APPLIED PSYCHOLOGY CENTRE

2018 MANUAL

Applied Psychology Centre L-PY111.5
Department of Psychology Concordia University
7141 Sherbrooke Street West
Montreal, Quebec H4B 1R6
514-848-2424 ext. 7550
apc@concordia.ca
Fax: 514-848-4537

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS

This manual was extensively revised by Drs. Jennifer McGrath and Dina Giannopoulos in August 2011 to reflect important updates in accordance with OPQ/CPA/APA Clinical Practice Guidelines. Many changes aim to improve clarity, streamline paperwork, enhance understanding and use of APC Standards, and ultimately strengthen clinical training. Thanks to Lucie Bonneville, Adam Radomsky, and Jamie Farquhar for their insightful comments during the revision of this manual. Special acknowledgement goes to Bill Brender, Alex Schwartzman, and Ivan Zendel, who developed earlier versions of this manual. The APC expresses gratitude to SUNY Binghamton (Dr. Stephen A. Lisman), Bowling Green Psychological Services Center, and NYU Child Study Centre for permission to borrow extensively ideas and passages from their well-written clinic manuals and resources. A final note of acknowledgement goes to the members of the APC, past and present, whose comments and suggestions over the years have improved the functioning of the Centre.

GENERAL INFORMATION

This comprehensive manual describes the activities, policies, and procedures of the Applied Psychology Centre (APC). All trainees and supervisors should be familiar with its content. It is hoped that it will also help trainees understand the responsibilities they are asked to assume during the period of their clinical graduate studies.

The primary role of the Applied Psychology Centre (APC) is to serve as a training centre for the clinical program. Supervisors and students undertake the responsibility to provide ethical, conscientious service and to maintain good relations with fellow professionals and the public. The individuals participating in the Centre are expected to maintain a mature, responsible working relationship with their clients. While the clinical supervisor is ultimately responsible for a given case and will be the immediate authority on proper clinical procedures, each member of the clinical faculty is available to students for consultation.

To work effectively as a clinical trainee, students must become familiar with certain basic information, instructions, and "tradition" in interacting with and treating clients. Trainees get much of this in supervision and more formal classwork. In addition, trainees should read and be conversant with the following list of materials prior to or during the early phases of client contact:

- American Psychological Assoc. (2017) **Ethical Principles of Psychologists & Code of Conduct**
- Canadian Psychological Assoc. **Code of Ethics for Psychologists** (4th ed.)
- Canadian Psychological Assoc. (2001) **Practice Guidelines for Providers Psychological Service**
- Ordre des Psychologues du Québec. (2017) **Code of Ethics** (2017)

(It is the responsibility of all APC members, trainees and clinical supervisors, to acquire and prudently review these materials prior to any clinical service. All of the documents are on reserve at the APC office.)

GUIDE TO THE MANUAL

You will find some information in the manual repeats content elsewhere in the manual. This redundancy is purposeful in an effort to help junior trainees appreciate the overlapping nature of many clinical activities.

Information in RED, CAPS, BOLD refers to forms that the trainee will regularly use, including APC Clinic Forms, Clinical Training Experience Documentation, or Practicum Administrative Documents. These forms are located at the end of the manual.

Information in BROWN, CAPS, BOLD refers to publically available material that the trainee must become familiar with as it is essential for their clinical training, including Clinical Practice Guildelines, Ethical Principles for Psychologists, and Code of Ethics.

CLINIC PERSONNEL

APC Director (DAPC) – *Dr. Dina Giannopoulos*
Room PY 111-4; 514-848-2424 ext.7537; dina.giannopoulos@concordia.ca
The Director of the Applied Psychology Centre (DAPC) has overall responsibility for the functioning of the Centre and the training of graduate students within the Centre. The DAPC is responsible to and works in close association with the Director of Clinical Training (DCT) and the Director of Practica and CUPIP (DPaC). The APC Director administers all day-to-day clinical and educational activities of the Centre. Duties include maintaining the flow of clients to the APC, screening referral requests, emergency service and holiday coverage, continuity of client care, monitoring fee payments and all budget related items, development and supervision of client-centered forms, monitoring follow-up contacts, centre maintenance (space, upkeep, technical equipment, testing materials), regulating clinic expenditures, and supervising the APC Assistant and clinical trainees. Should questions or problems arise concerning Centre policy, procedure, appearance, etc., please bring them to the attention of the APC Director. **Only by expressing concerns or questions through the Centre personnel will the Centre be able to respond or change.**

APC Assistant – *Joanne Svendsen*
Room PY 111-5; 514-848-2424 ext.7550; Fax 514-848-4537; apc@concordia.ca
Duties include, among numerous others: responding to incoming calls/clients, receiving and allocating messages, assigning rooms, preparing reports that are issued to other services, signing out equipment and supplies, maintaining student files, coordinating document flow for student practicum/internship/CUPIP, preparing/distributing receipts to clients/faculty for APC fees, and keeping the office running in an orderly fashion. Please inform the APC Assistant immediately of any changes in your email or telephone number.

Director of Clinical Training (DCT) – *Dr. Adam Radomsky (2018-2020)*
Room PY 101-4; 514-848-2424 ext. 2202; adam.radomsky@concordia.ca
The Director of Clinical Training oversees the clinical training program of Concordia University. The DCT, as the Chair of the Clinical Steering Committee, works to ensure that program training goals are met, that professional competence is attained by all students, and that the clinical program continues to meet or exceed accreditation standards.

Director of Practica and CUPIP (DPaC) – *Dr. Roisin O'Connor (2016-2019)*
Room PY 170-16; 514-848-2424 ext.2248; roisin.oconnor@concordia.ca
The Director of Practica and CUPIP oversees extramural practica, clinical training documentation (evaluations, clinical hours, grades), and the clinical case conference series. The DPaC also oversees the Concordia University Psychology Internship Program (CUPIP), a CPA-accredited internship programme.

Clinical Trainees
A graduate student providing services (assessment, therapy, etc.) to clients in the Clinic shall be designated "Clinical Psychology Trainee" and shall use this title in signing Clinic reports and correspondence. Trainees will conduct the assessment and therapy sessions in conjunction or consultation with a clinical supervisor.

Clinical Supervisors
Clinical Supervisors regularly consult with and supervise Clinic Trainees. They include full-time, part-time, and adjunct faculty. Besides being directly responsible with the trainee for the service activity and treatment in a particular case, supervisors provide periodic reports evaluating the progress and problems of their trainee. Clinical Supervisors are required to maintain OPQ clinical

licensure and liability coverage, and to notify the APC Director should any circumstances arise in their capacity to provide supervision.

Clinical Associate

Recently graduated doctoral clinical psychologists from our program who are hired on a contract basis to see clients at the Centre. Clinical Associates participate in peer supervision group meetings with the APC Director.

APC Clinic Assistant

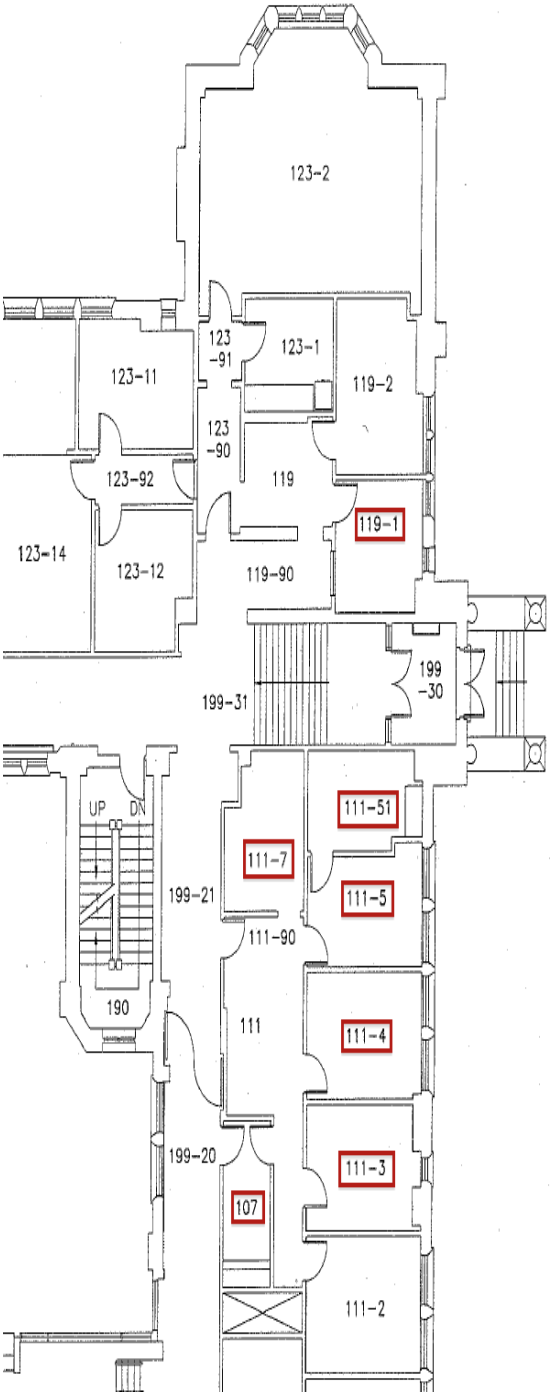
A senior clinical graduate student who is hired to work part-time in the Clinic to provide service to clients (assessment, therapy, intake, follow-up). The Clinical Assistant works for a pre-specified number of months and receives a stipend for their work. The assistant will conduct psychological sessions in conjunction or in consultation with the APC Director.

APC Fellow

An incoming graduate student or graduate student in good standing who receives a one year stipend from the APC in exchange for a few hours of work per week. The fellowship is to support students who do not have fellowships.

CENTRE FACILITIES

APPLIED PSYCHOLOGY CENTRE
PY BUILDING – FIRST FLOOR
ADMINISTRATIVE ROOMS



PY 119-1 Biofeedback Room
(Psychophysiology equipment, Biofeedback unit)

PY 111-51 Library & Testing Materials Room (Testing Kits/Questionnaires, Student workspace)

PY 111-7 Waiting / Reception Area

PY 111-5 APC Assistant Office
(Appointment Book, Appointment Cards, Client Records, Keys, DVDs, Forms)

PY 111-4 APC Director Office
(TV/DVD Cart)

PY 111-3 Computer Testing Access & Supervision Room
(Computer, TV/DVD Cart)

PY 107 Archives Room
(Phone, Fax)

CLINIC CONFIDENTIALITY

PY BUILDING – FIRST FLOOR

APC Assistant Office (PY 111-5)

This high-traffic space is the main hub of the APC. Here you will find access to keys, the Appointment Book, appointment cards, client records, APC forms, and recording media (USB keys). Important notices and reminders will be posted here. Trainees are encouraged to **use this space efficiently and quietly**, to facilitate the professional working order of the Centre. Be patient when making requests of the APC Assistant who diligently balances extreme multi-tasking between clients, trainees, and the Directors, in person, on the phone, and online.

Waiting/Reception Area (PY 111-7)

This space is set aside for the use of clients and their families and is provided with comfortable furnishing. Trainees who are scheduled to see clients should meet them in the waiting room at their appointed time and escort them to the therapy room on the second floor. In the case of significant client delays, therapists can wait nearby until their client's arrival. All student trainees be quiet when nearby this professional space.

