreditation and subsequent registration as a clinical psychologist. Community 2 takes place in a community psychology setting with supervision provided by a registered psychologist or individual faculty member, typically during the fall and winter terms of a clinical psychology student's fourth year of courses.

PSY 930: Internship in Clinical Psychology

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

PSY 994: Research (Year 1 – MA)

Completion of original research and writing of Master's thesis. *
*Note that although this course description indicates a Master's degree, for students in the M.A./Ph.D. transfer this is recognized to be the written transfer research requirement.

PSY 996: Research (Years 2+ - PhD)

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

GPS 960: Introduction to Ethics and Integrity

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

GPS 961: Ethics and Integrity in Human Research

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

8. Clinical Placements

A key program training component for clinical psychology students is the completion of clinical placements in an applied setting. The policy, guidelines, and structure regarding these three sets of clinical placements are described below.

There are generally three types of placements:

- In-house University of Saskatchewan Psychology Clinic (USPC) placement spanning the end of first year (i.e., May) and all of second year (i.e., end of March);
- Community Practica 1 and 2 in third and fourth year respectively, where students are matched to an external placement.
- Pre-doctoral residency, which includes a full year of intensive supervised clinical practice and training typically completed in the fifth or sixth year of the program.

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

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

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

USPC Placement

General Expectations for USPC Placement

- Begins in May at the end of first year, and finishes in March of second year, for a total of 11 months.

- Two days per week, with breaks during fall and spring Reading Weeks.
- Minimum of 3.5 hours of weekly supervision, of which at least 1.5 hours should be regularly scheduled individual supervision.
- Exposure to a variety of clients and professional roles (assessment, therapy, consultation, program evaluation).
- Three evaluative checkpoints involving mutual verbal and written feedback will take place, one at the end of the summer (first quarter), one midway through the year (between second and third quarter) and one at the end of practicum. Two of these checkpoints will include formal written evaluations to be submitted to the Clinical Psychology program will occur, one at the end of the summer and one at the end of the placement (see **Appendix A.1**).
- USPC practicum will begin with an orientation to the setting (e.g., meeting all staff; learning the agency's expectations concerning scheduling, appropriate clothing, etc. observing the work of professional staff; learning clinic procedures and office requirements).

It is desirable to create a written agreement specifying the student's goals and planned clinical activities and the plans for group and individual supervision (see **Appendix A.2**). A copy of this agreement should be given to the Director of Clinical Training.

Community Practica

- Begins in September and ends in April (24-26 weeks).
- Total time is typically 7 to 9 hours per week; no more than 12 hours per week.
- CPA requires at least one hour of supervision for each hour of direct client contact.
- Aim for 3-4 hours of direct contact with clients per week, or 80-100 over the course of a 24- to 26-week placement. Hours will vary based on the nature of the placement; regular check-ins with the Practicum Coordinator and Director of Clinical Training will ensure adequate hours over the course of each student’s time in the program.
- Placements begin with an orientation to the setting (e.g. meeting all professional staff; learning the agency's expectations concerning scheduling, appropriate clothing, etc.; observing the work of professional staff; learning recording procedures and office requirements).
- Each student and supervisor must complete a mutual verbal evaluation at mid-year and a formal mutual written evaluation at end of practicum (see **Appendix A.1**).
- All students on external practica must complete a Practicum Training Agreement (**Appendix A.2)** during their first week at the site, specifying the student's goals and planned clinical activities and the plans for group and individual supervision. A copy of this agreement must be given to the Practicum Coordinator.
- Other onboarding requirements vary based on the practicum site and will be communicated to students through the Practicum Coordinator.

Process of Matching Students to Practica

Information about available practica is made available to students (from the Practicum Coordinator) in late May to mid-June, and students are asked to rank order their top five choices by mid to late June. This timeline may vary, depending on when sites are able to

confirm their ability to offer practica. Matches of students to settings are made by the Practicum Coordinator and the DCT based on consideration of the following factors, among others:

- The student's preference (attempts are made to assigned students to their top choices, all other things being equal)
- The student's past placement and other experiences (normally, students are placed in settings that will broaden their experience in terms of client population, type of service offered, etc.)
- The student's seniority (in the last practicum, efforts are made to provide missing or highly ranked experiences if possible)
- The personal circumstances of the student (e.g., accommodation needs, availability)
- Requests for assignment of particular students that may be made by agency practicum coordinators (e.g., when a specific previous training experience is required for a practicum; when a placement requires interviews to ensure fit).

None of these factors necessarily takes priority; instead, an effort is made to balance all of these so as to make assignments equitable across students in the long run, and that all students are matched to a site that appropriately meets their training needs.

Out of Province Placements

Practica typically involve placements in Saskatoon or surrounding area, although students may seek placements outside the province with approval of the DCT. For instance, a student may know of a possible placement willing to provide a training experience in their home city. As there are administrative and legal procedures to arrange placements outside of the province, interested students should make their interest known to the DCT and Practicum Coordinator as soon as possible to facilitate this process.

Policy on Additional Practicum Placements

From time to time, some students express their interest in pursuing additional practicum placements in addition to the USPC placement and two external placements assigned by the program or are offered additional placements and/or employment by potential supervisors in the community. It is important to note that the general policy of the clinical program is to discourage students from pursuing additional placements, for several reasons.

First, because time is a limited resource and additional placements frequently detract students from timely progress in their dissertation research. A lack of dissertation progress is one of the main culprits responsible for delaying students' ability to apply for residency and/or having to return to their dissertation following residency. Second, taking additional placements provides unnecessary competition within our program for placement spots. That is, supervisors might not be available for our required placements because their supervision availability is taken up by students seeking additional placements.

***Students interested in additional practica should speak to the practicum coordinator and to their supervisor before approaching any practicum sites*.**

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

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

Students who wish to receive permission to count additional placements as program sanctioned must discuss this with the DCT and practicum coordinator and receive permission from the clinical program to do so. In addition, any supervisor for these extra placements must agree to complete an end-of-placement practicum evaluation.

It is also important to note that only program-sanctioned placement hours (i.e., practicum assignments and clinical components of courses) are permitted to accrue and count toward the final direct contact, supervision, and support hours on the AAPI for your residency applications. Thus, students wishing to count a clinical experience as hours for their residency application must receive permission to count these hours as program-sanctioned hours.

Policy on Paid Clinical Work

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

Please note that these clinical work opportunities (and other "extra" clinical placements) <u>do not count</u> toward clinical hours accrued as part of your progress (i.e., toward residency applications). Only program-sanctioned additional placements may accrue hours toward residency applications. Ideally you work with the program to ensure any clinical work opportunities become program sanctioned.

Documentation of Practicum Hours

The program has adopted the hours policy put forth by the Canadian Council of Professional Psychology. Students should document all clinical hours carefully, as detailed information will be required when applying for residency. The hours policy for the program adopts the CCPPP's Documentation of Professional Psychology Training Experiences (2025 update) is available here.

Students are expected to use Time2Track to log their hours. This will be provided to students by the clinical program. The practicum coordinator will provide incoming students with registration and log-in information for their Time2Track account. Guidelines for application for residencies are provided further in this document as well as guidelines on reporting face-to-face hours and supervision – use Appendix G and the CCPPP document as guides.

Representation of Credentials

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

> **Example:**
> Jane Smith, BA (Hons)
> Clinical Psychology Graduate Student
> University of Saskatchewan

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

Introduction

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

Residency (12-month pre-doctoral)

Process for Students Applying for the 12-Month Residency (PSY 930)

Am I ready to apply out for residency?

The process of applying out for residency has become increasingly competitive in recent years, although in the past few years demand for sites in Canada no longer exceeds the supply. It is extremely important that you carefully consider your readiness to apply out for residency, in consultation with the DCT and your research supervisor, to help maximize the competitiveness

of your application. As noted previously, one of the biggest stumbling blocks is dissertation research progress. It is frustrating for students to finish residency and then *still* must complete their dissertation; it is equally frustrating for residency sites or interested employers who wish to make students a job offer after their residency but cannot because they have not completed their degree. Being further along in the dissertation is a notable advantage when applying for residency and residency sites pay close attention to the dissertation status of the applicants in their highly competitive applicant pool. As such, the program requirements outlined below should be viewed as a bare minimum when considering the decision to apply out for residency in a given year.

- Students are required to have all classroom-based coursework and practica completed prior to commencing residency (36 credit units); however, students are strongly encouraged to have all classroom coursework completed by the fall semester in which they apply out. Some placements will not consider applications from students with coursework still in progress.
- Students are required to have made significant advancements in their dissertation progress. The following research expectations are in place:
    - In 3rd year or year prior to which the student intends to apply for residency, the following timelines and checkpoints are set:
        - First day of Fall term Year 3 (or year before intention to apply) the students *are highly encouraged to* have started data collection, or for forensic students, *are highly encouraged to* have applied for appropriate ethics and agency approvals.
        - First day of Winter term Year 3 (or year before intention to apply), the student *must* have started data collection if they wish to apply for residency in the upcoming cycle.
        - By residency applicant approval date (i.e., July CEC meeting), data collection for the final study of a manuscript-style dissertation *must* have begun. Subject to CEC approval, students who did not meet the requirements in item “b” may be eligible to apply if “c” is met.

In order to have a request to apply for residency considered, students must submit the Residency Application Approval form (Appendix I) to the DCT by May 31st of the year in which they wish to apply.

The decision to approve a student’s request for residency will be made via consultation between the DCT, CEC, and the student’s advisory committee by July 1 in the year they plan to apply out

Directories of residencies

The Canadian Council of Professional Psychology Programs (CCPPP) website has a number of resources for students, including the Match Made on Earth Guide. Students are encouraged to consult this guide when applying.

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

available online and provides a listing of available residencies.

Beginning the application process

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

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

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

Students who meet these internal deadlines set by the DCT each year will receive priority in DCT feedback and letter writing, on a first-come first-served basis.

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

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

Students are encouraged to consider large, well-established and accredited (CPA) residency programs with several intern positions. It is hard to suggest a "right" number of applications to complete, but a rough guide would be 10 to 15. Do not apply to any program that you are sure you would not attend if matched to it. Please note that while it is possible to apply to American sites, there are challenges to doing so if you are not an American citizen. This is a topic you should discuss with the DCT.

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

Guidelines for Non-Accredited Residencies

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

need to consider a non-accredited placement during Phase II. As well, some placements are also new and have not yet had an accreditation site visit.

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

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

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

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

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

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

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

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

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

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

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

Guidelines for Communication between Graduate Programs and Residency Programs

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

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

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

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

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

Guidelines for Communication When Problems Arise About a Resident

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

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

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

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

Privacy Policy

Scope

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

Personal health information includes information in any form about an individual’s physical or mental health, or any health service provided to the individual and any other information collected in the course of providing health services to the individual, and includes videotapes of

interviews, test materials from volunteers and patients, and client files with interview notes and testing information. This information is highly confidential, and we are legally and ethically obligated to safeguard all personal health information. We must keep this information in secure locations, and these data must be retained in double-locked facilities for a minimum of 10 years after last service is provided. For minors, personal health information must be retained for at least 10 years after the date of the last episode of care or until the client reaches the age of 20, whichever is longer.

Site-specific procedures

Many organizations in which we work will have their own privacy and security policies and procedures. It is imperative that you make yourself familiar with these policies and procedures and abide by them. Different placements on campus, instructors, or supervisors may have different requirements for file procedures and these must be followed. For instance, the in-house Rural and Remote Memory Clinic (RRMC) has a strict policy that no client file leaves the clinic.

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

Best practices

Data Minimization/Need to Know

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

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

Mobile Device Security

If it is necessary to transport this information, **password protection with encryption** is seen as a "bare minimum." It is important to stress that the Office of the Saskatchewan Information and Privacy Commissioner does not see mere password protection as sufficient. Encryption involves some additional technical sophistication but includes encryption for a hard drive (particularly for laptops), encrypted folders, or encryption for a mobile device. If a student or supervisor is unsure how to enable encryptions, technical assistance should be sought from on-campus technical supports (must sign into PAWS to see this resource). See ICT Services and Support for assistance.

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

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

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

Test Security

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

Remote Care

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

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

Privacy Breach

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

9. Candidacy Assessment

The Graduate Program in Clinical Psychology requires that students compete 3 years of coursework to acquire the relevant skills and knowledge in their discipline before completing the Doctoral Candidacy Assessment (**which we refer to as the Comprehensive Exam**). However, CGPS policy requires that candidacy assessment will occur within 24 months of initial registration (36 months for students who transfer from master's to PhD). To support the needs of the program, students who enter the Ph.D. in Clinical Psychology program directly (rather than from M.A. to Ph.D. transfer) will be granted an additional 12 months to complete their Doctoral Candidacy Assessment. Consequently, all students in the Graduate Program in Clinical Psychology will have 36 months from initial registration to complete the Doctoral Candidacy Assessment.

The candidacy assessments are schedule in May and/or June. A description of the candidacy assessment procedure used within the clinical psychology is outlined below and specific CGPS policies and procedures can be found in their Policies and Procedure manual.

Candidacy Assessment Purpose and Components

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

Student Preparation and Submitted Documents

1. **Comprehensive Exam Reading List.** Students will be provided with a comprehensive exam reading list. This reading list will be placed on the program website so that students can access it at any time. Any minor annual changes to the comprehensive exam reading list (i.e., additions or removals of readings) will be done by January of each year.

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

encouraged to review the work and/or provide consultation.

The purpose of this document is to provide examiners with material from which to prepare questions for the student. Although this document will be brief, it is expected to be clinically rich. Additionally, while it is expected that this document will be written in a clear manner, students will not be examined on the document per se. At least two weeks prior to their exam, students must provide the DCT and both examiners with a 5-8 page (double spaced, typed, 12-point font) case example. Below are suggested areas for inclusion in the submitted written document for assessment and treatment cases, respectively.

Assessment Case:

- Background information
- Presenting problem
- Assessment information
- Case formulation
- Diagnosis

Treatment Case:

- Background information
- Summary of presenting problem and assessment information
- Case formulation
- Therapeutic approach and rationale
- Outcome and evaluation

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

Student Examination and Evaluation Criteria

1. **Procedure for Exam.** The examiners will provide students with the 2 faculty-selected vignettes for examination. Students will be given up to 60 minutes of time to prepare for the examination and may use their materials (e.g., standardized examination reading list, notes) to do so. Students will be permitted to bring a test booklet (provided by the examiners) of notes, created during the preparation period, into the examination. Students will not, however, be permitted to bring other materials into the exam (e.g., articles from the reading

list or notes prepared prior to the exam date), including electronic devices. Both examiners will be provided with opportunity to examine and evaluation students. No time limit is placed on the examination; examiners are permitted to ask students for as much information as they deem necessary to be able to evaluate students. However, given the new combined nature of the exams it is expected that exams might take 1.5 to 2 hours, as a rough guideline.

2. **Examination Questions.** Students will be examined using broad-level questions adopted from the SKCP Candidate Handbook (see **Appendix C** for list of questions), examiners' previously prepared questions related to the students' vignette, and additional questions that arise during the exam. That is, although examiners will have a core list of potential questions, they are not restricted to asking only questions from this list. The examination is focused on the broad-based application and integration of knowledge the student has learned and is expected to know given their level of training. It is focused on the 5 Mutual Recognition Agreement Competency areas used by the SKCP Oral Exam for independent registration.

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

   A) Interpersonal Relations: Examines ability to form and maintain constructive relationships with clients and families. Essential is for the Candidate to 1) form respectful, helpful, professional relationships; 2) develop working alliances; 3) deal with conflict; 4) maintain appropriate professional boundaries; and 5) incorporate an understanding of diversity in the practice of psychology. Relationships with colleagues also fall within this domain including providing and receiving feedback from colleagues and other professionals. **(e.g., What diversity issues were relevant to this case? What personal or professional limitations do you think could potentially affect your work with this client?)**

   B) Assessment and Evaluation: Assesses Candidate's ability to gather and integrate information (tests, observations, clinical interviews, collateral sources and context) to evaluate the patient's functioning as well as the outcome of psychological services. Candidate should demonstrate an understanding of populations served, multiple assessment methods, and psychometric theory. Candidate should be able to integrate findings, formulate hypotheses and action plans, explain any apparent inconsistencies in the clinical data and present a comprehensive description of the patient. Should also have knowledge about the nature and impact of diversity on the assessment process. **(e.g., What areas were not fully assessed? What assessment tools would you consider? What diagnoses did you have to rule out for this client? What additional information do you need to confirm a diagnosis?)**

   C) Intervention and Consultation: Tests the Candidate's ability to plan and implement a course of treatment that is: consistent with the case formulation; sensitive to the patient's background, needs and values; theoretically based; empirically justified; and, designed to resolve the problem(s). Should have knowledge of a variety of interventions

and select appropriate interventions from these. Candidate should demonstrate the ability to integrate/coordinate services from other care providers and community resources into an overall intervention plan. Furthermore, the Candidate should be able to evaluate the progress and outcome of interventions. **(e.g., What methods of intervention would work with this client? What other professionals might you have to work with the best help this client?)**

D) Research: Designed to examine a core research knowledge base, and training in assessing and applying research knowledge in clinical practice. Clinical practice in all health-care fields is based on accumulating research knowledge and using good judgment in applying this knowledge. Candidate should have a basic knowledge of research methods and critical reasoning skills. Should be able to demonstrate how research findings are integrated into their practice, and as such should be prepared to discuss the research that has informed their practice. **(e.g., What research is there to support your intervention? What research is there to support your choice of assessment tools?)**

E) Ethics and Standards: Designed to examine the Candidate's knowledge of professional ethics and the ability to integrate ethics and standards into professional conduct and practice. The Candidate should demonstrate thorough knowledge of the CPA ethical principles, standards, and guidelines. The Candidate should be able to identify potentially conflicting principles and use the CPA ethical decision-making process to resolve ethical dilemmas. **(e.g., If issues of self-harm arose during this assessment, how would you deal with this? If the client's employer/teacher contacted you to ask about the client, what would you do?)**

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

   The exam will be audio recorded and audio files stored by the Director of Clinical Psychology Training, until the student's pass is confirmed.

Following completion of the oral exam, students will be asked to leave the room. Both examiners will independently rate the student on the core competency benchmarks using the evaluation form. Following this, the examiners will discuss and reach consensus ratings. The final consensus ratings sheet will be provided to the DCT. The comprehensive exam is rated on a Pass/Fail basis (see below). After reaching consensus the student will be asked to return to the examination room where the examiners will provide the student with his or her exam results and feedback on his or her examination. The examiners will provide the DCT with the evaluation sheet and a summary of the student's exam results via email, within 24-48 hours.

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

Pass Pending Revisions: Assigned when it is clear to both examiners that the student has a specific area of gap in his or her knowledge that would be expected to be known by any clinical psychology trainee at his or her level (e.g., based on classes and clinical training to date and knowledge covered in the standardized reading list). This is also assigned when it is suspected the student has sufficient knowledge but requires another opportunity to demonstrate this knowledge. Specific revisions are assigned at the discretion of the examiners. A general timeline for revisions will be agreed upon by examiners and Candidate and the DCT will be advised of this timeline. The examiners will be expected to review revisions upon completion and update the student's exam outcome accordingly, within approximately one week of receipt of the revisions.

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

Ethical guidelines

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

1. Review of the Canadian Code of Ethics for Psychologists as it pertains to the case presentation
2. Prior approval from the agency through which the client was served
3. Consent of the client for the student to prepare the vignette -- the client has the option to refuse or to restrict certain information from being presented (see **Appendix D**)
4. Disguise of personal information in such a way as to make it impossible to identify the

client

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

Recommendations for Students and Practicum Settings

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

1. Agencies should be made aware of the candidacy assessment requirement and guidelines, and their input into this process should be encouraged and welcomed.
2. The student should discuss their need to be examined on a clinical case with the field supervisor. Such discussion should take place as a matter of course at the beginning of each practicum placement.
3. As part of the routine solicitation of consent from clients (e.g., to videotape, discuss case material in clinical team, etc.), the student will discuss and solicit specific consent from the client to have their case material presented to faculty in the graduate program in clinical psychology, as part of their training requirements.

4. It is advisable that separate documentation forms and processes be developed for the purpose of recording clients' consent for the purpose presenting their case.
5. In consultation with the field supervisor the student will identify cases that might be suitable for presentation.

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

Candidacy Assessment Protocol

1. Students will provide their faculty examiners with a written document **at least 2 weeks** prior to their exam.

2. At the beginning of the examination, the faculty examiners (or whoever has been designated to arrange the student's examination setup) will provide students with **2** faculty-selected vignettes as well as a booklet/paper to use to prepare for the exam.

3. Students will be given up to **60 minutes** to prepare for the examination. They may use a test booklet that is provided by the examiners of notes. Students are allowed to have laptops, and readings, and notes for the preparation period only. By bringing their laptop to the preparation period, students agree to turn off their WIFI connection and to only access files related to the comps reading list. Students are not permitted to bring other materials into the preparation period or the examination. Students are not permitted to bring their laptop into the examination itself.

4. Examiners welcome student and turn on audio recording.

5. The examination and evaluation period begin. Examiners are permitted to ask students for as much information as they deem necessary to evaluate the student. It is up to the examiners to decide which case vignette to begin with and it is up to the examiners' discretion about the length of time spent on each case.
    a. Length of examination: Although there is no time limit, it is expected that exams might take approximately 1.5 to 2 hours.
    b. Examination questions: examiners will ask students broad-level questions adopted from the SKCP Candidate's Handbook, previously prepared questions related to the students' vignette, and any additional questions that arise during the exam.

6. Once the examination period is complete, the audio recorder is turned off, and students will be asked to leave the room.

7. Both examiners will independently rate the student on the core competency benchmarks using the evaluation form (see **Appendix F**).

8. Following this, the examiners will discuss and reach consensus ratings.
   The candidacy assessment is rated on a Pass, Pass Pending Revision, & Fail

9. After reaching a consensus, the student will be asked to return to the examination room.

10. The examiners will provide the student with his or her exam results and feedback.

11. Within 24-48 hours, examiners will provide the Director of Clinical Training (DCT) with:
    a. A summary of the student's exam results (via email)
    b. A typed (electronic) version of the final consensus ratings sheet
    c. The audio recording of the exam

12. If students receive a rating of Pass with Revisions or Fail:
    a. Specific revisions are assigned at the discretion of the examiners. A general timeline for revisions will be agreed upon by examiners and the student.
    b. The DCT will be advised of this timeline.

    Note: the examiners will be expected to review revisions upon completion and update the student's exam outcome within approximately one week of receipt of the revisions.

Sample Vignettes

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

Case #1

Sources of information:
Patient

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

History of Present Illness:
Patient reported that for approximately the last 2 ½ months he has been becoming more paranoid and that he has felt as if others have been hostile towards him. Patient provided an example of this behavior. In late August the patient was visiting a friend in XXX. The patient described being 'zonked out' for a few hours during which he heard insults that were directed towards him from other people. The patient reported that it felt as if others were 'hurling' insults at him. The patient did not react to the insults at the time and checked with a friend afterwards to validate his subjective experience of being insulted. The patient reported that his friend denied that the patient had be insulted at the time the patient was

perceiving others to be insulting him. The patient described the insults as coming from everyone else in the room and ranging from vague comments to obscenities. The patient denied that he was drunk or using substances during the above experience.