Trainees should expect, as part of their contact with each client, to be available for the entire time specified for a session. Thus, if a client is delayed or does not arrive, the trainee should not leave after an initial wait. When clients arrive late, they are typically seen only for the amount of time remaining of what was originally set aside for them. However, should the trainee arrive late, it is courteous to offer the client an extended session (consult the APC Assistant to adjust the room reservation time).

Computer Testing Access Room (PY 111-3)

The computer testing access room is available for computer administration of testing materials with clients. Trainees can also use the room for telephoning clients, while working on clinical material (word processing, generating graphs/tracking progress), printing reports, or photocopying documents, when this room is not reserved for clinical supervision. Trainees can use the client record without removing it from the APC and preserve confidentiality when scheduling appointments and returning client telephone calls. Booking room sheets are placed in the office and completed on a daily basis. If you anticipate needing the room, it is a good idea to book it in advance, otherwise the room is available on a first-come-first-serve basis. Please note that because this room also houses an APC computer, it has a security lock. The door should always be locked when the office is unoccupied, even temporarily. The person who signs out the key is responsible for the safety of the equipment.

Library and Testing Materials Room (PY 111-51)

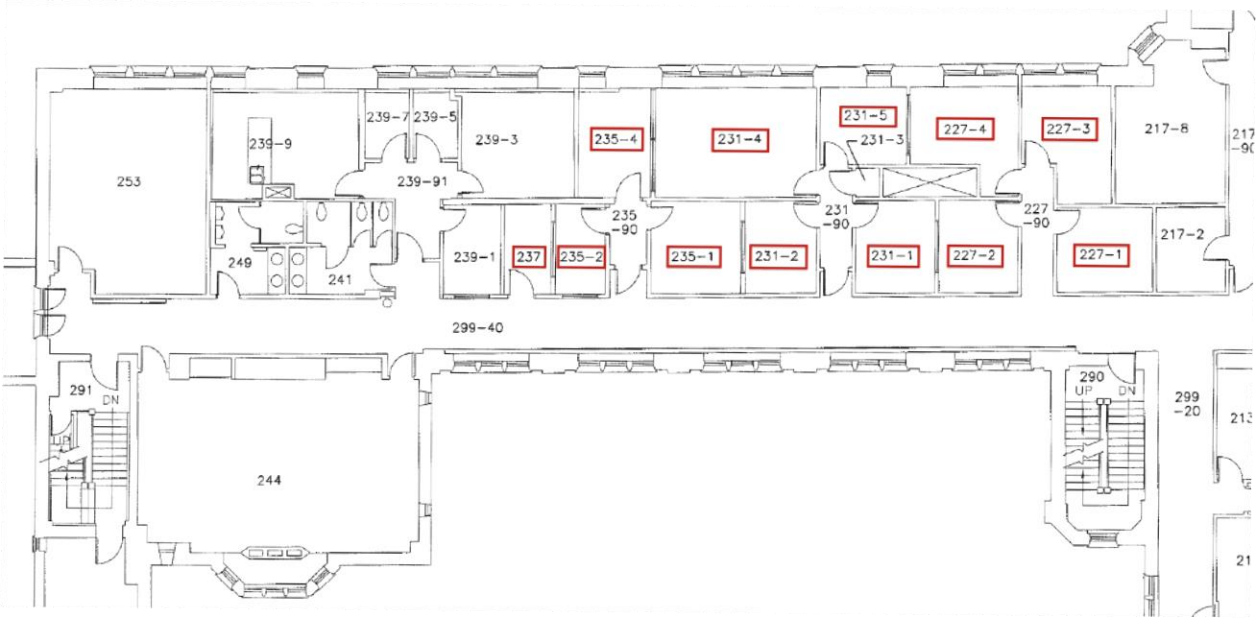
The Centre maintains a growing collection of questionnaires, testing materials, related articles, books, audiotapes, videotapes, and DVDs. The collection is located in the APC Testing Materials room. This resource is for the use of members of the APC only. Student workspace is provided.

Archives Room (PY 107)

Students have access to a phone and fax line (514-848-4537) in PY107. To preserve confidentiality, students should close the door when speaking to clients or collaterals.

CLINIC CONFIDENTIALITY

APPLIED PSYCHOLOGY CENTRE
PY BUILDING – SECOND FLOOR
CONSULTING AND OBSERVATION ROOMS



Consultation Room	**Observation Room**
PY 235-2 (Small)	PY 237 (Small)
PY 231-4 (Playroom)	PY 235-4
PY 235-1	PY 231-2 (After-hours File cabinet)
PY 231-1	PY 227-2
PY 227-4 (Large)	PY 231-5
PY 227-3 (Camera only)	PY 235-4 (Monitor only)
PY 227-1 (Camera only)	PY 235-4 (Monitor only)

CLINIC CONFIDENTIALITY

PY BUILDING – SECOND FLOOR

Consulting Rooms (PY 2nd floor)

Trainees are responsible for the condition of the consulting room after its use. Rooms are to be left clean and orderly for the next therapist. In general, a good rule is to leave it as you would want to find it. If any extra chairs are needed for a particular session, they must be returned to their appropriate place after the session is over.

Trainees are responsible for scheduling consulting rooms well in advance for each client appointment. Trainees should arrive for each session at least 10 minutes ahead of time in order to arrange the room for their particular purpose, to obtain necessary forms, and to set-up all observational and recording equipment well before the session begins. It is important to place the chairs and tables in their original configuration to ensure recordings capture both clients and trainees.

It is **most important that sessions end on time** in order to allow for the preparation for another client. If the sessions typically need more time and it is agreeable with the clinical supervisor, then the trainee must schedule longer appointments. It is not acceptable to routinely run overtime, thereby penalizing the next waiting therapist and client.

Playroom & Child Therapy Room (PY 231-4)

This room is equipped as a playroom to be used for therapy with families or children. It is equipped with a range of sophisticated audio-visual equipment. Toys are stored in the adjacent closet (PY 231-3). Please be sure that all toys, games, etc. are stored away in their proper place at the end of the session.

Observation Rooms (PY 2nd floor)

These rooms are solely for use of supervisors, student observers, or consultants associated with a particular session in progress. They are not to be used for any other purpose. Unauthorized observation is in serious violation of legal and ethical constraints.

Observers have the responsibility for leaving the area as they found it. This includes having the curtains drawn, all lights switched off, and the door locked. Observers should arrive prior to the start of a particular session. If late arrival by a supervisor or trainee is unavoidable, please be aware that noise and light may distract the parties in the consulting room. Considerable care is warranted to keep noise and light to a minimum. When recording a session in the observation room, close the door to the corresponding corridor, but leave it unlocked. Keep the volume low in the observation room. This will assist in minimizing sound transmission from the observation room.

Requesting Research Access

The Centre has four consulting rooms and a playroom, with two-way observation mirrors and audio-visual facilities, and two consulting rooms with audio-visual facilities without two-way mirrors. If you would like to conduct a research project at the Centre or use APC space for research or other purposes, you may contact the APC Director for information.

Please bear in mind that any research project that interferes with the normal functioning of the Centre, or that is ethically unacceptable will not be considered. Potential users should be familiar with the Ethical Principles of Psychologists (CPA & APA) and the Code of Ethics (OPQ). During the academic year (September 1 to April 30), the clinic is in full operation; facilities are well used and priority for space is given to clinical activity.

CLINIC CONFIDENTIALITY

With respect to Clinic confidentiality and client access to files, it is important to be aware of the existence and substance of the provincial laws respecting access to documents held by public bodies, and the protection of personal information. The purpose of these laws is to ensure: (a) that the confidentiality of personal information is protected, (b) that persons have a right to see files maintained on them, (c) that persons have a right to have their files corrected, and (d) that personal files are kept only insofar, and only for as long as they are necessary for the functioning of the service or institution in question. The following sections address mainly the areas covered by items (a) and (b), and their implication for Clinic procedures and policies.

Definitions

Privacy refers to the freedom of individuals to choose for themselves the time and the circumstances under which, and the extent to which, their beliefs, behaviour, and opinions are to be shared or withheld from others. **Confidentiality** involves an explicit promise or contract to reveal nothing about an individual except under conditions agreed to by that person.

Breaches of privacy and confidentiality often occur in a **seemingly innocuous manner**. For example, a psychologist should never discuss a client in the presence of another client, family, or friends. Whether on the telephone or in person, a psychologist should not make patients or clients an item of **casual gossip** or chitchat. Discussions with professional staff, at the case conference, or the supervision hour are bound by professional ethical practices. Discussion of client problems with fellow clinical graduate students for purposes of consultation is definitely to be encouraged, but only when undertaken under conditions of **utmost confidentiality**. Along related lines, psychologists should **answer no questions on the telephone about clients** except when the caller is clearly identifiable and well known to the psychologist, and a service agreement with the client has already been obtained. In general, such matters should be done in writing and on the basis of proper authorization.

Effect on Clinic Procedures

The principle of confidentiality requires that the client must be informed if, for training purposes, recording devices are employed during a session or a colleague or assistant is observing behind the one-way mirror. To assist you in providing this information to clients we have taken two steps. The intake interviewer (typically, the APC Director) describes the dual training/service functions of the Clinic to the prospective client during the first phone contact. At the time of the initial clinic meeting, the Director informs the client of the Centre's use of observation and recording devices for professional training only (see below) and presents the client with a Service Agreement (treatment or assessment) to be reviewed and signed, explaining once again the Centre training policy and procedures (**Service Agreement – Treatment or Assessment**). The Service Agreement contains important information for clients about the limits of confidentiality, purpose of sessions, maintenance of records, emergency coverage, APC fee policy, and recommended manner for cancelling appointments. It is completed for all clients, without exception. In child cases (younger than age 14 years), the parent or legal guardian sign this agreement. Adolescents (age 14 years and older) sign the agreement themselves.

There are **three exceptions to confidentiality**. Clients must be informed of these, demonstrate understanding, and agree to these conditions as part of the Service Agreement. One would be if a client's record or a therapist was **subpoenaed by a court** of law. Another would be when a client's revelations or threats of wrongdoing clash with legal obligations to report (i.e., **harm to self or others**; child abuse). Finally, you may ask a client to **consent in writing** in order to share information about them (**Release of Information Form**).

CLINIC CONFIDENTIALITY

These policies also pertain to children and university students. The clinician is responsible for discussing the seeking or releasing of information before it happens, and to share only such material as will benefit the client. In the case of a school-age child, especially if the school has shared its records or has had a part in the referral, the parent should be advised that any material that will be helpful to the child in the school situation will be shared with the school. However, it is important that the release form authorizing this be signed by the parent.

CLIENT RECORDS MAY NOT BE REMOVED FROM THE PSYCHOLOGY DEPARTMENT (PY/SP)

ALL CLIENT RECORDS MUST BE RETURNED TO THE APC 15 MINUTES PRIOR TO CLOSING

Each time the client record is removed from the file cabinet, it must be signed out on the log sheet in the APC. The client record may be used in the APC therapy rooms, supervisor's office or student therapist's desk (PY/SP buildings only). The record, and all of its contents, must be returned to the APC Assistant's office **before closing time** each day. Under **no circumstances** may the client record or any of its contents leave the psychology department (PY/SP) or stay out after closing time.

In writing progress notes, use the client code (four letters last name, one letter first name: LASTF). Further, it is essential to maintain strict confidentiality in storing and transporting documents. For example, reports forwarded to the clinical supervisor should be placed in an envelope clearly marked "Confidential".

It is essential that no records or progress notes be left exposed on desks, calendars, etc. When disposing of notes or scraps of paper containing any identifying information, shred them before putting them in the wastebasket. Work on client records only in private, closed areas. In the APC, do not work on records at the file cabinet; take to the student workspace.

Confidentiality and Recording Devices

Any recordings of client sessions (USB key) must be done on APC media. For each client, you may keep a USB key on loan for the academic year for your own use. USB keys are signed out at the beginning of the year with the APC Assistant, and must be returned on the last day of classes during the academic year. Recordings must never be removed from the APC. USB keys are kept, with **your identification number** on them, not the client's name. In order to ensure confidentiality, client recording on non-APC media is **not permitted.** All media content should be erased when cases are terminated and at the end of the academic year.

Storage and Printing of Electronic Confidential Documents

When confidential material is to be stored or printed, take proper precautions to safeguard the confidentiality of the document.

To save your file electronically, add security as follows:

a) Password protect all files (i.e. no one but yourself has access to that password)
b) Store files locally on a USB key with password protection. Do not save files to computer hard drive. The USB key must be stored in a locked cabinet or drawer.
c) To minimize the possibility of loss, store confidential documents on a separate USB key. Thus, this key would be used only for clinical or other confidential material.

CLINIC CONFIDENTIALITY

When printing documents:

a) Use local printers (computer and printer available in PY 111-3)
b) For reports requiring Concordia letterhead, bring a USB key with your file to the APC Assistant or your clinical supervisor to request that they print the **first** page only. (You are responsible for printing the remaining pages on plain paper.)

Client Access to Files

On request, clients may review and have a copy of any document in their file, with certain exceptions (see below). Any such request should first be discussed with your clinical supervisor and the APC Director before being granted. Care should be taken in report writing and record keeping that file documents are fully informative and clinically useful without being potentially damaging or dangerous if read by the client.

Two classes of information should be withheld: (a) all raw test data, test protocols, and questionnaires requiring licensed administration; and (b) a recommendation or opinion from another professional body or organization.

Therapist working notes (distinguished from progress notes) may of course be judiciously collected and used. These are for your personal use and do not form part of the client file, so no right of access is required. However, they should contain no identifying data, should be stored carefully, and may not be disclosed to anyone else except within the context of supervision or professional consultation.

Transmission of Confidential Material

The transmission, in any form, of confidential material is to be discussed with the clinical supervisor and/or the APC Director. All requests to transmit confidential material are considered case by case and require signatures of authorized APC psychologists.

Shredding Documents

A paper shredder is available in PY 111-51 to properly dispose of confidential materials and any printed drafts of reports.

No Tolerance Policy

There is a No Tolerance Policy for violating APC rules regarding taking confidential material from the clinic or university property. You may not, under ANY circumstances, take client records or USB keys from the department. You may not make copies of USB key content. The Director may make a photocopy of materials in the files if the document is made confidential (black out any identifying information). Every violation of this policy will result in a reprimand letter that will be added to your student file.

CLINIC POLICIES

Telephone Service

The Centre phone number is 514-848-2424 ext.7550 and must serve for all incoming and outgoing Centre business. Long distance phone calls must be placed by the APC Assistant. PY 107 has a telephone for making outgoing calls to clients. Trainees can use the PY 107 telephone to return client calls, when the room is not in use.

Posted Notices

Be sure to check the bulletin boards in the hallway outside the Clinic and near graduate students' mailboxes in the mailroom (PY 146). Notes and information concerning internships, conferences, or clinic activities will be posted regularly.

Smoking Policy

As per Québec law, all persons (clients, therapists, supervisors, personnel) cannot smoke in or around the exterior doors of the Psychology building (must be at least 15 meters from entrance).

Appointment Cards

Appointment cards are available on the file cabinet in the APC Assistant office. These cards may be given to clients to remind them of the next appointment. These cards contain the Centre's name, telephone number, date and time of appointment, and names of therapist and supervisor. It is helpful to given an appointment card to clients who are at the Centre for the first time, when scheduling client feedback sessions, and for regular appointments.

Appointment Scheduling

Whenever a student or supervisor has an appointment (intake, therapy, assessment, feedback), or is working on a case in which specific rooms are needed, they must record the appointment on the Appointment Book in the APC Assistant office. The log should contain the client code (LASTF), the therapist's name, the appointment time, the room to be used, and the purpose of the visit. These procedures are to be followed by both therapists and supervisors. All appointments must be recorded to avoid confusion regarding room assignments. Due to space constraints, therapists are reminded to use room space efficiently and not to sign out a room for longer than needed. To maximize room availability, consider signing out rooms in 15 min increments (1:15hr vs. 1:30hr).

After-hours File Cabinet

In unusual circumstances, you may find yourself after office hours with materials that should be returned to the APC (e.g., off-campus field observation). Students should return materials to the file cabinet located in PY 231-2, leave a voicemail for the APC Assistant, and arrive early the next morning to return the materials to their proper location. Do not lock the file cabinet, but be sure to lock both doors when exiting. This procedure will be used only when absolutely necessary.

Do Not Disturb Lights

When using consulting rooms, be sure the light outside the door in the hallway is illuminated (switch located in room). The light indicates DO NOT DISTURB and means the room is in use. Do not open the door and keep the hallway noise to a minimum. (If the light is not working, inform the APC Assistant and place a sign on the door while in use.) It is important that the light be on when using a room. It is equally important for you to **turn the light off** when you vacate the room.

Security and Housekeeping

The security of the APC is the responsibility of all students and supervisors who work within the Centre. If at any time, you encounter an individual who does not belong in the Centre, please notify the APC Assistant. It is the responsibility of the therapists to return all materials to their proper location. Please help maintain a clean environment in which to work.

TESTING MATERIALS

All testing materials are located in the room adjacent to the APC Assistant (PY 111-51). The **Inventory of Testing Materials** is included in the appendix. Testing materials include questionnaires, manuals, and assessment batteries located in the file cabinets or adjacent shelves. Several instruments have materials located in both the file cabinets (scoring form) and the shelves (test kit).

Questionnaires

Questionnaires are defined as any single-use forms, scales, inventories, questionnaires, or scoring protocols. These consumable materials are located in the file cabinets in the testing room. The contents of the file cabinets are sorted by category. Each file cabinet drawer is labeled with its contents. Only the most recent version on a questionnaire is kept; older versions may be available in the archives. **The last copy of each questionnaire is located in a plastic protector sheet; do not remove or use the last copy of the form.** Students should inform the APC Assistant when there are only 5 copies remaining of any given item. Use only 1 copy of each scoring recording form per administration (i.e., do not take one for the test administration and another to re-write responses neatly after reviewing the USB key and scoring). Given the high volume of materials in the file cabinets, be diligent when returning items to the cabinet to ensure they are filed correctly.

Borrowing Testing Materials

Testing materials is defined as any testing resource that is non-expendable and is used repeatedly for multiple clients. This includes testing kits and scoring manuals. These materials are located either in the file cabinet or on the shelves across from the file cabinets in the testing room. Students must complete the **Testing Equipment Requisition** (PY 111-51) in duplicate when signing out any and all testing materials (except single use questionnaires or forms). The yellow copy of the completed requisition should be placed in the trainee's file. The white copy should be given to the APC Assistant. When returning material, the APC Assistant will staple the yellow and white copies together, initial the white copy to indicate their return, and file in the APC. Testing materials may not leave the Psychology Department (PY/SP). It is the student's responsibility to return these materials once finished with them. Since some tests are in high demand at certain times of the year, please return them as soon as possible. Students should inform the APC Assistant if anything is missing when signing out the materials. Students will be charged for lost materials.

Library Resources

Library books, videos, and treatment manuals are located on the bookshelves. Sign out library materials in the red binder. For requests longer than 1 week, contact the APC Director.

Loan Periods

Materials may be signed out for the following loan periods:

- Manuals / Administrative Booklets (located in file cabinet) **24 hours only**
- Test Kits (located on shelves) **48 hours only**
- Library Books **1 week only**

Supplies and Equipment

In addition to testing materials, audiotapes/DVDs, and books, the Clinic has a growing pool of equipment for training and research. However, these resources may only be used on a short-term loan basis and must be signed out with the APC Assistant or APC Director. Specific loan period will be specified at check-out time. These resources include tape recorders, stop watches, mini-mikes, sound shields (white noise makers), and heart rate monitors, among others. Make sure you are familiar with the full range of equipment available to you. If you need equipment we do not have, simply make a request to the DAPC.

ADMISSION AND CASE MANAGEMENT

Client Referral

Clients in the APC come from a number of sources. It is not necessary that clients have an association with the University in order to be eligible for service. The Centre is free to accept referrals from agencies in the area and from individuals in the community who are informally aware of our services. Referrals to the Centre normally take place by telephone (514-848-2424 ext. 7550). Occasionally individuals simply walk in, although we encourage people to call before coming. To avoid possible conflicts of interest, Concordia psychology students are not accepted as clients.

The Centre sometimes accepts referrals for evaluations when the training opportunity involved would be advantageous or requests for consultation (e.g., an agency for divorced adults wants a social skills workshop).

Every attempt is made to maintain client diversity. Our clients usually comprise a full range of diagnostic categories and age ranges, including adults, children, families, and couples. The decision to accept potential clients for assessment or therapy or to refer them to another agency is made on the basis of the likelihood that we can help, the probable time course of the treatment, and the suitability of the case for training purposes. Serious concern for professional responsibility to individuals in need of psychological services, of course, is an inescapable obligation. Some trainees mistakenly believe that, once assigned a client, they must provide that client with a full range of services. However, initial assessment meetings may lead the trainee and supervisor to conclude that the client cannot benefit from consultation in our service. The decision to refer, to continue treatment, or to terminate further client contact is always part of the responsibility of the trainee and supervisor; ongoing treatment is not implied merely by initial acceptance to the Centre.

Sometimes individuals contact the Centre without the knowledge of a therapist with whom they are currently consulting. Professional relationships and the welfare of the patient may be seriously jeopardized unless these individuals are advised to discuss such developments with their current therapist. If a client indicates at the time of assessment that they are currently being seen by another therapist, they are advised to consult with their therapist about initiating treatment at the APC. If prospective clients assert their right to choose a new therapist or claim that their other therapist is aware of the proposed arrangement, written consent should be obtained to contact the other therapist. In such cases, the trainee should work closely with the supervisor to ensure that professional protocol and ethical obligations are met.

Clinic Fees

The clinic fees are $40.00/session for therapy and $600.00 for assessments. (The fee for assessments includes the intake, testing appointments, and feedback sessions.) In circumstances of financial difficulty, the fee may be reduced, subject to the approval of the APC Director. Requests by clients for fee reduction should be approved by the Clinical Supervisor and the APC Director.