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

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

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

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

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

Assessment & Evaluation

1. What areas were not fully assessed?
2. What assessment tools would you consider?
3. What diagnoses did you have to rule out for this client?
4. What additional information do you need to confirm a diagnosis?

Intervention & Consultation

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

Research

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

Interpersonal Relations

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

Case #2

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

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

Recommended Reading for Ethics Component of Candidacy Assessment

1. The Canadian Code of Ethics for Psychologists.

2. The Companion Manual (current edition) to the Canadian Code of Ethics for Psychologists, together with its bibliography. You should use your own judgment in selecting materials from the bibliography for further study.

3. Saskatchewan College of Psychologists Professional Practice Guidelines

4. The Psychologists Act, 1997

5. Health and mental health jurisprudence (Saskatchewan) relevant to professional psychology. Relevant examples include but are not limited to:
    a. Health Information Protection Act
    b. Mental Health Services Act
    c. Child and Family Services Act

6. Ethics-related articles in *Professional Psychology: Research and Practice* or *Canadian Psychology*

7. APA Ethical Principles of Psychologists and Code of Conduct

10. Professionalism Expectations and Monitoring Student Progress

Student Professionalism and Conduct Expectations

Professionalism in psychology is foundational to ethical and competent practice. The Companion Manual to the Canadian Code of Ethics for Psychologists reminds us that "a profession is more than a loosely defined group of people trained in the same skills or body of knowledge" … "rather, the very word 'profession' implies a public declaration of commitment to goals and values that include, but go beyond, the members or the body of knowledge" (Sinclair et al., 1987, p.8). This commitment is fundamental in maintaining the public trust.

Professionalism encompasses attitudes, behaviours, and personal characteristics that support trust, respect, accountability, and integrity across diverse professional contexts. To guide student professional behaviour, the Clinical Psychology program has developed a Professionalism Policy. Students are expected to review this policy upon entry in the program and engage in all activities in a manner that aligns with this policy. The policy can be found in Appendix H.

In cases where students engage in behaviour that is not aligned with this policy, these behaviours will be reviewed and the CEC may engage in the various procedures for resolution and remediation outlined in Chapter 11, as appropriate.

University-Level Guidance on Conduct

In addition to the professionalism policy listed above, students are expected to be familiar with University-level guidelines related to behaviour and conduct. These include, but are not limited to:

1. Guidelines for Academic Conduct
2. Guidelines for non-Academic Conduct
3. Harassment and Discrimination Policies
4. Violence Prevention Policy

Annual Reviews

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

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

clinical psychology program, all students whose primary research supervisor is not a clinical faculty member will have a clinical faculty member on their advisory committee to assist in ensuring the student is meeting program expectations and provide guidance for program progression and performance.

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

Delayed doctoral research progress is perhaps the most frequent reason for slow or unsatisfactory progress appraisals. Students in the M.A. to Ph.D. transfer program have up to six years to complete their degree before applying for extensions: one year for the first year in the M.A. program and five years for the Ph.D. After year six (for students in the M.A. to Ph.D. transfer program, for direct entry Ph.D. students this would be year 6), students, with the approval of their thesis advisory committee may apply for an extension. The academic unit (i.e., department of psychology) has the authority to approve one extension to time in program of up to 12 months/three academic terms for master's or doctoral students. If the student's program requirements are still incomplete after an extension given by the academic unit, a request may be submitted to the Dean of CGPS for one (master's, PGD) or two (doctoral) additional extensions of up to 12-months/three academic terms each. When applying for extensions CGPS requires that students also provide a plan and timeline to completion. For more information, visit the CGPS website for policy and procedures on applying for graduate program extensions.

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

Policy on Evaluation of Student Competence in the Clinical Psychology Program

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

Students in professional psychology programs (at the doctoral, residency, or postdoctoral level) should know that faculty, supervisors and administrators have a professional, ethical and potentially legal obligation to evaluate their competence in areas other than, and in addition to,

coursework, seminars, scholarship, candidacy assessment, practica or related program requirements. Within a developmental proactive framework, and with due regard for the inherent power difference between students and faculty, these evaluative areas include, but are not limited to, demonstration of sufficient:

1. Interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients/patients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);
2. Self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on patients/clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);
3. Openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and

Resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy to resolve issues or problems). Actions based on this policy will be considered when a student's conduct clearly and demonstrably:

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

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

11. Resolution of Student Difficulties and Remediation

A Note to Students about Personal Difficulties

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

An important first step is to monitor your stress and look after yourself. As stated in Ethical Standards II.11-12* of the Canadian Code of Ethics for Psychologists, it is students' responsibility to be alert for and to recognize when personal problems are interfering with their effectiveness, and to take appropriate action. Personal difficulties are likely to arise, and it is important to notice and address them, both for your own well-being, client care, and to help you continue to make progress toward your goal of obtaining a Ph.D. in Clinical Psychology.

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

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

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

Process for Concerns Identified by Faculty or Student Peers

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

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

Initial discussion of such confidential student issues will be among faculty only. When any formal recommendation to the Graduate Committee is to be considered, the student being discussed may request to attend the meeting, and/or may ask a faculty member to attend the meeting on the student's behalf to ensure that the student's interest or point of view is represented. In addition, a graduate student representative or ombudsperson from outside the Department of Psychology may be present as an observer (at the request of the student being discussed), on the understanding that they will comment only on due process issues. Such a

student representative or ombudsperson may be sought through the Graduate Students' Association or the College of Graduate Studies and Research, at the discretion of the student being discussed. Appeals of recommendations regarding suspension, remediation, probation, or termination may be directed in the first instance to the Graduate Committee, then to the Department Head, and finally to the Dean of Graduate Studies and Research.

Standards cited from the Canadian Code of Ethics for Psychologists:
II.11 Seek appropriate help and/or discontinue scientific or professional activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others.
II.12 Engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others.

Process for Students to Navigate Personal Difficulties

Process for students to navigate difficulties relating to practicum

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

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

Field Supervisor
↓
On-site Practicum Coordinator
↓
Practicum Coordinator
↓
Director of Clinical Psychology Training

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Graduate Chair, Department of Psychology

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Head, Department of Psychology

↓

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

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

Process for students to navigate difficulties relating to research

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

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

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

Primary Research Supervisor

↓

Member(s) of Research Advisory Committee

↓

Director of Clinical Psychology Training

↓

Graduate Chair, Department of Psychology

↓

Head, Department of Psychology

↓

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

*The word "difficulties" is used in the broadest sense and may refer to difficulties with

supervision, availability of resources, number of hours engaged in research, type of activities engaged in, etc. or personal difficulties.

Therapy for Students

Students may be interested in seeking psychotherapy for themselves during their clinical training, and we feel it is appropriate for them to do so. In no way is participation in therapy viewed negatively by the program nor will students be penalized in any way by attending therapy. In some cases, therapy might be recommended to a student to help resolve issues that seem to interfere with personal or professional development. Even in the absence of such issues, psychotherapy can be very helpful for both. For example, it can increase your lived understanding of the process of psychotherapeutic change and increase your empathy for clients' experiences of psychotherapy. An estimated 38-75% of clinical psychology doctoral students are involved in, or have been involved in, personal therapy. In that study, personal growth was given as the main reason for seeking therapy (Holzman, Searight, & Hughes, 1996).

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

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

Feel free to talk to the Director of Clinical Training, your research or clinical supervisor, any other clinical faculty members, or your peers for more information. The Director of Clinical Training can also provide information about other agencies in the community that might be suitable, if students do not wish to attend Student Wellness. For example, both Catholic Family Services Saskatoon and Family Services Saskatoon use a sliding fee scale and might be an affordable option for graduate students wishing to seek personal counselling. In addition, the DCT can recommend service providers who are not involved with our own program. Students who cannot seek services through Student Wellness due to a concurrent practicum may have access to limited funds to pay for external services. Students are encouraged to speak to the DCT about this option.

See also:

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

Other Recommended Resources

Books and Articles

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

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

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

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

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

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

Online Resources

The Thesis Whisperer - Online resources link from The Thesis Whisperer, edited by Dr. Inger Mewburn, Australian National University

The APA - Mentoring & self-care resources from the American Psychological Association

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

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

The guidelines presented below concerning suspension of clinical activity, steps to remediation, and requirement for discontinuation are either adopted directly from, or informed heavily by, the APA accredited clinical psychology program at Clark University, Worcester Massachusetts, with permission.

Suspension of Clinical Activity

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

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

2. Students who receive multiple unsatisfactory reviews may be suspended from conducting clinical work/training for one semester. During this semester, the student will meet regularly with the DCT and the clinical supervisor to chart a corrective course of action (see section below on Remediation Procedures). Should the DCT deem that the student is eligible to return to clinical work following the suspension, the student will be considered on clinical probation. Clinical probation is a status under which any further unsatisfactory reviews may result in permanent prohibition of clinical training. In such extremely unusual cases, the clinical faculty would meet with the Department Head to discuss subsequent steps, which may include requiring the student to withdraw from the clinical program and/or the graduate program in general (see below).

3. Students who have demonstrated poor performance in their academic work by virtue of having been assigned Probationary Status by the department may not conduct clinical work until such status has been corrected. This Probationary Status can be assigned to students for a variety of reasons, including receiving a failing grade in any class, making poor progress in the completion of their program of studies, presenting an inadequate or incomplete independent research project, or making poor progress in their dissertation research.

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

Remediation Policy and Procedures

Students who receive an **unsatisfactory** annual review or who have been suspended from conducting clinical work are required to meet with the DCT, and possibly their research advisor, to identify a specific set of remediation procedures that must be followed. On some occasions, a student may be asked to meet with the DCT to set up remediation procedures to address

concerns about a student's behavioral, academic, or ethical performance even if they do not reach the level of warranting either an *unsatisfactory review* or suspension of clinical work. For example, a student who receives a marginal evaluation in a particular course or who is making marginal progress in an MRA competency, or about whom the CEC has identified concerns may be asked to set up a remediation plan to address the concerns about that performance. In all cases, due process is utilized in resolving concerns about a student's behavioral, academic, or ethical performance.

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

1. Matter brought to attention of Director of Clinical Psychology Training (DCT)

2. Concerns shared with student and relevant parties most directly affected.

3. Clarification sought on the matter, and all versions of events are obtained.

4. Evaluate if informal resolution of matter is appropriate or if may require a formal response

5. Matter discussed with CEC in camera

6. Consultation with Graduate Chair, Department Head, College of Graduate Studies and Research and other relevant parties, as needed

7. Decision made by CEC if a formal response is required. If formal response is required, CEC decides on feasibility of remediation vs suspension or discontinuation from clinical training

8. CPA Code of Ethics, Saskatchewan College of Psychologists Professional Practice Guidelines, and College of Graduate Studies and Research policy on student academic and professional conduct are consulted to guide decision making.

9. Remediation plan drafted by CEC or options for the student to consider if required to suspend or discontinue clinical training will be formalized.

10. CEC decision and rationale is written up as a formal document/letter to be shared with the student. Should the student's status change, specific expectations that the student must meet before the student is reconsidered for reinstatement to full status in the program will be clearly outlined in the letter.