Initial Contact

A client's first contact with the Centre is usually by telephone. At that time a **Phone Intake Protocol-Short Form** is completed (see Appendix). The telephone interview serves two functions. It provides basic information regarding the problems the potential client is having so that a tentative decision about the suitability of the referral can be made. At this time the client is also given basic information about the Centre.

ADMISSION AND CASE MANAGEMENT

Intake Interview and Testing

If the referral seems suitable for the APC, the client will be scheduled for an intake session with the APC Director. The following evaluation procedures are completed during the intake:

1) Service Agreement (Treatment or Assessment) (Client keeps copy too)
2) Semi-structured interview with APC Director
3) Intake Form (Adult or Child)
4) Child/Adolescent: Child Behavior Checklist (CBCL Parent, Teacher, Youth), Connor's ADHD Scale (Parent, Teacher)

The intake session may occur over one or two appointments. During the intake, clients or guardians will be given further information regarding the operation of the Clinic. They will be asked to sign the **Service Agreement** indicating they have been informed that their therapist a trainee (not licensed; supervised by a licensed psychologist) and giving permission for observation and recording. At the end of the intake, the client is told that they will be contacted in the next few weeks about their first consulting session (assuming their suitability). Therapists should review and sign this Service Agreement with their client at the first session. A copy is to be given to the client for their records.

Following intake, clients are assigned to a therapist. There are 3 main criteria for assignment of clients to students: (1) the suitability of a client-therapist match based upon the needs of the client as well as the level and experience of the student; (2) the arrangement for supervision of the student; and (3) the requirement that students receive a varied clinical practicum experience. For example, each student is required to see at least 1 child case and at least 1 adult case in the course of their clinical training.

Initial Assessment

Because of the close association between assessment and therapy, decisions regarding in-depth pre-treatment assessment will be at the discretion of the trainee and supervisor. The **Adult Intake Form** and **Child Intake Form** are complete at the initial intake and are kept in the client's record with all other intake information. The APC Assistant also includes a sheet in each client to record appointments and fee payments.

Progress Notes

After each session, client telephone call, or cancelled client session, (i.e., every contact) each student is required to complete a progress note. The **Progress Note** is used to keep data on each client contact (and missed client contact) and document the course of therapy. It also contains dates of sessions, whether attended or not. Notes can be either typed or written (legibly). Progress notes are best written and filed on the day of contact, but they must be completed within one week of client contact. The supervisor should review progress notes on a regular basis and sign. Progress notes are kept in the client's record, in chronological order. The **Contact Log** is a record of all contacts with the client (messages left, appointments, collateral calls) and can be helpful to ensure all corresponding progress notes are completed.

Client Records

While we wish to keep full and accurate records, students should be aware that it is possible to be disorganized or overzealous to the point that much extraneous material can accumulate in a client record. Our aim is to maintain a record with the minimum amount of material necessary to manage an active case and carry on required professional communication after termination. Progress notes, termination summaries, assessment reports, and all raw test data must be kept in the client record. Raw test data should be clearly separated from other items in an envelope and clearly marked

"Confidential Testing Materials not to be Released even with Authorization". It is both the student therapist's and the clinical supervisor's responsibility to ensure that client files are complete. Therapist working notes containing your hypotheses and tentative treatment plans about the client and/or the treatment should not be kept in the client file. Any of your personal notes on a client should be shredded prior to discarding to prevent others from recognizing the information. The student therapist is responsible for ensuring that client contact information is accurate and up-to-date.

A **Clinical Case Logsheet** is to be kept in each client file. This allows us to keep track of important APC and clinical program statistics and to assist students in recording their clinical activities, which becomes essential when applying for APPIC pre-doctoral internships, licensure, and jobs. This form is completed on a weekly basis. The form fillable document is easy to use and becomes an important written record documenting the number of hours spent on certain clinical activities, basic client information, and the nature of your assessment/therapy approach.

Assessment Reports

For those clients who receive formal psychological testing (e.g., psychoeducational, neuropsychological), an integrated assessment report must be written. In most cases, the client or the client's parent will receive a copy of the report. Even in these cases where the client does not require a copy of the report immediately, a report must be written and kept in the client's file. The APC frequently receives requests from former clients asking for a copy of their report to be sent to them. All raw test data (e.g. test protocols, answer sheets, questionnaires, drawings) must be kept in the client's record; however, they must be kept as an addendum to the file in a separate section or envelope clearly marked "Confidential Testing Materials not to be Released even with Authorization".

Emergency Procedures and In-Centre Coverage

It is a rule of the Centre that no student therapists may hold a client session without the presence, somewhere in the Centre, of their supervisor, a delegated clinical faculty member, or the duly notified APC Director. This is to ensure that support is available in case of emergency; it is also an important security measure.

Should a situation arise for which a therapist feels a need for immediate attention (e.g. an acute psychotic episode, serious suicidal intent) the supervisor should be asked immediately to evaluate the situation before the client leaves the Centre. The APC Director should also be notified. If necessary, the therapist can call 911 for an ambulance. Concordia University Security will automatically be notified when a 911 call is made and will arrive on the scene. The therapist should not leave the client until the medically-trained staff of the ambulance arrive. As well, all consulting rooms are equipped with panic buttons for the safety of the therapist. Be familiar with where these buttons are located within the therapy room and position yourself to be proximal. When pressed, Concordia University Security will be notified, arrive on the scene, and must check the room.

Treatment Summary

Treatment is normally terminated by April 30th (coinciding with the end of the semester). Plan to phase out therapy, this period should of course begin well before the end of March. When therapy terminates and moves to a follow-up phase (i.e., less than 2 sessions/month) the therapist must notify the Director immediately and complete a **Treatment Summary**. The treatment summary may also be referred to as a Termination Summary or Closing Report. All therapy, documentation, signatures on forms and reports, must be completed by April 30th.

The Treatment Summary, to be completed by the therapist and signed by the supervisor, is a global summary of therapy treatment goals achieved, current status, and recommendations. It should contain all important information from your progress notes and treatment plan. Together with the progress notes, this report will provide a summary of the client's course of therapy. If the client will be seen for further therapy either at the APC or at another service, the student is advised to include details about presenting problems, treatment undertaken, treatment outcome, and recommendations for further therapy. It is the responsibility of the student therapist and supervisor to ensure that treatment summaries are duly completed, signed, and returned to the client record. Client records are reviewed by the APC Director at the end of the year. A completed and signed Treatment Summary must be in the client file within two weeks from the final client contact.

Post Therapy Survey

Each client is provided with a **Client Satisfaction Survey** (and APC addressed stamped envelope) at their last session. Trainees must notify the APC Assistant of the client's final session. The client's reactions to therapy will be elicited. A completed and duly signed treatment summary must be received by the APC Director before this post-therapy contact is carried out.

Treatment Outcome Follow-Up

Whenever possible, treatment outcome follow-up testing will be completed by the Centre within a few months following termination. This will provide an evaluation of the durability of treatment outcome.

Maintenance of APC Files

In accordance with OPQ regulations, files will be kept for five years from the date of the last professional service rendered. Each year adult files older than five years are destroyed. Child files are kept for at least 10 years from the date of the last assessment/therapy contact.

Hours and Scheduling

Normal operating hours for the APC are 9:00 a.m. to 5:00 p.m. and one evening per week until 7:00 p.m. Scheduling clients outside these times (other evenings, weekends) is discouraged because of problems of access to the building, and the absence of a clinical supervisor and support personnel such as the APC Assistant. Clients may be seen at other times only by special arrangement with the APC Director and clinical supervisor.

CLINICAL PROCEDURES

Contacting the Client

Following consultation with the supervisor, the clinical trainee assigned to a given case is expected to make initial contact with the client **within 48 hours** (2 days), to schedule an appointment in the Centre. In all likelihood, the client has been on our waiting list for some time, hence the need for promptness. Clients must have a trainee and a supervisor responsible for them at all times.

Appointments with clients may be arranged by telephone. When calling, trainees should identify themselves by name, if asked, even when the responder is not the client. Vague responses like, "a friend" or "never mind, I'll call later" may create an uncomfortable cloak-and-dagger situation at the other end of the line. However, care must be exercised to protect the confidentiality of the client. Thus, trainees **should not reveal their Centre affiliation to anyone but the client**. This also applies to leaving messages. It is best to call a second time rather than to leave even a number.

Appointments

After an appointment has been made, it must be recorded on booking sheets in the Appointment Book and the client given an appointment card. **Be sure to book your appointments and make room reservations in advance**. The trainee is responsible for notifying the APC Assistant of changes or cancellations of appointments. Likewise, notice received at the Clinic of changes or cancellations will be forwarded to the trainee as soon as possible by the APC Assistant. All communication should be conducted only using the client's initials. Be certain the Centre has your up-to-date home, lab, and cellphone numbers as well as home and office addresses. All client contacts or collateral phone calls should be returned as soon as possible (within 48 hours).

In the event that a personal emergency arises and the trainee will be late or unable to see the client, they must attempt to reach the client. If unable to do so, contact the APC Assistant so that the client can be notified. Students are responsible for updating client files with respect to changes of client's address or telephone number. Such information should be entered directly into the client file, and brought to the attention of the APC Assistant.

Monitoring Payments

Clinical trainees must always be aware of their client's payment status. It is important that the trainee have an up-to-date knowledge of fee status since delinquency in payment is not acceptable. Payment delays or fee problems in general should be immediately discussed with your clinical supervisor and brought to the attention of the DAPC. On occasion, a client may request a change in fees. After discussing the clinical implications (if any) of this change with your supervisor, please contact the DAPC and the APC Assistant to inform them of any change. APC policy is never to turn away a client because of valid inability to pay the current fee.

Professional Behavior

- Therapists and observers are expected to dress in an appropriate, professional manner at all times.
- Deportment throughout the Centre, especially in the waiting room and APC Assistant office, should be discreet and mature. Unprofessional behavior obviously creates a poor impression of the Clinic. Clients are often distressed. It can be very disturbing to them to hear loud talking or joking.
- On entering a consulting room, it is imperative to switch on the DO NOT DISTURB light. Of course, for this light to be respected, the trainee must turn on the light only when the room is in use, and switch it off at the conclusion of the session. Please note that consulting rooms have both fluorescent and natural pot lights. Some clients feel more at ease with both sets of lights on.

- Trainees should keep files and all other clinical material out of the client's view during therapy sessions. They should keep all case materials in the client's record. Students should review case material before the client's arrival.
- Try to schedule rooms in a staggered fashion so that delays (should they occur) will not have a deleterious effect on the Centre's scheduling. Scheduling conflicts which may occur when rooms are heavily booked for the assessment practicum, should be brought to the attention of the Director who can assist and negotiate in finding suitable rooms.

Psychological Testing

Psychological testing is conducted extensively on certain supervision teams and may also be undertaken by the trainee assigned to therapy cases, in consultation with the clinical supervisor. Trainees also conduct psychological testing as part of their requirements for the assessment practicum. If the trainee finds some important questions unanswered for therapy cases, testing (intelligence, interest and aptitude, projectives) may be added, provided that the trainee has discussed the situation with their supervisor. All clients who receive formal psychological testing must have an assessment report written and the results must be communicated to the client, typically in the form of a feedback session. As a general guideline, the completed assessment report should be given to your supervisor within two weeks of the final testing session. The feedback session should take place within 1 month of the final testing session.

When testing is being conducted with children and young adolescents, the age of the child and the nature of the presenting problem may influence the evaluation procedures. The testing situation should maintain standardized procedures, yet be informal and geared to the particular child. Thus, this approach does not de-emphasize the significance of formal testing administration. Tests can be a useful way of getting to know the child's individual abilities and attitudes toward success and failure. Most clients receive a copy of the assessment report. Frequently requests from clients or another treating agency are received from the APC two to three years after the client was assessed. Therefore, when formal psychological testing is completed, even if during the course of therapy, an assessment report must be written and placed in the client's record. The client or their parents must be informed of the results of the testing. The raw data should be clearly separated from other items (rubber band, envelope, binder clip) and clearly marked "Confidential Testing Materials not to be Released even with Authorization".

Field Work

Trainees are not restricted to the Centre's area during either assessment or treatment. Trainees may desire to undertake varying kinds of field observations, ranging from settings such as school classrooms (e.g., consultation), elevators (e.g., exposure), or local shopping centers (e.g., skills training). Any field observations must be made in consultation with the case supervisor. At all times, care must be taken to avoid jeopardizing client confidentiality while still delivering maximally beneficial assessment and treatment services.

TREATMENT

Persons accepted for treatment are seen until they achieve treatment objectives or until it is necessary to make further referrals in the case of other treatment needs or lack of treatment progress. The Clinic accepts responsibility for clients' psychological treatment until proper disposition has been made. The trainee and supervisor determine the number of weekly scheduled sessions for a client.

In all cases, the clinical supervisor will monitor the trainee's work and make sure that proper control is exercised over the conduct of the assessment and therapeutic procedures. The clinical supervisor will have the basic responsibility for maintaining proper treatment of the client.

A common problem arising in treatment is neglecting to formulate, with the client, a therapeutic contract. Regardless of therapeutic orientation, all therapy arrangements should be preceded by a verbalized and understood treatment plan regarding the expectations, commitments, and arrangements agreed on by all parties. More formal written treatment planning is increasingly becoming a standard of care.

Missed Appointments

Except for emergencies, clients are expected to notify the Clinic of a cancellation at least 24 hours in advance. Clients are informed of this policy during the intake interview, on the consent form they sign, and in orientation letter provided during the intake. If timely notice of cancellation is not given, the client will be asked to pay for the missed session. This policy is enforced, unless there are truly exceptional circumstances. Repeated absenteeism and its clinical implications should be discussed with the supervisor and may be grounds for termination.

Clinic Purchases

Clients are expected to purchase their own books and supplies as these become part of the treatment plan. If certain recommended books are unavailable in the local area, the Clinic may order them either to sell or to loan them to the client, subject to approval by the Director. When recommending particular purchases to clients, it is often reasonable to tell them where they can acquire the materials and how much they will cost. If the material would benefit future clients or supervision groups, the APC will consider purchasing it.

Observation of Clients

Clients are told they may, at any time, ask their therapist who is in the observation room. You should therefore always know who is observing a particular session. Clients are permitted to meet the observers.

All supervisors, in consultation with their respective trainees, are responsible for ensuring that observation is in accordance with the consent form routinely signed by clients. Observation may only be conducted by authorized clinic personnel and confidentiality must be maintained. Clinical students who wish to observe cases other than that covered by an assigned supervision group should consult with the APC Director about available times and cases. All observers must obtain and read a copy of the **Ethical Principles of Psychologists and Code of Conduct** as well as the **Canadian Code of Ethics for Psychologists**. Finally, any observer terminating participation with a particular case should notify the clinical supervisor.

Termination

Clients are seen during the academic year (September to April). Client selection therefore normally precludes those in need of long-term continuing therapy. Although referring agencies and prospective clients are advised accordingly by the APC Director, sometimes a client's needs do not permit termination of therapy by the end of April. A number of options are available:

1. The student continues to see the client(s) with the written permission of their research supervisor and the Director of Clinical Training (DCT). The clinical supervisor may continue to supervise the student if they agree to do so, or special arrangements may be made to have the case supervised by the APC Director. However, as a matter of firm policy, all student and supervisory commitments are expected to end by April 30th.

2. The case is transferred to the clinic assistant or APC Director for continuing therapy and termination during the summer months.

3. The case is terminated for the summer months. Therapy resumes in the Fall for the next academic year. Continuity in terms of supervisor coverage will be maintained if possible. Therapist continuity, however, will be arranged only when the supervisor and the Director agree that it is essential for client welfare.

The APC does not currently run a summer practicum program. During certain years there may be a clinic assistant who is able to carry cases through the summer. Clinical services offered during the summer months are limited by the availability of supervisory coverage. Any practicum work should be coordinated with thesis research which normally becomes a full-time commitment during the summer months.

CLINICAL PRACTICA TRAINING SEQUENCE

Structure of the APC Practicum

Each clinical supervisor at the APC is assigned a group composed of students from different levels of the practicum experience. Students should actively follow other students' client's progress in their supervision group and attend the full weekly supervision meeting. Students should keep in mind that unexplained absence from supervision groups may result in course failure.

APC Practicum I *(First year of clinical profile)*

The role of Practicum I students is generally limited to observation of ongoing cases in a supervision group during the fall term. Students are required to observe one case regularly, to attend weekly supervision team meetings, and to participate in discussion. With the clinical supervisor's permission, they are encouraged to take an increasingly active role during the winter term. For example, activities could include acting as a therapy or assessment aide, conducting intake interviews, participating in role plays or other therapeutic activities, assisting with test administration and scoring, or conducting school observations. This more active role may be more appropriate for some supervision groups than for others. Practicum I students may also observe a demonstration case conducted by the clinical supervisor. The student will then discuss the case for one hour with the supervisor.

APC Practicum II *(Second year of clinical profile)*

These students act as the primary therapist with the client. They typically carry one client at any given time (therapy or assessment), depending upon their clinical skills and the clinical supervisor's permission.

APC Practicum III *(Third year of clinical profile)*

These advanced students act as the primary therapist with the client. Advanced students are expected to begin to define their clinical interests and treatment methods consonant with their career goals. They receive the appropriate clinical experience and supervision working with a particular orientation and/or with particular types of problems. They typically carry two clients at any given time (therapy or assessment), depending upon their clinical skills and the clinical supervisor's permission. Practicum III students may see up to three clients concurrently, with permission from their research supervisor.

Extramural Practicum

Extramural practica are conducted in applied settings approved by the Director of Practica and CUPIP (DPaC). Under qualified supervision, student trainees work in assorted community settings including hospitals, clinics, schools, and community and rehabilitation centres. It is possible to create new practica training opportunities in consultation with DPaC. All students must complete documentation for all Extramural practica.

Extramural Practicum I *(Summer between first and second year of clinical profile)*

Students train at an external setting 4-5 days per week, over 16 weeks in the summer. Some external settings have formal application procedures.

Extramural Practicum II *(Fourth year of clinical profile)*

Students train at an external setting 1-2 days per week. Some external settings have formal application procedures.

Extramural Practicum III *(Fifth+ year of clinical profile)*

Students train at an external setting 1-2 days per week. Length of practicum is flexible (6 mos-1 year).

CLINICAL PRACTICA TRAINING SEQUENCE

APC Practicum I	PSYC 705	Internal	MA I
Assessment Practicum I	PSYC 706	Internal	MA I
Assessment Practicum II	PSYC 707	Internal	MA II
APC Practicum II	PSYC 708/709/710	Internal	MA II
Extramural Practicum I (Summer Practicum)	PSYC 711/712/713	External	MA II
APC Practicum III	PSYC 823/824/825	Internal	PhD I
Extramural Practicum II	PSYC 838/839/840	External	PhD II+
APC Practicum IV	PSYC 826/827/828	Internal	Optional
Extramural Practicum III	PSYC 841/842/843	External	PhD III+
Predoctoral Internship	PSYC 885	External	PhD III+

Multiple course numbers designate General/Adult/Child, consistently.

Course numbers updated June 2012

Clinical Training Diversity

Students are required to achieve "breadth" in their clinical training. This is defined by meeting the Criteria A, in combination with Criteria B or C, below. Should the student lack breadth of training by the end of their Extramural I practicum, the APC Director will assign them the requisite case with an appropriate supervisor. When requesting supervision groups, students should keep in mind the need for a diversity of case experiences.

Criteria A

All students must receive training in both assessment and treatment. Some treatment practica include assessment. Assessment cases are defined by administration of standardized testing (e.g., intellectual, achievement), written preparation of an integrated assessment report (as defined by APPIC), and presentation of testing results during a feedback session.

AND

Criteria B

Students are encouraged to see clients two or more of the following age groups: Child (0-12 yrs), Adolescent (12-18 yrs), Adult (18-65 yrs), Older adult (65+ yrs).

OR

Criteria C

Students are encouraged to see clients in more than one modality or theoretical orientation of treatment. These may include interpersonal therapy, cognitive-behavior therapy, humanistic therapy, psychodynamic therapy, family and systems therapy, existential therapy, sex and/or couples therapy, or group therapy.

Please note that the requirements in Criteria A must be achieved along with B or C.

CLINICAL SUPERVISION

Mechanics of Supervision

New trainees may expect up to two hours of supervision for each direct client contact hour. One of these two hours may involve supervisor observation or sitting in. Supervision is typically conducted in a group format so that one or more clients may be presented and discussed. Particulars will be worked out between trainees and their respective supervisor. Arrangements for supervision times are the responsibility of each trainee and supervisor.

Client and Supervisors are assigned at the beginning of each academic year. When a student's client terminates, they should inform the APC Director immediately so another case can be assigned.

Errors and Misconceptions about Supervision (adapted from SUNY Binghamton)

For most students, clinical supervision represents a different kind of learning experience than those in which they have typically been involved (i.e., large classes or even smaller seminars). Yet, for all the differences, many of the goals and processes of the ideal educational experiences are captured and intensified in the supervision experience. Some of these points are perhaps best illustrated by commenting on several of the more common errors and misconceptions about supervision.

"A supervisor will be most helpful by removing the ambiguity of clinical work for the novice".

In fact, despite every effort to understand, predict, control, or otherwise conceptualize a client's problems, clinical work is marked by a great deal of ambiguity at all points. While the role of supervisor may include assistance in diminishing ambiguity and the anxiety often accompanying it, trainees must learn to temper their desire to help with a realistic tolerance for ambiguity and frustration. These latter two terms are not synonymous with therapist failure.

"A supervisor will teach in seminar fashion; that is, lecturing on the client's problem, suggesting readings, and assigning particular tasks for trainee and client at each session".

It is certainly doubtful whether the role of a passive recipient will enhance either a seminar or therapy supervision. While a higher degree of "spoon-feeding" may be characteristic at earlier stages of therapy supervision, it is a pattern from which the trainee must rapidly be weaned. Trainees should come to supervisory sessions prepared to discuss any assessment/treatment session as two-way interactions. This should include the trainee's very recent review of the session (time-stamp events on DVD recording), having scored and interpreted tests, done some reading, and speculated about directions. Trainees are ill-prepared to benefit from supervision or to grow professionally if their general approach to supervisory meetings can be characterized by the approaches, "Tell me what happened", or "Please, tell me what to do next".