11. The letter will be written by the DCT, in consultation with the student's faculty advisor, and the Department Head. The letter will include:
    a. A description of the issues to be addressed

b. A plan for addressing each issue
c. A description of any previous efforts to address or prevent each issue
d. Criteria for determining that the issues have been remedied or resolved
e. A timeline for review

12. The DCT, in conjunction with the student, determines the nature, type, and frequency of subsequent reviews.

13. If the student, having notification of the faculty member(s)'s recommendations, believes the procedure to be unjust or the decision to be unfair, or that new information could lead to a different decision, he/she may present an appeal in writing to the DCT.

14. If a student is to be suspended from participation in training, he/she must be notified in writing. The letter will state the time frames and limits of the temporary suspension and its rationale. A copy of the letter is to be maintained in the student's permanent file.

15. In the case of remediation, the student's progress on the plan will be monitored by the CEC.

Student Discontinuation from Clinical Program

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

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

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

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

bringing information back to the faculty within the guidelines and timelines established. Failure to satisfactorily complete the remediation program will result in discontinuation of the program.

Grievance Procedures

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

12. Policy on Clinical Work outside the Program

Preamble and Guidelines

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

1. Students' autonomy and their progress in the program
2. Issues related to ethics and professional standards: responsible caring, integrity, supervision, accountability, responsibilities of employers toward students, students as representatives of our program in outside agencies

Students' Autonomy and their Progress in the Program

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

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

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

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

Students:

- Should have completed their USPC practicum and at least one practicum prior to

accepting any clinical work.
- Should request a job title other than psychologist unless they were employed as a psychologist in the employing agency before entering the doctoral program.
- Students are required to notify the Director of Clinical Training of all outside work related to their training in clinical psychology as part of their annual review and student registration.
- Are discouraged from applying for registration as a psychologist before completing the program.
- Should ensure supervision and co-signing of reports from a registered psychologist.

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

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

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

13. Preparation for Registration

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

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

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

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

Foundational and Functional Competencies of a Clinical Psychologist

Throughout the program, residency, and any additional supervised practice while registering, a primary goal is to ensure that the foundational and functional competencies of a clinical psychologist are met. These competencies are outlined and described in the 6th Edition of the Accreditation Standards for Doctoral and Residency Programs in Professional Psychology.

The foundational competencies include:

- Individual, social, and cultural diversity
- Indigenous interculturalism
- Evidence-based knowledge and methods
- Professionalism
- Interpersonal skills and communication
- Bias evaluation, reflective practice
- Ethics, standards, laws, policies
- Interprofessional collaboration and service settings

The Functional Competencies are:

- Assessment
- Interventions
- Consultation

- Supervision
- Research
- Program development and evaluation
- Teaching
- Leadership, service, and evaluation.

14. Program Evaluation and Revision

As the field of clinical psychology grows, demands and expectations of psychologists change, and training standards evolve, the clinical psychology program also endeavors to be in step with such changes and to monitor its curriculum and training objectives regularly. Such changes are made by the CEC in consultation with the clinical psychology student body, the *Accreditation Standards for Doctoral and Residency Programs in Professional Psychology 6th Revision, 2023* and review of accredited clinical psychology training programs in Canada.

There are many ways through which students can provide feedback to the program. Students are encouraged to provide feedback through appropriate avenues so that it can best be reviewed and integrated. These include:

1. Student course evaluations
2. Feedback provided directly to the DCT or other faculty
3. Feedback provided to the CEC student representative to be brought to the CEC
4. The annual student feedback survey.

Annual Student Feedback Survey

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

The program also annually gathers information from students regarding information needed for CPA accreditation, such as hours of outside work, courses completed, etc. This is typically done through a survey sent at the same time as the annual progress report required by CGPS that is submitted in PAWS by the academic unit.

Training Outcomes

The clinical psychology program carefully monitors several student and graduate training outcomes as a means of program evaluation. These include:

- Average time to completion (7.2 years for the 25-26 graduates)
- Attrition rates (< 5%)
- Match rates to residency and proportion of students matched to accredited residency
- See https://artsandscience.usask.ca/psychology/documents/2024-public-disclosure-table-1.pdf
- https://artsandscience.usask.ca/psychology/documents/2024-public-disclosure-table-

3.pdf

- https://artsandscience.usask.ca/psychology/documents/2024-public-disclosure-table-2.pdf
- https://artsandscience.usask.ca/psychology/documents/2024-public-disclosure-table-4.pdf

Appendix A: Forms and Materials for Practicum Placements

A.1. Student Evaluation of Practicum

Please submit to the Practicum Coordinator within 2 weeks of the end of the placement.

Part 1: Self Evaluation

Please report in numbered order

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

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

Part 2: Evaluation of Setting and Supervision

Please report in numbered order

1. Student's name
2. Practicum agency and starting and ending dates
3. Name of agency practicum coordinator
4. List of other supervisors
5. Comments on the practicum setting: availability of learning opportunities, appropriateness of experience, office facilities, audiovisual and computer equipment, clerical support, interactions with other staff
6. For each supervisor separately, comments on any or all of the following aspects of supervision, or others. To what extent was the supervisor:
    a. accessible
    b. approachable
    c. open to feedback

   d. respectful - empathic
   e. supportive
   f. knowledgeable
   g. flexible
   h. clear in expectations
   i. prompt with feedback
7. Date, student's signature, primary supervisor's signature

A.2. Practicum Training Agreement

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

1. Student's name, address, telephone number, e-mail address

2. Agency offering the practicum

- Name of agency, department, program, site
- Agency's practicum coordinator, telephone number, e-mail address

3. Starting and ending dates

(allow for 24-26 weeks -- the practicum should end no later than April 30)

4. Days and hours of work

(allow for 7-9 hours per week, with a maximum of 12 hours per week)

5. Goals

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

Specify the ways in which diversity will be addressed in this placement (e.g., by exposure to clients from various ethnic or cultural backgrounds, religions, ages, sexual orientations, etc.)

6. Intended activities

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

Regular meetings which the student is expected to attend

Other activities

7. Supervision

Names of primary and backup supervisors

Time and duration of supervisory meetings (see guidelines above)

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

8. Written work

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

Specify how feedback will be provided

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

9. Evaluation (see guidelines above)

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

Indicate whether evaluation will be written or verbal

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

Name any standards, guidelines, policies, codes, regulations, etc., that have been adopted by the agency and that may guide the student's conduct; certify that the student has been given copies of or access to this document.

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

11. Problem resolution

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

Indicate name of university and agency persons to be approached for help in case of conflict with the supervisor or absence of the supervisor

12. Signatures & dates

Student _____ Date _____

Supervisor _____ Date _____

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

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

Introduction

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

Nature of the Supervisory Relationship

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

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

Expectations of the Initial Supervisory Sessions

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

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

Expectations of the Supervisory Relationship

A *supervisor* is a practicing clinician with the appropriate credentials. The supervisee can expect the supervisor to serve as a mentor and a positive role model who assists the supervisee in developing a professional identity. The supervisee has the right to work with a supervisor who is culturally sensitive and can openly discuss the influence of various social locations, such as race, ethnicity, gender, sexual orientation, religion, and class on the

therapeutic and supervision process. The supervisor is aware of personal cultural assumptions and constructs and can assist the supervisee in developing additional knowledge and skills in working with clients from diverse cultures.

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

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

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

Ethics and Issues in the Supervisory Relationship

1. *Code of Ethics & Standards of Practice*: The supervisor will ensure the supervisee has access to and the opportunity to discuss the code of ethics of the *Canadian Psychological Association* and legal responsibilities. The supervisor and supervisee may discuss sections applicable to the beginning clinician.
2. *Dual Relationships*: Since a power differential exists in the supervisory relationship, the supervisor shall not utilize this differential to their gain or in ways that may appear to be for their gain. Since dual relationships may affect the objectivity of the supervisor, the supervisor and supervisee shall avoid social interactions outside of the professional relationship that would compromise the professional nature of the supervisory relationship.
3. *Due Process*: During the initial meeting(s), supervisors and supervisees will discuss and agree to expectations, goals, and roles of the supervisory process. The supervisee has the right to regular verbal feedback and periodic formal written feedback signed by both individuals.
4. *Evaluation*: During the initial supervisory session(s), the supervisor provides the

supervisee with information about how the supervisee's progress will be evaluated. There is a continuing dialogue between supervisor and supervisee about how the supervision is going and whether changes need to be implemented.

5. *Informed Consent*: Supervisees must inform their clients that they are in training and must provide the name and contact information of their supervisor. Supervisees shall engage in dialogue with their clients about what this will mean for their therapeutic work (e.g., the supervisor having access to all information regarding the therapeutic work) and must obtain written permission from clients regarding this arrangement, including the use of audiovisual recordings where applicable.
6. *Confidentiality*: The counseling relationship, assessments, records, and correspondences remain confidential. Failure to keep information confidential is a violation of the ethical code and is one of the most common complaints against psychologists. The limits to confidentiality should be discussed with clients and clients must be given an opportunity to ask any questions about these limits. Typically, clients are provided with a written copy of the limits of confidentiality as part of the process of obtaining informed consent.
7. *Vicarious Liability*: The supervisor is ultimately liable for the welfare of the supervisee's clients. The supervisee is expected to discuss with the supervisor the therapeutic process and individual concerns of each of their clients.
8. *Isolation*: The supervisor consults with peers regarding supervisory concerns and issues when relevant.
9. *Termination of Supervision*: The supervisor discusses termination of the supervisory relationship and helps the supervisee identify areas for continued growth and explore professional goals.

Expectations of the Supervisory Process

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

Expectations of Supervisory Sessions

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

Expectations of the Evaluation Process

The supervisee will receive verbal and/or written feedback at the mid- and endpoints of

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

Student _____ Date _____

Supervisor _____ Date _____

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

Appendix C: Standardized Ethics & Professional Issues Questions

Standardized Ethics & Professional Issues Questions

1. What is the role of the Saskatchewan College of Psychologists under the legislation?
2. Discuss the two conditions noted in the legislation under which one can be disciplined by the College?
3. What is the APE and how is it applied in Sask.?
4. Discuss the use of “Title” under the legislation/bylaws.
5. What does it mean to “practice only within the limits of one’s competence” and how is this applied in everyday practice?
6. How would you handle a situation where your client is not in agreement with the content of a psychological report you have written? (conflict with historical facts noted in the report and conflict with the outcome)
7. Discuss the responsibility to “protect the integrity of tests” and how you would employ this in practice.
8. Describe the four key principles of the Canadian Code of Ethics for Psychologists 3rd Edition (CPA, 2002) and the implications for your practice.
9. Describe the ethical decision-making process described in the Canadian Code of Ethics for Psychologists 3rd Edition (CPA, 2000).
10. Discuss how you would handle the situation where you believe a Psychologist colleague is behaving unethically.
11. What do "duty to protect" and "duty to report" mean?
12. Discuss the Mental Health Services Act provision for involuntary confinement and how you would employ this in your practice.
13. What are the elements informed consent and how do you practice/ implement these?
14. Discuss HIPA and how it applies to practice as a Psychologist in Saskatchewan.
15. Is there any particular action one should take if they are seeking informed consent for practice in an emerging area?
16. Discuss the concept of exceptions to confidentiality and how these would be applied in practice. (risk of harm, court order, legislation such as WCB).
17. What special issues related to consent and confidentiality are there in working with minors and other dependents?
18. What implications are there for confidentiality when there is a third-party referral and/or payment?
19. What implications are there for confidentiality when you are dealing with multiple clients?
20. What are the requirements for record keeping as a psychologist?
21. What personal limitations do you have which may affect the type or quality of psychological service you provide? How do you handle this?
22. If you were contemplating a change in your area(s) or competence (an addition or extension), how would you go about doing this?
23. In Sask. what is the legislated requirement regarding protecting the safety of children?

Appendix D: Consent to Retain Confidential Information for Educational Purposes

Consent to Retain Confidential Information for Educational Purposes

UNIVERSITY OF SASKATCHEWAN

Department of Psychology
Graduate Program in Clinical Psychology

Consent to Retain Confidential Information for Educational Purposes

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

I understand that the confidential material includes:

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

_____ (Please initial if you agree)

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

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

I have read and fully understand the above consent.

Signed: _____Date: _____
Name printed

Witnessed in the presence of: _____ Date: _____
Name printed

Appendix E: Candidacy Assessment Reading List

(updated & approved 01/2022)

Candidacy Assessment Reading List

Note for Students : Please note that you will be responsible for the materials learned in your courses, in addition to the readings below.

Assessment

- Abrahams, L., Pancorbo, G., Primi, R., Santos, D., Kyllonen, P., John, O. P., & De Fruyt, F. (2019). Social-emotional skill assessment in children and adolescents: Advances and challenges in personality, clinical, and educational contexts. *Psychological Assessment, 31*(4), 460–473. https://doi.org/10.1037/pas0000591

- Ardila, A. (2007). The impact of culture on neuropsychological test performance. In B. P. Uzzell, M. O. Pontón, & A. Ardila (Eds.), *International handbook of cross-cultural neuropsychology* (pp. 23–44). Psychology Press. https://doi.org/10.4324/9780203936290-6

- Clark, L. A., & Watson, D. (2024). Constructing validity: New developments in creating objective measuring instruments. *Psychological Assessment, 31*(12), 1412–1427. https://doi.org/10.1037/pas0000626

- Grove, W. M., Zald, D. H., Lebow, B. S., Snitz, B. E., & Nelson, C. (2000). Clinical versus mechanical prediction: A meta-analysis. *Psychological Assessment, 12*(1), 19–30. https://doi.org/10.1037/1040-3590.12.1.19

- O'Connell, M. E., Panyavin, I., Bourke-Bearskin, L., Walker, J., & Bourassa, C. (2022). Neuropsychological assessment with Indigenous peoples in Saskatchewan: Case study—A lesson in cultural humility. In F. Irani (Ed.), *Cultural diversity in neuropsychological assessment: Developing understanding through global case studies* (pp. 119–133). Routledge. https://doi.org/10.4324/9781003051862-17

- Olver, M. E., Stockdale, K. C., Helmus, L. M., Woods, P., Termeer, J., & Prince, J. (2024). Too risky to use, or too risky not to? Lessons learned from over 30 years of research on forensic risk assessment with Indigenous persons. *Psychological Bulletin, 150*(5), 487–553. https://doi.org/10.1037/bul0000414

- Reynolds, C. R., Altmann, R. A., & Allen, D. N. (2021). The problem of bias in psychological assessment. In C. R. Reynolds, R. A. Altmann, & D. N. Allen (Eds.), *Mastering modern psychological testing: Theory and methods* (pp. 573–613). Springer. https://doi.org/10.1007/978-3-030-59455-8_15

- Wright, A. J., Pade, H., Gottfried, E. D., Arbisi, P. A., McCord, D. M., & Wygant, D. B. (2022). Evidence-based clinical psychological assessment (EBCPA): Review of current

state of the literature and best practices. *Professional Psychology: Research and Practice, 53*(4), 372–386. https://doi.org/10.1037/pro0000447

Intervention

- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health, 18*, 174. https://doi.org/10.1186/s12939-019-1082-3

- Horvath, A. O. (2017). Research on the alliance: Knowledge in search of a theory. *Psychotherapy Research, 28*(4), 499–516. https://doi.org/10.1080/10503307.2017.1373204

- Lane, R. D., Subic-Wrana, C., Greenberg, L., & Yovel, I. (2020). The role of enhanced emotional awareness in promoting change across psychotherapy modalities. Journal of *Psychotherapy Integration, 30*(2), 131–150. https://doi.org/10.1037/int0000244

- Norcross, J. C., Zimmerman, B. E., Greenberg, R. P., & Swift, J. K. (2017). Do all therapists do that when saying goodbye? A study of commonalities in termination behaviors. *Psychotherapy, 54*(1), 66–75. https://doi.org/10.1037/pst0000097

Consultation

- Barnett, J. E. (2020). Ethical, legal, and professional issues in consultation for psychologists. In C. A. Falender & E. P. Shafranske (Eds.*), Consultation in psychology: A competency-based approach* (pp. 53–70). American Psychological Association. https://doi.org/10.1037/0000153-004

- Falender, C. A., & Shafranske, E. P. (2020). Consultation in psychology: A distinct professional practice. In C. A. Falender & E. P. Shafranske (Eds.), *Consultation in psychology: A competency-based approach* (pp. 11–35). American Psychological Association. https://doi.org/10.1037/0000153-002

- Karol, R. L., & Sturm, L. (2017). Models of consultation. In M. Budd, S. Hough, S. Wegener, & W. Stiers (Eds.), *Practical psychology in medical rehabilitation* (pp. 1–18). Springer. https://doi.org/10.1007/978-3-319-34034-0_52

- McLeod, B. D., Cox, J. R., Jensen-Doss, A., Herschell, A. D., Ehrenreich-May, J., & Wood, J. J. (2018). Proposing a mechanistic model of clinician training and consultation. *Clinical Psychology: Science and Practice, 25*, e12260. https://doi.org/10.1111/cpsp.12260

- Ward, W., Zagoloff, A., Rieck, C., et al. (2018). Interprofessional education: Opportunities and challenges for psychology. *Journal of Clinical Psychology in Medical Settings, 25*(3), 250–266. https://doi.org/10.1007/s10880-017-9538-3

Supervision

- Falender, C. A. (2014). Clinical supervision in a competency-based era. *South African Journal of Psychology, 44*(1), 6–17. https://doi.org/10.1177/0081246313516260

- Schreyer, B., Leithner, C., Eilers, R., Gossmann, K., & Rosner, R. (2025). The effects of clinical supervision on supervisees and patient outcomes in psychotherapy: A systematic review and meta-analysis. *Frontiers in Psychiatry, 16*, 1705578. https://doi.org/10.3389/fpsyt.2025.1705578

- Stewart, D. W., & Johnson, E. A. (2023). The relational–expressive dual-continuum model of clinical supervisor training. *Training and Education in Professional Psychology, 17*(2), 142–148. https://doi.org/10.1037/tep0000393

- Vekaria, B., Thomas, T., Phiri, P., & Ononaiye, M. (2023). Exploring the supervisory relationship in the context of culturally responsive supervision: A supervisee's perspective. *The Cognitive Behaviour Therapist, 16*, e22. https://doi.org/10.1017/S1754470X23000168

- Wilson, H. M., Davies, J. S., & Weatherhead, S. (2016). Trainee therapists' experiences of supervision during training: A meta-synthesis. *Clinical Psychology & Psychotherapy, 23*(4), 340–351. https://doi.org/10.1002/cpp.1957

Research

- Braun, V., & Clarke, V. (2023). Is thematic analysis used well in health psychology? A critical review of published research, with recommendations for quality practice and reporting. *Health Psychology Review, 17*(4), 695–718. https://doi.org/10.1080/17437199.2022.2161594

- Flake, J. K., & Fried, E. I. (2020). Measurement schmeasurement: Questionable measurement practices and how to avoid them. *Advances in Methods and Practices in Psychological Science, 3*(4), 456–465. https://doi.org/10.1177/2515245920952393

- Funder, D. C., & Ozer, D. J. (2019). Evaluating effect size in psychological research: Sense and nonsense. *Advances in Methods and Practices in Psychological Science, 2*(2), 156–168. https://doi.org/10.1177/2515245919847202

- Hales, A. H., Wesselmann, E. D., & Hilgard, J. (2019). Improving psychological science through transparency and openness: An overview. *Perspectives on Behavior Science, 42*, 13–31. https://doi.org/10.1007/s40614-018-00186-8

- Hommel, K. A., Modi, A. C., Piazza-Waggoner, C., & Myers, J. D. (2015). Translating translational research in behavioral science. *Journal of Pediatric Psychology, 40*(10), 1034–1040. https://doi.org/10.1093/jpepsy/jsv049

- Hudson, M., Carroll, S. R., Anderson, J., Blackwater, D., Cordova-Marks, F. M., Cummins, J., ... Rowe, R. K. (2023). Indigenous Peoples' rights in data: A contribution toward Indigenous research sovereignty. *Frontiers in Research Metrics and Analytics,* 8, 1173805. https://doi.org/10.3389/frma.2023.1173805

- Maassen, E., D'Urso, E. D., Van Assen, M. A., Nuijten, M. B., De Roover, K., & Wicherts, J. M. (2025). The dire disregard of measurement invariance testing in psychological science. *Psychological Methods, 30*(5), 966–980. https://doi.org/10.1037/met0000624

- Roberts, S. O., Bareket-Shavit, C., Dollins, F. A., Goldie, P. D., & Mortenson, E. (2020). Racial inequality in psychological research: Trends of the past and recommendations for the future. *Perspectives on Psychological Science, 15*(6), 1295–1309. https://doi.org/10.1177/1745691620927709

- Tackett, J. L., Brandes, C. M., King, K. M., & Markon, K. E. (2019). Psychology's replication crisis and clinical psychological science. *Annual Review of Clinical Psychology, 15*, 579–604. https://doi.org/10.1146/annurev-clinpsy-050718-095710

Ethics, Human Rights, and Social Justice

- Barnett, J. E., & Molzon, C. H. (2014). Clinical supervision of psychotherapy: Essential ethics issues for supervisors and supervisees. *Journal of Clinical Psychology, 70*(11), 1051–1061. https://doi.org/10.1002/jclp.22126

- Hailes, H. P., Ceccolini, C. J., Gutowski, E., & Liang, B. (2020). Ethical guidelines for social justice in psychology. *Professional Psychology: Research and Practice*, *52*(1), 1-11. https://doi.org/10.1037/pro0000291

- Huminuik, K. (2024). The five connections: A human rights framework for psychologists. *International Journal of Psychology, 59*(2), 218–224. https://doi.org/10.1002/ijop.12908

- Shields, R., Sinclair, C., & Stewart, D. (2025). Application of the Canadian Code of Ethics for Psychologists to telepsychology. *Canadian Psychology/Psychologie Canadienne.* Advance online publication. https://doi.org/10.1037/cap0000416

Appendix F: Candidacy Assessment Evaluation Forms

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

Area	**Essential Component**	**Behavioural Anchor**	**Exceed Expectations**	**Meets Expectations**	**Below Expectations**	**Not Applicable**

D. Diagnosis	Appliedconcepts of normal/abnormal behaviourtocase formulation & diagnosisinthe contextofstates of human development & diversity	1. Articulated relevant developmental featuresand clinical symptoms				
		2.Demonstratedabilityto identify problem area and to use concepts of differential diagnosis				
		3. Incorporated diagnostic formulationinto thecase conceptualization				
		4. Discussed rationale for or againstarrivingata diagnostic formulation				
E. Conceptualization & Recommendations	Utilized a systematic approach to gathering datato informclinical decision making	1. Discussed how diagnosis was based on case material				
		2. Discussed recommendations consistent with data collected				
F. Communication of Findings	Discussed assessment reports and	1.Notedwhatcouldbe includedin a psychological report				

	progress notes	2. Demonstrated ability to communicate basic findings verbally				
		3. Critically reflected on the data that was collected via interview				