To overcome early concerns centering on evaluation apprehension, the trainee is urged to understand that inactivity based on a fear of getting the wrong answer is a strategy doomed to failure. On the contrary, learning to generate and support or refute clinical hypotheses via treatment formulation and intervention is a goal that demands much more active involvement.

"I must review, point-by-point, every moment of a therapy session with my supervisor. That way they can catch me in errors that may seriously harm my client".

The way you and your supervisor choose to review client sessions will vary. Early in training point-by-point, comprehensive review may be quite useful. Over time, its value will diminish, as it becomes apparent that larger, more significant issues might usefully comprise the supervisory session. The point is that models of good supervisory practice will vary, and trainees must be alert to these alternatives and how their input can affect the supervision they receive.

CLINICAL SUPERVISION

Conflicts

Disagreements between trainees and supervisors do arise. Often, they focus on how to approach a client's problem. Less often they center on the supervisor's failure to keep appointments (accessibility problems), unwillingness to wean the trainee from co-therapy with the supervisor, or some such matter. To remedy conflicts or disagreements, trainees must assume a professional role and candidly discuss such problems with their supervisors. Only after such direct recourse has been taken and failed is it appropriate to seek mediation, assistance, or advice from the APC Director. Thus, if difficulties occur in the supervisor-student relationship which cannot be resolved, the student and/or supervisor should speak with the DAPC.

Be Mindful of Direct Clinical Hours

Differing clinical training experiences afford students diverse exposure to clinical populations, clinical conditions and diagnoses, treatments, therapy modalities, and therapeutic orientation. Accordingly, different clinical supervisors have variability in the expectations of trainees when providing direct service to clients. Over the course of the clinical training program, students typically acquire 350-500 direct clinical hours. Small opportunities in the course of clinical training practicum can lead to considerable long term gains for direct service experience. Consider the following direct hour simulations.

Practicum	Low Density		Medium Density		High Density	
APC I	0	*0hr x 20wk*	5	*0.25hr x 20wk*	10	*0.5hr x 20wk*
APC II	20	*1hr x 20wk*	30	*1.5hr x 20wk*	40	*2hr x 20wk*
APC III	40	*2hr x 20wk*	50	*2.5hr x 20wk*	60	*3hr x 20wk*
Extramural I	64	*1hr x 4d x 16wk*	128	*2hr x 4d x 16wk*	192	*3hr x 4d x 16wk*
Extramural II	40	*1hr x 1d x 40wk*	80	*2hr x 1d x 40wk*	120	*3hr x 1d x 40wk*
Total	**164**		**293**		**422**	
Extramural III	40	*1hr x 1d x 40wk*	80	*2hr x 1d x 40wk*	120	*3hr x 1d x 40wk*
TOTAL	**204**		**373**		**542**	

Examples of methods to increase direct clinical hours include: co-therapy opportunities for junior students, increased involvement as an observer, conducting intake interviews, or carrying a full caseload at the APC. It should also be noted that students should use care to work more efficiently over the course of their training. As such, the ratio of indirect to direct hours is typically lower at more advanced training stages (Indirect:Direct <2:1).

Documenting Clinical Hours

All clinical students are strongly encouraged to develop a good habit of logging their clinical hours on a daily/weekly basis, from the onset of their clinical training. Only hours for which you receive formal academic training (approved practicum) by a licensed psychologist are considered program sanctioned and can count towards pre-doctoral internship and clinical licensure. Thus, as a requirement on your Clinical Hours Summary, completed at your mid-year and final evaluation for all practicum, your clinical supervisor provides their signature, certifying that your documented clinical hours were conducted under their supervision. To navigate the nuances of tracking clinical hours for APPIC, students should review the **Guidelines to Documenting Clinical Hours**.

CLINICAL TRAINING EXPERIENCE DOCUMENTATION

Trainee Evaluation

The basis for supervisors' evaluation of trainees' clinical performance is outlined in the **Guidelines for the Evaluation of Clinical Competence, Clinical Profile**. Guidelines in the form of a general supervisory checklist follow:

- Nature of supervision (client characteristics, therapy/assessment characteristics, supervision format)
- Non-specific aspects (warmth, empathy, general interviewing skills, style of communication, idiosyncratic behaviors, opening and closing interviews)
- Treatment aspects (assessment, conceptualization, formulation of treatment plan, follow-through of treatment plan, use of technique)
- Extra-therapeutic aspects (conscientiousness, ethical behavior, responsibility)
- Supervisory aspects (responsiveness to supervision)
- Trainee's strengths and weaknesses
- Recommendations and suggestions for future supervisors

Using these recommended guidelines as a basis for evaluation, the clinical supervisor will complete the **Supervisor Evaluation Form** highlighting the trainee's strengths and weaknesses at mid-year (Dec/Jan) and end of practicum (Apr/May). The supervisor should discuss the written evaluation with the student. Upon review, both the supervisor and trainee should sign the evaluation form. (Signing does not indicate the trainee agrees with the evaluation, but rather that the information was discussed.) Two photocopies should be made (supervisor, trainee). The original written evaluation should be handed in to the APC Assistant; it will be reviewed by the DPaC and then placed in the student's file. Students may request access to their clinical file with the Director of Clinical Training (DCT).

Student Progress Report

All clinical students must annually complete the **Student Progress Report**. This electronic document (soft-copy) is circulated to the student, their research supervisor, and the DCT, prior to the annual meeting to review student progress by the Clinical Steering Committee. Training in Clinical Psychology involves integrating new knowledge, developing interpersonal and research skills and techniques, and demonstrating research progress. This report is important for our monitoring of the effectiveness of our graduate program and as a means of providing you with feedback on your progress in these areas. Much of the information requested is needed for annual CPA and APA accreditation reports. We hope that the opportunity to reflect on your productivity and receive feedback provides satisfaction, and that the listing of specific goals for the next year will support your professional directions.

Detailed instructions on completing the Progress Report are provided with the report itself. However, it is important to note that this report be filled out by you in a timely manner. Each April 1st, our APC Assistant will be e-mailing your progress report to you, which will either be filled out for the first time (students entering MA I) or updated (all other students). You must then forward the Report to the APC Assistant (apc@concordia.ca), who will then send the Report to your research supervisor. Upon completion of the Progress Report by your research supervisor, the DCT will review. The hard copy of your report will be kept in your clinical student file.

CLINICAL CASE CONFERENCE

Clinical students are expected to attend the Clinical Case Conference Series which is usually held on Thursdays during the lunch hour (12noon to 1pm). All clinical graduate students are expected to attend all presentations; attendance is taken. If a student cannot attend, they must send their regrets to the DPaC. In order to offer maximum available time to presenters, it is imperative that these conferences begin at the announced time.

The DPaC oversees the Clinical Case Conference Series. The conference schedule is established in September and is emailed to all clinical students, all clinical faculty and supervisors, and any interested professionals. The Case Conference is a good time for students to become acquainted with faculty and community professionals. Conferences are presented by student trainees, typically during their fourth year of the clinical profile (PhD II). Every clinical student is required to give one case conference during their training in the clinical program as an opportunity to gain practice in presenting clinical cases and receiving broad feedback. Other invited presenters may include faculty members, job applicants, or community clinicians.

Presenter Information

Student trainees slated to give a case conference (typically PhD II) meet with the DPaC for an orientation meeting in late August/early September. Students are provided information about the typical format of case conference presentations as well as styles often viewed as favorable by attendees. The yearly case conference schedule is pre-determined with the DPaC. Students meet with the DPaC individually in advance of their presentation to discuss proposed topics and clients. Students should come to the meeting prepared with ideas for possible cases to present. The DPaC strategically aims to ensure variety in the types of cases presented. Students are encouraged to consider alternatives to completed and terminated cases, such as clients in progress, initial evaluation and problem formulation, or assessment cases. Once the client and specific focus have been determined, the student should continue to work with the DPaC and the clinical supervisor (when possible) to refine the case presentation.

It is optimal to consider the case presentation from the point of view of both clinical and didactic issues. That is, the student should try to offer an informative, educational case to the audience with unique clinical aspects as well as targeted learning objectives. It is most ideal to focus on a specific aspect of the case instead of presenting an entire treatment course. For example, the case presentation may focus on challenges of working with a co-therapist; the heterogeneity of agoraphobia cases; client reversals, setbacks, and therapist mistakes (it's all right to admit to them); clinical tests of alternative or competing treatment models; problematic assessment or treatment; and unusual or rare syndromes.

Attendee Information

We have found that holding questions and interruptions to a minimum during the first half hour allows the presenter to clarify the major issues in an organized fashion, while introducing their own stylistic variations. Questions, debates, and audience participation are strongly encouraged during the second half of the case conference. Readings are often provided to provide background context for the case presentation. To optimize your learning experience, come prepared by having read the background article in advance. All students are highly encouraged to read the classic paper by Meehl (1973) entitled **"Why I do not attend case conferences"** in his book Psychodiagnosis: Selected Papers.

A NOTE ON “RED TAPE”

It seems appropriate at this point, before the listing of an apparently endless number of forms and policies to comment on the notion of adherence to rules and "red tape". Most of these points have a rationale based on simplifying communication in the long run. The "long run" includes that time when, for example, the trainee is no longer at this university, but a former client's records must be used for answering release requests, for beginning further treatment with the client after an interval of time, or for archival data.

In any of these situations, reports which reflect a perfunctory, sloppy, or elliptical style create serious problems, and in the case of release of information to other professionals, reflect poorly on the Centre and the training program.

To prevent such situations from arising (and the ethical and professional questions they raise), supervisors as well as trainees must demand well-written, informative, professional reports. **All clinical work must be completed at times designated throughout this Manual.** Supervisors are expected to monitor this aspect of professional behavior carefully. It should be obvious that, as much as poorly prepared reports create problems, delayed reports can prove equally disruptive. When legal or medical imperatives demand a quick response, there is not time for the APC Director to hunt for the trainee and plead for an updated report.

Suggestions for simplifying required file documents are always welcome; contact the APC Director.