II. INTERVENTION & CONSULTATION						
Area	**Essential Component**	**Behavioural Anchor**	**Exceed Expectations**	**Meets Expectations**	**Below Expectations**	**Not Applicable**
A. Knowledge of Interventions	Demonstrated knowledge of scientific, theoretical, empirical, and contextual bases of intervention, including theory, research, and practice	1. Demonstrated knowledge of interventions and explanations for their use				
		2. Demonstrated the ability to select interventions for different problems and populations				
		3. Acknowledged limits to competence and when to refer				
		4. Was able to discuss the evidence supporting the efficacy of the chosen intervention				
B. Intervention Planning	Formulated and conceptualized cases and plan interventions utilizing at least one consistent theoretical orientation	1. Articulated a theory of change and identified interventions to implement change				
		2. Presented an understandable case conceptualization				
		3. Reviewed a collaborative treatment plan				
C. Skills	Clinical skills	1. Discussed developing rapport with clients				
		2. Discussed the development of therapeutic relationships				
		3. Discussed when to consult a supervisor				

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

III. RESEARCH						
Area	**Essential Component**	**Behavioural Anchor**	**Exceed Expectations**	**Meets Expectations**	**Below Expectations**	**Not Applicable**
A. Scientific Approach to Knowledge Generation	Applied and evaluated theoretical and research knowledge relevant to the practice of psychology	1. Demonstrated understanding of research methods and techniques of data analysis if appropriate to the case presented				
		2. Demonstrated being a critical consumer of research by discussing theoretical and research issues relevant to the case presented				
		3. Discussed limitations of clinical research to the case under consideration				
B. Application of Scientific Method to Practice	Applied scientific methods to evaluating own practice	1. Discussed evidence based practice				
		2. Discussed collecting and analyzing data on own clients (outcome measurement)				

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

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

		4. Identification of multiple courses of action and discusses the impact on most vulnerable person				
VI. USE OF READING LIST						
Area	**Essential Component**	**Behavioural Anchor**	**Exceed Expectations**	**Meets Expectations**	**Below Expectations**	**Not Applicable**
Demonstrates having read comprehensive exam reading list by referencing readings in their responses						
Integrates reading list into responses by referring to material, what they have learned, and how learning from reading list is relevant to case and/or responses						

Appendix G: Clinical Psychology Student Handbook for Hours Tracking Using Time2Track

UNIVERSITY OF SASKATCHEWAN

Clinical Psychology Student Handbook for Hours Tracking Using Time2Track

This handbook was developed by Arianna Gibson
in collaboration with Dr. Megan O'Connell based on CCPPP guidelines.

Last updated by Arianna Gibson, December 2024

1. Overview of Non-Activity Type Information to Track

Client Demographics
It is important to keep track of the number of clients you work with, including de-identified demographic data such as age, gender, and diversity characteristics (race, diagnoses, sexuality).

You may not have data available for every characteristic for each client (i.e., only record such information when it arises naturally in your interaction with the client).

Time2Track demographic tracking does not capture a lot of the information that is important for your residency applications, so creating an additional, password-protected, excel spreadsheet to keep track of this information is helpful. This may include the context which you saw them in (e.g., for PSY 813 assessment or USPC practicum), their presenting problem (briefly) or referral reason, and critical demographics.

An example tracking template is provided **here**. Please **do not** put any client information in this document, but feel free to download a copy of the file and add in your information in a **password protected excel file**.

Tags
APPIC recommends tagging all interventions with the modality it was offered in (in-person, video, or telephone) as additional changes will be made moving forward about how they separate these/how it is tracked in Time2Track. You may also use tags to identify client diagnoses, or tasks completed (e.g., "WAIS practice").

You should also use tags to track asynchronous supervision hours. Asynchronous hours are not accepted by American residency sites and therefore would have to be easily identified and removed for your application if you are applying for sites outside of Canada.

Symptom-Monitoring using Self-Report Symptom Checklists
If your client(s) completes a self-report symptom checklist (e.g., Beck Depression Inventory or Beck Anxiety Inventory) at the start of a typical therapy session, track this as the appropriate intervention type (i.e., individual, couple, family, or group) and add the assessment measure in the assessment section when adding an activity.

If it was administered as part of a larger neuropsychological or psychodiagnostic assessment, add it as an assessment measure within that.

If they completed any self-report measure on its own (i.e., not before a therapy session or as part of a larger assessment), this is tracked as support hours. Time2Track does not have

an activity type that clearly captures this, so you can use the “Other” category or create a custom activity type called “Administering Self-Report Measures”.

Tracking Assessment Measures
When you are adding an assessment activity, go down to the assessment section and you can add each individual assessment measure that you administered.

There are duplicates of some assessment measures with slightly different names. To avoid having a messy looking residency application, keep your measures consistent. For example, there is a listing for the “Beck Anxiety Inventory” and “Beck Anxiety Inventory (BAI)”. Though they are referring to the same thing, they will be listed separately on your final hours report. To keep things clean, stick to one of them.

Ensure you check off whether you administered or are writing a report or both.

Integrative Reports
An integrated report includes a history, an interview, and at least two assessment instruments from the following categories: personality/mental health (e.g., MMPI, PAI, NEO, MCMI), cognitive, or neuropsychological. These are synthesized into a comprehensive report providing an overall case conceptualization. There must be at least 2 assessment tools (as highlighted under the assessment experience categories above) being integrated for it to be considered an integrated report. The tools may or may not be in the same category. Please note that a report synthesizing an interview and one or more self-report symptom measures (e.g., BAI and BDI) does not constitute an integrated report.

Go to the **Assessments** tab and click **Integrated Report** hyperlink. Here, you **tally** the number of integrated reports you have done. However, you should also keep track of the assessment measures you administered as described above so it is clear what went into the integrated report.

Other Important Information
When tracking hours, regardless of whether you have transferred or not, use the “Doctoral” level option, as hours are tracked differently (i.e., not in the way that APPIC will want them) at the “Masters” level.

In the assessments tab, you will see an overview of all your reports and administrations. This view is a great way to determine if you have tracked everything correctly, as your administration numbers should line up with your report numbers.

If you want to see any overview of your hours, you can go to the “Reports” tab. This will provide you with graphs and charts on your hour’s breakdown. This is where you will want to go when practicum supervisors ask you for updates on your hours or to update on your hours progress at annual committee meetings. You can create a PDF breakdown of your

hours from this page as well if you are ever asked for a more detailed account of your hours from a supervisor.

If you need further clarification on the contents of this document, consult the CCPPP Documentation of Professional Psychology Training Experiences document (provided when you begin the program), the department Guidelines for Documentation of Clinical Hours, and AAPI Guidelines Document. If your question remains after consulting these documents, ask the appropriate DCT or your practicum supervisor.

2. Intervention Activity Types

Activity types you are likely to use		
ACTIVITY TYPE	**WHEN TO USE IT**	**EXAMPLES**
Co-Therapy	When you are doing therapy with a client alongside another professional.	Providing therapy to a client with a complex presentation with your practicum supervisor (USPC or community placements)
Consultation	When you are consulting directly with the client **or** with an agent of the client (e.g., their family doctor, occupational therapist, social worker, etc.) to collaboratively solve a problem related to their care.	You may do care collaboration if your client is seeing multiple health care providers/has a complex presentation/request such collaboration at USPC or community placements.
Couples Therapy	When you are doing therapy with a couple	May occur in community placements
Family Therapy	When you are doing therapy with a family	May occur in community placements
Group Counselling	When you are conducting therapy in a group setting (multiple people who are not related/connected to each other in some way).	Group therapy at the USPC May occur in community placements as well
Individual Therapy	When you are doing therapy with an individual person	USPC and community placement individual therapy clients
Intake Interview	When you are doing an interview with a *therapy* client **not** an assessment client (i.e., the end goal is therapy)	USPC intake sessions
Program Development/Outreach Programming	Work that is aimed to support a community organization. This includes time spent developing the programming as	Outreach work at USPC

	well as conducting the programming.	
Supervision of Other Students Performing Intervention and Assessment Activities	When you are completing program-sanctioned supervision of other students' clinical work.	TA hours for PSY 813 and PSY 814, may also be hours connected to PSY 845.
Telephone-Based Intervention	Sessions that are completed over the phone, **not on video via Zoom.** Zoom video therapy can be recorded as "Individual Therapy" with the modality tagged.	USPC phone screens

Other intervention options in Time2Track you will use less	
ACTIVITY TYPE	**WHAT IS IT/WHEN TO USE IT**
Career Counseling	This category covers education, career exploration, development, and guidance. Helping individuals increase understanding of their abilities, interests, values, and goals is a vital foundation of the career development process. When employment-related concerns arise in the context of other interventions and are not the focus of the referral, this would not be documented as Career Counseling.
Medical/Health Related Interventions	Any interventions that are directly focused on the client's physical health and this is the primary reason for their utilization of services. This activity type is more likely to be used in health psychology rotations.
Milieu Therapy	A form of psychotherapy that involves the use of therapeutic communities (~30 clients) for 9-18 months.
Outcome Assessment of Programs or Projects	Time spent engaging in research activities during your clinical training **that are directly related to** evaluating professional services. Time spent conducting background work (e.g., literature reviews) should be classified as support hours.
School - Direct Intervention	Time spent working directly with youth in the school system when the focus is on their education (may also include working with parents depending on the context).
School - Consultation	Time spent working with teachers and school staff when doing interventions in the school system with youth when the focus is on their education. This may also include working with parents depending on the context.
School - Other	Activities which do not fall into the previous two that are

	related to working with youth within the school system.
Sport Psychology/Performance Enhancement	Any interventions that are directly focused on the client's sports performance wherein this is the primary reason for their utilization of services.
Substance Abuse Intervention	Any interventions that are directly focused on the client's substance abuse wherein this is the primary reason for their utilization of services.
Treatment Planning with Client	When you complete treatment planning directly with a client outside of the therapy hour.
Other Psychological Interventions	A catch all for intervention that is not captured by any of the above. You can also create custom intervention types.

3. Assessment Activity Types

ACTIVITY TYPE	WHEN TO USE IT	EXAMPLES
Neuropsychological Assessment	Includes only those instruments/time used in a specified neuropsychological assessment. Include intellectual and other assessment measures in this category only when they were administered in the context of full neuropsychological assessment battery.	A WAIS is used in general cognitive assessment and in neuropsychological assessment – when used in neuropsychological assessment as part of the battery; this is neuropsychological assessment. A WAIS in isolation is not a neuropsychological ax.
Providing Feedback to Clients / Patients	The final session you have with an assessment client where you review the results of their assessment with them.	PSY 813 and 814 feedback sessions USPC assessment feedback sessions Community placements
Psychodiagnostic Test Administration	Time spent completing a *comprehensive* assessment in the areas of psychoeducational, learning, cognitive, mental health, personality, or forensic with aims of determining a diagnosis for the client.	USPC assessments
Telephone-Based Assessment	Time spent administering assessment measures over the phone, including when it is a	Administering a BDI over the phone

	self-report measure.	
Other Psychological Assessment Experience	Includes interviews conducted as part of an assessment and any activities that does not form part of a comprehensive psychodiagnostic assessment.	PSY 813 and 814 Assessments Family assessment Classroom observations

4. Supervision Activity Types

ACTIVITY TYPE	WHEN TO USE IT	PROGRAM EXAMPLES
Individual Supervision – Licensed Psychologist	1:1 supervision that is directly with a licensed psychologist (e.g., our faculty/staff psychologists and practicum supervisors) or when group discussions are focused on one of your client's specifically.	USPC Case Conferences when *you* are the one presenting Asynchronous supervision (with a tag) PSY 814 Masteries with Megan PSY 813 Supervision with Mark Supervision with Staff Psychologist at USPC Supervision with Cofacilitators for Group Therapy
Individual Supervision – Licensed Allied Mental Health Professional	1:1 supervision that is with licensed mental health professionals who are not psychologists (e.g., licensed clinical social workers, nurse practitioner).	North Battleford Psychiatric Hospital
Individual Supervision – Other (e.g., peer to peer)	1:1 supervision that is with a more advanced peer (e.g., TA) who is a being supervised by a licensed psychologist.	813 Supervision that occurs with a TA 814 TA masteries Any supervision occurring with someone who has not completed their MA/PhD, including residents (depending on licensing requirements in that province).
Group Supervision – Licensed Psychologist	Group time focused specifically on you, or your peers' clinical cases **or** issues directly associated with your cases (e.g., discussing ethical or self-care issues) that occur	USPC Case Conferences when you *are not* presenting.

	in the presence of a licensed psychologist.	
Group Supervision – Licensed Allied Mental Health Professional	Group time focused specifically on you, or your peers' clinical cases **or** issues directly associated with your cases (e.g., discussing ethical or self-care issues) that occur in the presence of a licensed allied mental health professional (e.g., clinical social worker).	
Group Supervision – Other (e.g., peer to peer)	Group time focused specifically on you or your peers' clinical cases **or** issues directly associated with your cases (e.g., discussing ethical or self-care issues) that occur with a more advanced peer being supervised by a licensed psychologist.	Discussing clients with TA in PSY 813 skills lab

5. Support Activity Type

ACTIVITY TYPE	WHEN TO USE IT
Administration	Really a catch all for anything you might be doing administratively related to clients (e.g., reaching out to them for scheduling)
Assessment Report Writing	Any time spent writing or revising an assessment report
Case Conferences	Time spent reviewing client cases for which you have no direct involvement and make no contributions to the discussion
Chart Review	Any time spent reviewing client records. If a client provides previous health records and you review them. If you are transferred a client from a previous provider and are provided their previous session notes.
Clinical Writing/Progress Notes	Any time spent writing progress notes.
Coordinate Community Resources	Establishing a list of resources a client may use in emergencies if you are not available (e.g., providing a document with Saskatoon Mobile Crisis, CUMFY, Prairie Harm Reduction, etc.)
Grand Rounds	Time spent reviewing client cases for which you have no direct involvement and make no contributions to the discussion
Intervention Planning	Treatment planning you complete on your own, not in collaboration with the client.
Observation	When you are directly observing a supervisor or colleague engaging in professional activities (live or via tape) and you are not contributing to the activity. **If you are making a meaningful contribution**, this would be tracked under the appropriate direct service type (e.g., observing your USPC supervisor completes a

	phone screen)
Phone Support (including phone sessions prior to 3/20/20)	All phone sessions regardless of what they were for if they were conducted before March 2020. After March 2020, this would include brief administrative support phone calls that are not intervention or assessment focused.
Professional Consultation	Consultation activities with other professionals with a goal of improving client care generally and not directly tied to a specific client.
Professional Development	Time spent attending professional development workshops, trainings, or talks.
Psychological Assessment Scoring/Interpretation	Time spent scoring and interpreting assessment measures PSY 813 and 814 assessments (NEO, PAI, MMPI, WAIS, WISC, WMS).
Reading/Research/Preparation	Any reading/preparation directly related to your professional activities such as time spent reading research directly related to a client, reading test manuals to become familiar with an assessment, reading therapy manuals, preparing materials for therapy, practice administrations of assessment measures
Seminars/Didactic Training	Times when you are attending a talk/lecture in a practicum setting that is not directly related to a specific client (but can be related to all clients generally). For example, in the memory clinic, Megan might give lectures on dementia presentations and while it is relevant to the cases we see, if she is not talking about one case in particular – this is didactic training not supervision. Do not include any seminar/course time as didactics – this is only applicable to practicum settings.
Staff Meeting	Non-supervision or didactics staff meetings. May involve more administrative and logistical planning, versus the others which would be more specific to work with clients.
Video-Audio-Digital Recording Review	Any tape review that you do.
Other	Catch all for anything that doesn't fall under the above categories.

Appendix H: University of Saskatchewan Clinical Psychology Program Student Professionalism Guidelines

USask Clinical Psychology Program Student Professionalism Guidelines

Professionalism in psychology is foundational to ethical and competent practice. The Companion Manual to the Canadian Code of Ethics for Psychologists reminds us that "a profession is more than a loosely defined group of people trained in the same skills or body of knowledge" … "rather, the very word 'profession' implies a public declaration of commitment to goals and values that include, but go beyond, the members or the body of knowledge" (Sinclair et al., 1987, p.8). This commitment is fundamental in maintaining the public trust.

Professionalism encompasses attitudes, behaviours, and personal characteristics that support trust, respect, accountability, and integrity across diverse professional contexts. The following professionalism guidelines have been developed through review of existing professionalism standards, and specifically incorporates relevant standards, guidelines, and expectations from the Canadian Psychological Association (CPA) Accreditation Standards, the CPA Code of Ethics for Psychologists, the Saskatchewan College of Psychologists Professional Practice Guidelines, along with relevant competence literature, specifically Fouad et al., 2009 and Kaslow et al., 2018.

This document outlines the guidelines for professional behaviour that students are expected to develop and demonstrate throughout their time in the program, including on campus, in the classroom, in clinical placements, and on residency. These guidelines apply when interacting with student, faculty and staff, clients, supervisors, and the public. These guidelines reflect foundational professional competencies relevant to all clinical psychology training and practice. Moreover, as these guidelines are foundational to the profession, they are expected to be upheld by all members of the University of Saskatchewan Clinical Psychology Program, including students, faculty, clinical instructors, and University of Saskatchewan Psychology Clinic supervisors. Although this document was developed for students and therefore uses student-focused examples, faculty and supervisors are expected to lead by example in modeling these foundational guidelines as well as more aspirational ethics codes.

Where components map onto existing competency standards and existing ethical standards and practice guidelines, this has been indicated throughout this document as follows:

> ***AS*** = Accreditation Standards - CPA Accreditation Standards, foundational competencies.
>
> ***CB*** = Competency Benchmarks - Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., Collins, F. L., Jr., & Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology, 3*(4, Suppl), S5–S26. https://doi.org/10.1037/a0015832
>
> ***K*** = Kaslow et al. - Kaslow et al. (2018). Trainees with competency problems in the

professionalism domain. *Ethics & Behavior 28*(6), 429-449

CPA = Canadian Code of Ethics for Psychologists, Fourth Edition (2017)

SKCP = Saskatchewan College of Psychologists Professional Practice Guidelines, 3rd version (2019)

The guidelines within the 6 areas listed below are meant to provide concrete guidance to students; however, across settings, students are expected to uphold university and professional codes of conducts. This includes acting in accordance with the Saskatchewan College of Psychologists Professional Practice Guidelines. Students are further expected to aspire to the principles and values of the Canadian Code of Ethics for Psychologists, and apply ethical decision-making steps, when applicable. Students are encouraged to engage continuously in consultation with relevant individuals (e.g., program administrators, supervisors), as appropriate and in line with policies outlined in Chapter 11 of the Clinical Psychology Policy Manual to aid in development and application of professional and ethical conduct.

Monitoring and Accountability. Students' adherence to professionalism standards will be regularly monitored throughout the program (e.g., courses, practica, annual reviews). Concerns about a student's ability to uphold these standards may result in a range of responses, from an informal discussion to highlight areas for improvement, through to formal processes such as remediation or, in severe cases, dismissal from the program. The nature of the response will depend on the seriousness and persistence of the concern. For further details, students should refer to Chapter 10 and 11 of the Clinical Psychology Policy Manual.

If professionalism concerns are being raised by a student with regard to another student, clinical supervisor, or faculty member, the concern can be brought to the attention of a supervisor, the Director of Clinical Training, and/or the Department of Psychology Graduate Chair. More information about this process can be found in Chapter 11 of the Clinical Psychology Policy Manual and section 14.4. of the College of Graduate Studies and Post-Doctoral Studies Policy Manual.

1. Self-Care and Fitness to Practice[a]

Expectations

- Engage in proactive, effective, and sustainable self-care practices.[b]
- Monitor mental, emotional, and physical health to ensure fitness to practice.
- Seek consultation and/or support as proactively as possible when personal issues may have the potential to compromise professional functioning.

Examples of what to do

- Notifying instructors/supervisors if personal concerns may interfere with academic and/or clinical responsibilities and making a plan for support.
- Seeking support services when stress or other personal factors impacts academic performance.
- Accessing formal accommodations or leaves when needed, following appropriate procedures.
- Avoid waiting until you are depleted and/or struggling significantly before seeking help and/or developing a plan for effective self-care.

Examples of what not to do

- Ignoring how to minimize the potential for negative impacts on others (e.g. clients, fellow students) if self-care strategies are no longer alleviating or preventing distress.
- Concealing the presence of personal distress, problems, or struggles from supervisors when they have the risk to impair academic, clinical, or other domains of professional functioning.

Aligned Competencies

AS:
- Self-care and fitness to practice

CB:
- Self-Care
- Reflective Practice

K:
- Humanism
- Self-Reflection

Aligned Professional Practice Standards/Ethical Guidelines

CPA:
- II.1, II.2, II.3 General caring
- II.11, II.12 Competency and self-knowledge

SKCP:
- 6.5 Impaired competence

Notes: [a]Clinical Psychology Programs can be intensive and demanding training experience owing to the need to complete coursework, clinical training, and research. As such, consistently achieving a healthy work–life balance during time spent in the program can be challenging. There is a need to recognize that the demands are time-limited and to develop sustainable ways to care for yourself while meeting program requirements. [b]Students are encouraged to speak to supervisors (i.e., clinical, research) to understand expectations around work, rest, and balancing multiple demands.	

2. Academic and Clinical Integrity

Expectations	Examples of what to do
- Accurately represent qualifications. - Uphold and demonstrate honesty, fairness, openness, and transparency in academic and clinical settings. - Adhere to university policies relating to academic and non-academic conduct. - Engage in behaviour that promotes trust, demonstrates integrity, and aligns with ethical codes and practice guidelines. - Maintain appropriate professional boundaries with clients, supervisors, and fellow students. - Demonstrate consistent punctuality and strive to meet academic, clinical, and research deadlines. - Take ownership of responsibilities; take ownership of decisions and conduct, including mistakes; and follow through on commitments. - Communicate proactively about barriers to task completion and work collaboratively with others when needed to address these. - Protect client confidentiality and research participant data in all online contexts and disclose or report any breaches. - Avoid posting content that may harm the public image of the profession	- Adhering to academic integrity policies (e.g., following plagiarism guidelines, completing work independently when required). - Communicating truthfully without falsifying documents/records. - Admitting or disclosing errors to supervisors and instructors promptly. - Discussing ethical concerns observed in academic or clinical settings with instructors and supervisors. - Ensuring proper representation of clinical hours and clinical competencies. - Engaging academic and clinical settings in a way that enhances learning and creates a positive environment. - Arriving on time for all courses, client sessions, and supervision. If lateness is unavoidable, providing an appropriate explanation. - Arriving prepared to learn; avoiding distractions such as cellphones during class. - Documenting sessions promptly and accurately. - Submitting assignments and discussion posts by the posted deadlines. - Following outlined instructor, supervisor, or site expectations for absences or tardiness. - Discussing extensions with instructors in advance and working to meet agreed upon deadlines. - Ensure that telehealth/virtual sessions are being provided through

	secure platforms and in line with site requirements. - Follow course and site standards for protection and confidentiality of clinical materials (e.g., storing in locked cabinets, using password protected devices, etc.) **Examples of what not to do** - Sharing client information in non-private, public spaces. - Communicating with clients using personal social media. - Using generative AI in course-based and/or clinical work when not permitted to do so. - Copying and pasting computer generated interpretive reports into assessment reports. - Inappropriately accessing or using a student, research participant, or client's personal information. - Engaging in dishonesty in communication or behavior to supervisors or fellow students - Failing to disclose mistakes or lapses in professionalism from a supervisor.
Aligned Competencies AS: - Congruence with ethical values - Time management - Taking personal responsibility - CB: - Integrity - Professional identity - Accountability - Deportment - -	**Aligned Professional Practice Standards/Ethical Guidelines** CPA: - I.12, I.13 Fair treatment/due process - III.1, III.5, III.6, III.7 Accuracy/honesty - III.9, III.10 Objectivity/lack of bias - IV.13 Beneficial activities - II.45 Offset/correct harm - 1.41, 1.42 Privacy - 1.43, 1.45 Confidentiality - CPA Guidelines on Telepsychology