APC CLINIC FORMS

There are a number of clinic forms which need to processed in accordance with OPQ/CPA/APA Record Keeping Requirements. The following is a summary of these forms. **Note that all forms seen by the client or an external agency are also available in French.**

FORM	WHO	WHEN	WHERE TO FIND	INFORMATION
Phone Intake Protocol	APC Director	Intake Phone Call & Appointment	APC & Manual	•Required •Filed in Client Record
Intake Form (Adult or Child)	Client or Parent/Guardian	Intake Appointment	APC & Manual	•Required •Filed in Client Record
Service Agreement (Treatment or Assessment)	Client (age 14+) or Parent/Guardian	Intake Appointment	APC & Manual	•Required •Filed in Client Record
Contact Log	Student Trainee	Every Client Contact	APC & Manual	•Recommended •Filed in Client Record
Progress Note	Student Trainee	Every Client Contact	APC & Manual	•Required •Supervisor signature •Filed in Client Record
Clinical Case Logsheet	Student Trainee	Weekly	Website PDF form	•May be left in APC Client Record while case is open •Use to facilitate completion of Clinical Hours Summary
Release of Information	Student Trainee & Client	As needed	APC & Manual	•Specify info to be released or requested •Fax to given agency •Filed in Client Record
Assessment Report	Student Trainee	End of formal assessment	n/a	•Integrated report for psychoeducational and neuropsychological evals or other formal testing •Feedback session to explain results required •Filed in Client Record
Treatment Summary	Student Trainee	Termination	APC & Manual	•Required •Supervisor signature •Filed in Client Record
Testing Equipment Requisition	Student Trainee	Sign out testing materials	Testing Materials Room	•Yellow: Student DVD file •White: APC Assistant •APC Assistant initials when returned
Client Satisfaction Questionnaire	APC Assistant	Termination	APC & Manual	•APC Assistant provides to client at last session with self-addressed stamped envelope

CLINICAL TRAINING DOCUMENTATION

There are a number of clinical training program documents which need to be completed in accordance with OPQ/CPA/APA Program Accreditation and Licensure Requirements. The following is a summary of these forms. These forms constitute a formal record of your clinical training experience and become part of your clinical training file. You should keep a copy of all documentation for your personal records, as these will be essential when applying for pre-doctoral internship, licensure, and jobs. There are additional resources available that may help you track your clinical hours (e.g., Time2Track); however, all of the forms below are requirements of the Concordia University Clinical Training Program. All forms are fillable PDFs located on the department website. Hardcopies can be printed and completed by hand. Submit hardcopy only.

FORM	WHO	WHEN	INFORMATION
Guidelines to Documenting Clinical Hours	Student Trainee	As needed	• Describes how to count clinical hours in accordance with APPIC
Clinical Case Log sheet	Student Trainee	Weekly	•May be left in APC Client Record while case is open •Recommended for use in extramural practicum •Use to facilitate completion of Clinical Hours Summary
Clinical Hours Summary	Student Trainee	Mid & Final (all practica & internship)	•*Cumulative* summary of hours •Supervisor should review and sign •Record observed cases too (enter 0 for direct hours) •Submit hardcopy to APC •Reviewed by DPaC
Supervisor Evaluation Form	Student Trainee (Part 1) Supervisor (Part 2)	Mid & Final (all practica & internship) *Academic year (Dec/Apr)* *Full year (Dec/June)* *Summer (June/Aug)*	•Supervisor should review and sign •Submit hardcopy to APC •Reviewed by DPaC
Feedback Form	Student Trainee	Final (all practica & internship)	•Complete second page for every major supervisor •Need to submit for practicum grade
Internship Addendum	Predoctoral Interns (Part 1 & 3) Supervisor (Part 2)	Mid & Final (Predoctoral internship only)	•Complete this form IN ADDITION to forms above •Supervisor should review and sign
Student Progress Report	Clinical Trainee, Research Supervisor, DCT	End of academic year (Due May 1)	•APC Assistant sends March 1 •Trainee updates & sends to Research Supervisor •Supervisor reviews with trainee & sends to APC & DCT

PRACTICUM ADMINISTRATIVE DOCUMENTS

There are several administrative documents that must be completed to recognize your clinical training at external sites as part of the extramural program. All of the forms below must be completed and are independent of any additional paperwork or procedures required by the sites themselves as part of their application process. These forms must be completed before you begin your extramural practicum. All forms are fillable PDFs located on the department website. Hardcopies can be printed and completed by hand. Submit hardcopy only.

FORM	WHO	WHEN	INFORMATION
Extramural Practicum Application	Student Trainee	4 weeks before start	•Complete for <u>all</u> Extramural Practicum •Obtain signatures from research supervisor and intended clinical site supervisor •CSST application on second page
Practicum Letter	Student Trainee Supervisor	4 weeks before start	•Student should update practicum letter replace all TEXT IN CAPS •Send electronically to site supervisor •Site supervisor should print on letterhead and send hardcopy to APC
Supervisor Curriculum Vitae *(NO FORM)*	Supervisor	As needed	•New clinical site supervisors must submit CV first time (accreditation requirement) •Recent CV must be on file (within 5 years)
Teaching Contract or Service Agreement *(NO FORM)*	DPaC	As needed	•Some sites require formal legal service agreements •These take considerable time to process and must be completed before starting practicum •External site supervisor or training director will know if this is required •Student should notify DPaC if required

UNIVERSITÉ Concordia UNIVERSITY

APPLIED PSYCHOLOGY CENTRE
PHONE INTAKE PROTOCOL

Brief Case Description _____

Case Disposition _____

Intake Appointment _____

* Assigned to: _____

Name _____ Date _____

Address _____ Age _____

_____

Special Contact Procedures

Home Phone _____

Work Phone _____

Occupation _____

Referral source (eg. self, parent, agency) _____

Tell me about the problems you're seeking help for / What would you like help with?

_____

_____

_____

_____

_____

Have you obtained any help with this or other problems in the past?

_____

_____

_____

Did it help? _____

How is the problem affecting you now? (in school, at work, your family, your children)

Are you now (or recently) taking any medications?

Medical history: Normal or abnormal (how?)

Are you living alone? _____

OR

Who else is living at home with you

NAME	SEX	RELATIONSHIP	AGE

Have you had any problems with:
- O Sleep _____
- O Appetite _____
- O Crying _____

How urgent would you consider your problem at the present time?

O Very O Somewhat O Can wait

Why urgency? (eg. danger to self, others, spouse, property or child abuse)

Is there anything else that I may not have asked you about that you think is important and that I should know about?

Contacted by _____

UNIVERSITÉ Concordia UNIVERSITY

APPLIED PSYCHOLOGY CENTRE
ADULT INTAKE FORM

***Please PRINT clearly in blue or black ink.*
Be sure to complete THIS ENTIRE FORM BEFORE your scheduled evaluation.

Identifying Information

Today's Date: _____

Name _____ Age _____

Birthdate _____ Gender: ○Male ○Female

Home Address _____

City _____ Postal Code _____

Employer _____

Work Address _____

City _____ Postal Code _____

Job Title _____

Telephone

Can messages be left?

Home _____ ○Yes ○No

Work _____ ○Yes ○No

Cellphone _____ ○Yes ○No

Other _____ ○Yes ○No

Marital Status

How long?

○Single / Never Married _____

○Married (or Equivalent) _____

○Separated _____

○Divorced _____

○Widowed _____

○Remarried _____

Family Physician _____ Telephone _____

Date of most recent physical examination _____ Height _____ Weight _____

Were you referred by your family physician? ○Yes ○No _____

Referring Professional (if other than family physician)

Name _____ Telephone _____

Person to contact in case of Emergency

Name _____ Telephone _____

Presenting Problem

What is the **problem** you would like help with?

When did this difficulty **begin**?

Under what **circumstances**?

What makes it **better or worse**?

On the scale below, please estimate the **severity** of your problem(s)

○Mildly Upsetting ○Moderately Upsetting ○Vere Severe ○Extremely Severe ○Totally Incapacitating

Tell us about the type of help which you have sought for this or other problems in the past?

Date Consulted	Name of Professional	Profession Psychologist, Nurse, Psychiatrist, etc.	Nature of Treatment	How Long

Psychiatric History

Have you ever been depressed? ○No ○Yes
If YES, when and how long?

Approximate Dates	Duration of Depression

Have you ever been hospitalized for psychiatric care? ○No ○Yes _____

Have you ever contemplated suicide? ○No ○Yes _____

Are suicidal ideas present now? ○No ○Yes _____

What helped you cope with your sadness or depression?

_____

_____

_____

_____

Have you been previously diagnosed with a mental health condition? ○No ○Yes _____

_____

_____

_____

Current Symptoms

Check **any** of the following symptoms that might apply to you **at this time.**

- O Feeling tense and anxious
- O Experiencing mood swings, sudden ups or downs
- O Frequently feeling angry and irritable or having difficulty controlling your temper
- O Having heard from others that you do things too quickly, such as eating or driving too quickly
- O Fearful of being observed and judged by others in public
- O Fearful of public situation such as metro, bus, or crowded places
- O Spending considerable time checking things or worrying about dirtiness and contamination
- O Excessive concerns about your health or just simply worrying excessively
- O Difficulty in expressing your feelings or ideas
- O Reliving or re-experiencing past upsetting or traumatic incidents
- O Often feeling sad and down
- O Frequently feeling hopeless or helpless
- O Often feeling lonely and without close friends
- O Hearing or seeing things that others do not
- O Having strange ideas, thoughts perhaps that others might consider unusual
- O Feeling that your thoughts are somehow being controlled or heard by others
- O Reluctance to tackle important problems
- O Having trouble with organization in your life; bills are often unpaid or projects left uncompleted
- O Lacking confidence in your ability to manage important things in your life
- O Any other difficulty (specify)

_____

Health

Are you taking any **prescribed medications** at the present time?

Prescription Medication	Daily Dosage	Prescribed by	For what problem?

Are you taking any **non-prescribed medications** at this time? (over-the-counter, herbal remedies)

Medication	Daily Dosage	Frequency	For what problem?

Health continued

Approximately how much **alcohol** do you drink on a weekly basis? _____

Approximately how many **cigarettes** do you smoke on a daily basis? _____

Are you taking any **other drugs** for recreational purposes? (marijuana, cocaine, methamphetamines)

Substance	Frequency / Amount

Have you ever considered yourself to have had a drug or alcohol problem? ○No ○Yes

Has anyone else around you considered you to have had a problem? ○No ○Yes

If YES, please tell us about it _____

Eating Habits

Please describe any problems in your eating habits? (excessive eating when stressed, limiting intake of fatty foods) _____

_____

_____

Exercise

Physical Activities which you perform	Time per week

Sleep

How many hours of sleep do you currently get per night? _____

Has this changed? ○No ○Yes

Are there any problems with your sleeping routine? (difficulty falling asleep, nightmares, waking up early)

_____

_____

Health continued

Social Network

How many people at work are you friendly with? _____

How many friendly contacts do you have outside work? _____

How many close and supportive relationships do you have either among family or friends? _____

Medical History

List any **current** medical conditions and treatments

_____

_____

_____

_____

List any **past** medical conditions and treatments

_____

_____

_____

_____

Have you ever experienced a serious trauma or accident? ○No ○Yes

If YES, please give dates and describe _____

_____

_____

_____

_____

Personal Information

Education

Academic Level	Location or Program	Dates	Academic Strengths & Difficulties	Social Life (e.g., shy, outsider)
Primary/Elementary				
Secondary/High School				
CEGEP/College				
University				
Post-Secondary				
Other				

Personal Information Continued

Education

Check off any of the following that applied to you in your **childhood**

- ○ Birth complications
- ○ Problems in eating or sleeping (night fears, sleep walking)
- ○ Feeling timid, insecure, or overly sensitive
- ○ Often sick with a frequent number of physical problems (aches, pains)
- ○ Afraid of people or socially withdrawn
- ○ Having rituals which had to be performed
- ○ Difficulty in getting my mind off certain repetitive thoughts
- ○ Problems in development of language, coordination, or movement
- ○ Problems with losing your temper and getting angry
- ○ Difficulty in sustaining attention in school and during homework
- ○ Problems in organizing time and activities
- ○ Being within my own imaginary world
- ○ Excessive crying and clinging to parents
- ○ Any other childhood difficulty (specify) _____

Family Information

Relationship	Name	Occupation
Biological Mother		
Biological Father		

If applicable, other caregivers who raised you:

Father or Male Parent who Raised You

Personality or character of this parent _____

_____

_____

Past relationship with this parent _____

_____

_____

If deceased, cause of death _____ Your age at time of death _____

Current relationship with this parent _____

_____

_____

Family Information continued

Mother or Female Parent who Raised You

Personality or character of this parent _____

_____

_____

Past relationship with this parent _____

_____

_____

If deceased, cause of death _____ Your age at time of death _____

Current relationship with this parent _____

_____

_____

Brothers and Sisters

Name	Current Age	Describe your relationship

Did **any family members** have a **mental illness or problems with alcohol**? ○No ○Yes

If YES, describe _____

_____

Household Information (**List ALL people living IN your home**)

Name	Relationship	Age

Occupational Information

List your employment history starting from your current job.