K: - Ethical Engagement - Commitment to Psychology's Contract with Society - Accountability - Excellence	- SKCP: - 4.3 Assume responsibility for practice - 4.9 Communicate honestly - 7.1 Accuracy of professional representation - 10.1 Records and record keeping - 17.1 Take appropriate action - 13 Appropriate relationships - 6.1 Maintain equivalent standards - 6.2 Social media - 7.2 Provision of information to the public - 8.5. Release of confidential information - 10.6.3 Electronic records - 10.6.4. Digital recording

3. Collegial and Professional Communication in In-Person and Digital Spaces

Expectations

- Maintain clear, timely, and respectful communication across all professional relationships.
- Maintain respectful communication, even in high-pressure situations or conflicting conflictual situations.
- Resolve conflicts professionally and diplomatically. and seek collaborative solutions.
- Protect client confidentiality and research participant data in all online contexts and disclose or report any breaches.
- Avoid posting content that may harm the public image of the profession
- Engage in conflicts professionally and diplomatically. Seek collaborative solutions.
- Use digital communication platforms (e.g., email, Zoom, social media) in ways that uphold professional standards.

Examples of what to do

- Engaging and contributing respectfully and thoughtfully with peers and instructors in classroom discussions, both in-person and online.
- Clearly and respectfully communicating client concerns or schedule changes to team members and supervisors.
- Seeking support as needed to implement effective conflict resolution strategies.
- Ensure that telehealth/virtual sessions are being provided through secure platforms and in line with site requirements.
- Follow course and site standards for protection and confidentiality of clinical materials (e.g., storing in locked cabinets, using password protected devices, etc.)
- Refraining from sharing client information in non-private, public spaces.
- Provide evaluative feedback in a way that is constructive and respectful (e.g., student teaching evaluation; practicum site and supervisor evaluations, course peer evaluations).
- Promptly returning/acknowledging communication from instructors, supervisors, and program staff.
- Consider using private settings on personal social media accounts.

Examples of what not to do

- Adding clients on personal social

	media. - Using language in email or other correspondence that may be interpreted as overly casual, inappropriate, or disrespectful. - Engaging in unwelcome, inappropriate, and potentially hostile or threatening verbal or physical behaviour.
Aligned Competencies AS: - Appropriate collegial communication - Online professionalism CB: - Deportment - Concerns for welfare of others - Integrity - Accountability K: - Civility - Collaboration - Ethical Engagement - Social Responsibility	**Aligned Professional Practice Standards/Ethical Guidelines** CPA: - 1.41, 1.42 Privacy - 1.43, 1.45 Confidentiality - III.10 Objectivity/lack of bias - III.13, 16, 17 Straightforwardness/openness - CPA Guidelines on Telepsychology SKCP: - 4.10 Resolving conflict - 6.1 Maintain equivalent standards - 6.2 Social media - 7.2 Provision of information to the public - 8.5. Release of confidential information - 10.6.3 Electronic records - 10.6.4. Digital recording

<table>
<tr><th colspan="2">4. Interpersonal Conduct[b]</th></tr>
<tr><td>Expectations
- Demonstrate respect, empathy, compassion, and appropriate boundaries in relationships with clients, colleagues, and supervisors.
- Prioritize the welfare of others and cultivate cultural humility.
- Practice professionalism in group and team environments.
- Contribute to a psychologically and culturally safe learning environment.
- Demonstrate flexibility and collegiality when faced with unanticipated changes in schedules, learning opportunities, and clinical responsibilities.</td><td>Examples
- Show respect for classmates through words, behaviours, and actions.
- Be respectful of other’s personal space and personal property.
- Demonstrate empathy and cultural sensitivity.
- Collaborate respectfully with interdisciplinary teams by valuing their diverse roles and areas of expertise.
- Presenting in appearance that is professional and aligned with setting requirements.[a]
- Demonstrates awareness and/or support for peers in need.[b]
- Ensure evaluative feedback is constructive and respectful (e.g., teaching evaluations; practicum site and supervisor evaluations, peer evaluations).

Examples of what not to do
- Failing to respect the human rights of clients and others.
- Discriminating against others based on individual characteristics such as age, race, colour, ancestry, place of origin, ethnicity, political beliefs, religion, marital status, physical or metal disability, sex, sexual orientation, or gender identity.
- Engaging in personal relationships with clients.
- Failing to acknowledge, and manage appropriately, a conflict of interest.</td></tr>
<tr><td>Aligned Competencies
AS:</td><td>Aligned Professional Practice Standards/Ethical Guidelines</td></tr>
</table>

- Interpersonal skills - Appropriate collegial communication - Online professionalism CB: - Concerns for welfare of others - Deportment - K: - Humanism - Civility - Collaboration - Cultural humility	CPA: - I.1, I.2, I.3, I.4 General respect - I.9 Non-discrimination - I.12 Fair treatment - II.1, II.2 General caring - II.19, II.23 Maximize benefit - III.30, III.31, III.32 Avoidance of conflict of interest - IV.7 Beneficial activities - IV.15, IV.6 Respect for society - III.13, 16, 17 Straightforwardness/openness SKCP: - 4.5 Notify and assist if discontinuing or temporarily absent - 4.7 Sensitive to cultural differences - 4.10 Resolving conflict - 6.2 Social media - 13 Appropriate relationships

Notes.

[a] Expectations for dress and presentation may differ across contexts (e.g., academic courses, clinical placements, research settings) and may vary within the same setting (e.g., designated casual days). When expectations are unclear, students should seek clarification from supervisors, instructors, or site staff, and are expected to exercise good judgment to ensure their appearance reflects professionalism and respect for the context.

[b] Peers are often the first to recognize personal issues experiences by a student during training. Supportive peers may take on a range of actions from checking in with the peer, to bringing the concerns to the attention of the program. For more information on personal difficulties and processes for raising concerns, see Chapter 11 of the Clinical Psychology Policy Manual.

<table>
<tr><th colspan="2">5. Self-Reflection and Professional Growth</th></tr>
<tr><td>Expectations
- Engage in regular self-reflection to assess biases, values, and professional effectiveness.

- Aim to respond to feedback openly and non-defensively and continuously strive to integrate feedback and develop as a clinician.

- Identify personal areas of growth and take steps toward improvement.

- Recognizes own limits and seeks appropriate help, as needed.

- Sustain meaningful progress in research and dissertation work alongside clinical and academic responsibilities.</td><td>Examples of what to do
- Discussing assignments feedback with instructors/supervisors when appropriate to increase learning and understanding.
- Integrating instructor feedback on written assignments into future submissions.
- Demonstrating responsiveness to supervisor feedback on clinical and/or research activities.
- Engaging in feedback with a spirit of curiosity.
- Avoiding defensive argumentation when receiving constructive criticism.
- Minimizing inappropriate responses to constructive criticism (e.g., blaming others, uncontrolled anger, profane/disrespectful language, intimidating gestures, denial/rationalization)

Examples of what not to do
- Referring to oneself as, or holding oneself to be, more professionally qualified than one is.
- Responding to constructive feedback from a supervisor defensively with argument or debate.
- Failing to recognize the limitations of one’s own knowledge/expertise relative to one’s own life and professional experience and training.</td></tr>
<tr><td>Aligned Competencies
AS:</td><td>Aligned Professional Practice Standards/Ethical Guidelines</td></tr>
</table>

- Self-monitoring - Self-care CB: - Reflective Practice - Self-Assessment K: - Self-Reflection - Excellence	CPA: - I.1 General respect - II.8, II.9, II.10 Competence and Self-knowledge - II.22 Maximize benefit - III.35 Reliance on the discipline - IV.9 Beneficial activities SKCP: - 4.6 Self-evaluation

6. Developing Social Responsibility[a]

Expectations

- When able and where appropriate, engage in advocacy efforts that promote social justice and human rights in ways that reflect positively on psychology as a profession.
- Maintain awareness of how professional actions and public behavior impact perceptions of psychology.
- Uphold a sense of social responsibility in academic and clinical activities as well as public discourse.

Examples of what to do

- Presenting evidence-based information that upholds inclusive values and professionalism.
- Identifying when clients are not receiving equitable access to care or equitable treatment and taking steps to address this.
- Advocating for the rights of vulnerable/marginalized groups and/or underserved communities.
- Advocating for policies that promote mental health and wellbeing.
- Learning about less familiar identities and experiences and engaging with these communities where possible and appropriate.

Examples of what not to do

- Identifying problems, without proposing solutions.
- Engaging in advocacy without an informed understanding of the issue or its related nuances and complexities.
- Using pressure or coercion to promote an advocacy issue.

Aligned Competencies

AS:
- Sensitivity to public perception in advocacy

CB:
- Professional Identity

K:
- Commitment to Psychology's Contract with Society; Social Responsibility

Aligned Professional Practice Standards/Ethical Guidelines

CPA:
- IV.10, IV. 11, IV.12 Beneficial activities
- IV.19, IV.28 Development of Society

SKCP:
- 7.2 Provision of information to the public

Notes:

[a] Expectations of social responsibility should be understood within the context of students' developmental stage and training status. Students are not expected to act

beyond their role or authority, but rather to demonstrate awareness of social responsibility, take opportunities for advocacy where appropriate, and seek guidance from supervisors or faculty when navigating power imbalances.

Approved October 7, 2025

Appendix I: Residency Application Approval form

Residency Application Approval

Instructions: This form is to be completed by students wishing to apply for residency in the Fall of the academic year. The form must be submitted to the Director of Clinical Training by May 31st of the year in which the student wishes to apply.

STUDENT SECTION

Student Name: _____

Year in Program: _____

Hours Summary:

Assessment Hours: _____

Intervention Hours: _____

Supervision Hours: _____

Dissertation Status:

Dissertation Type: ☐ Traditional ☐ Manuscript Style

Proposal Defended:

General Introduction ☐ Yes ☐ No Date: _____

Study 1 ☐ Yes ☐ No Date: _____

Study 2 (if applicable): ☐ Yes ☐ No Date: _____ ☐ N/A

Study 3 (if applicable): ☐ Yes ☐ No Date: _____ ☐ N/A

Data Collection:

Study 1: ☐ Started ☐ Complete

Study 2 (if applicable): ☐ Started ☐ Complete ☐ N/A

Study 3 (if applicable): ☐ Started ☐ Complete ☐ N/A

SUPERVISOR SECTION

Supervisor Name:

Do you support this student's application for residency: ☐ Yes ☐ No

Briefly describe this student's dissertation progress:

_____
_____
_____
_____

SIGNATURES

Student Signature_____ **Supervisor Signature:** _____