Employer	Position or Job Title	Dates	Reason for Leaving

For **your current position or most recent job**, please answer the following questions.

	Rarely True	Somewhat True	Moderately True	Markedly True	Extremely True
Do you feel that your job is too demanding with duties and responsibilities which are exceeding your capabilities?	○	○	○	○	○
Do you feel that you have little control over what you do or how you do it?	○	○	○	○	○
Do you feel that your work is either not appreciated or not appropriately rewarded?	○	○	○	○	○
Do you have friends, relatives, or a spouse with whom you can honestly express your feelings about any difficulties you experience at work?	○	○	○	○	○
Do you feel unsatisfied in your job for whatever reason?	○	○	○	○	○

What are your future career plans? _____

_____

_____

_____

Current Relationship or Marriage Information

Partner Name _____

Relationship Status _____

Duration of Relationship _____

Were there periods of separation? ○No ○Yes If YES, how long?_____

What do you value in the relationship or in your partner?

_____

_____

On a scale from 0 to 100, where 0 represents total dissatisfaction and 100 represents total satisfaction, please **rate your current relationship satisfaction:** _____

Describe any **previous** relationships or marriages

_____

_____

_____

_____

Below are some common areas of potential disagreement between people in a relationship. Please indicate how much disagreement each issue causes in your **current relationship**.

	Disagreement				
	None	Some	Moderate	Marked	Extreme
Division of family chores and household responsibilities	○	○	○	○	○
Financial matters	○	○	○	○	○
Parenting	○	○	○	○	○
Socializing	○	○	○	○	○
Sexual activities	○	○	○	○	○
Leisure activities	○	○	○	○	○
Communication	○	○	○	○	○
Other	○	○	○	○	○

Additional Information

Is there any other information that you think may be helpful for us to know?

_____

_____

_____

UNIVERSITÉ Concordia UNIVERSITY

APPLIED PSYCHOLOGY CENTRE
CHILD INTAKE FORM

***Please PRINT clearly in blue or black ink.*
Be sure to complete THIS ENTIRE FORM BEFORE your scheduled evaluation.

Identifying Information

Today's Date: _____

Child Name _____ Age _____

Birthdate _____ Gender: ○Male ○Female

Home Address _____

Home Phone _____ Other Phone _____

Mother Name _____ Age _____

Job Title _____ Employer _____

Education _____ Highest Degree _____

Father Name _____ Age _____

Job Title _____ Employer _____

Education _____ Highest Degree _____

Marital Status: ○Married ○Divorced ○Never Married ○Separated ○Widowed ○Remarried

If Separated/Divorced, how old was your child when the separation happened? _____

If Remarried, how old was your child when the step-parent entered the family? _____

Name of Individual Completing this form _____

Legal Information

Legal Custodians _____

Is Child Protective Services Involved? ○No ○Yes If yes, case worker: _____

Custody/Visitation Information _____

Are any legal circumstances currently pending? _____

Demographic Information

Primary language spoken in home _____

Other languages spoken _____

Race / Ethnicity _____

Religion _____

Household Information (**List ALL people living IN the home**)

Name	Relationship to Child	Age

List any brothers, sisters, or other significant people living OUTSIDE the home

Name	Relationship to Child	Age

Presenting Problem

Briefly describe your child's **current difficulties**_____

_____

_____

_____

How long has this been of concern to you?_____

_____

When was the problem **first noticed**? _____

_____

Describe **where** the problem behavior happens (home, school, both) _____

_____

What seems to **help** the problem? _____

_____

What seems to make the problem **worst**? _____

_____

Has your child received an evaluation or treatment for the current problem? ○No ○Yes

If yes, when and by whom? _____

Additional Information: _____

_____

Educational Information

School _____ Grade _____

Language _____

Teacher(s) _____

Placement ○Regular Classroom ○Regular Classroom with IEP ○Special Education (IEP)

If Special Education Placement, describe _____

Has your child been **held back** in a grade? ○No ○Yes _____

Has your child ever received **special tutoring**? ○No ○Yes _____

Has your child ever received **special services** (speech, counseling)? ○No ○Yes _____

How often does your child **miss school**? ○No ○Yes _____

Check any educational problems your child currently exhibits:

- ○ Difficulty reading
- ○ Difficulty with math
- ○ Difficulty with spelling
- ○ Difficulty with writing
- ○ Difficulty with other subjects _____
- ○ Difficulty paying attention
- ○ Difficulty sitting still
- ○ Difficulty waiting turns
- ○ Difficulty respecting others' rights
- ○ Difficulty remembering things
- ○ Difficulty organizing school materials
- ○ Difficulty getting along with teacher
- ○ Difficulty with calling out in class
- ○ Difficulty getting along with classmates
- ○ Dislikes school

Developmental History

Were there problems during **pregnancy**? ○No ○Yes _____

During **pregnancy**, did the mother:

Smoke ○No ○Yes _____

Drink **alcohol** ○No ○Yes _____

Use **drugs** (over-the-counter, prescription, illegal) ○No ○Yes _____

Take **vitamins** ○No ○Yes _____

Exposed to **x-rays/chemicals** ○No ○Yes _____

Exposed to **infectious diseases** ○No ○Yes _____

Receive **pre-natal care** ○No ○Yes _____

Was **delivery induced**? ○No ○Yes Was a **Caesarean section** performed? ○No ○Yes

Any complications with **delivery**? ○No ○Yes _____

Was your child **premature**? ○No ○Yes Birth Weight _____ Length _____

Apgar Scores 1 minute after delivery _____ 5 minutes after delivery _____

Developmental History Continued

Infancy

Feeding problems? ○No ○Yes _____

Sleeping problems? ○No ○Yes _____

Other problems? ○No ○Yes _____

First Years (please check any problems)

- ○ Did not enjoy cuddling
- ○ Was not calmed by being held
- ○ Colic
- ○ Excessive restlessness
- ○ Poor sleep patterns
- ○ Frequent head banging
- ○ Constantly into everything
- ○ Excessive number of accidents

Milestones (please write age when your child first demonstrated each behavior)

Behavior	Age	Behavior	Age
Showed response to mother		Became toilet trained	
Held head erect		Stayed dry at night	
Rolled over		Drank from cup	
Crawled		Fed self	
Stood alone		Played pat-a-cake, peek-a-boo	
Walked alone		Took clothing off alone	
Ran with good control		Put on clothing alone	
Babbled		Tied shoelaces	
Spoke first word		Rode tricycle	
Showed fear of strangers		Named colors	
Put several words together		Said alphabet in order	

Disciplinary Techniques

What disciplinary techniques do you use when your child misbehaves? (Check all)

- ○ Ignore problem behavior
- ○ Scold or yell at child
- ○ Spank child
- ○ Threaten child
- ○ Reason with child
- ○ Redirect child's interest
- ○ Tell child to sit on chair
- ○ Send child to room
- ○ Take away some activity or food
- ○ Other _____

Which disciplinary techniques are usually **effective**? _____

_____

With what types of problems? _____

Which techniques are **ineffective**? _____

What **other parenting strategies** have you **tried**? _____

_____

Which parent usually administers discipline? _____

Child's Medical History

Place a check next to any conditions your child has had. Write age at time of onset.

Condition	Age	Condition	Age
O Measles	_____	O Paralysis	_____
O Mumps	_____	O Headaches	_____
O Chicken pox	_____	O Nighttime bed wetting	_____
O Whooping cough	_____	O Daytime wetting	_____
O Diphtheria	_____	O Nail biting	_____
O High Fever	_____	O Stomachaches	_____
O Convulsions	_____	O Extreme tiredness/weakness	_____
O Asthma	_____	O Epilepsy	_____
O Allergies	_____	O Tuberculosis	_____
O Head injuries	_____	O Diabetes	_____
O Broken bones	_____	O Cancer	_____
O Hospitalizations	_____	O High blood pressure	_____
O Operations	_____	O Heart disease	_____
O Fainting spells	_____	O Asthma	_____
O Ear problems	_____	O Eczema/hives	_____
O Eye problems	_____	O Suicide attempts	_____
O Loss of consciousness		O Sleeping problems	

Has your child had any other **serious illnesses**? O No O Yes _____

Has your child ever been **hospitalized**? O No O Yes _____

Has your child had any **operations**? O No O Yes _____

Has your child had any **accidents**? O No O Yes _____

Are your child's **immunizations** up to date? O No O Yes O Don't know _____

The following information is very important – please double check all numbers & doses

Child's **Pediatrician or Primary Care Physician** _____

Physician Address _____

Physician Phone _____

Date of last physical examination _____

Current Medications (Dose & Time) _____

_____

_____

Does your child wear **glasses**? O No O Yes Does your child wear **hearing aids**? O No O Yes

Family History

Place a check next to any condition a family member has had. Write relationship to your child.

Condition	Relationship to child	Condition	Relationship to child
○ Academic problems	_____	○ Emotional problems	_____
○ Alcoholism	_____	○ Epilepsy	_____
○ Cancer	_____	○ Heart trouble	_____
○ Depression	_____	○ Neurological disease	_____
○ Developmental problem	_____	○ Suicide attempt	_____
○ Diabetes	_____	○ Anxiety	_____
○ Drug problem	_____	○ Mental problems	_____

List any other problems in family history _____

_____

_____

Activities and Responsibilities

What are your child's **favorite** activities?

1) _____
2) _____
3) _____

What activities would you like your child to **do more often**?

1) _____
2) _____
3) _____

What activities does your child **least like**?

1) _____
2) _____
3) _____

What are your child's **chores**? _____

Does your child take responsibility for his hygiene (brush teeth, get dressed, bath)? ○Yes ○No

What time does your child usually **go to bed** on weekdays? _____ On weekends? _____

Difficulty with **morning routine**? ○No ○Yes _____

Difficulty with **bedtime routine**? ○No ○Yes _____

Parental Relationship

What do you **enjoy doing with** your child?

1) _____
2) _____
3) _____

What have you found to be the most satisfactory **ways of helping** your child? _____

_____

_____

What do you see as your child's **assets or strengths**?

1) _____
2) _____
3) _____

Additional Information

Is there any other information that you think may help us in working with your child? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What prompted you to seek help at this time? _____

_____

_____

_____

_____

Family Stress Survey

Every family sometimes experiences some form of stress. Please put a check next to each event that your family has experienced **in the last year**. There is also a place for listing other types of stressors that your family experienced in the last year that are not below.

- O Child's parent died
- O Child's brother/sister died
- O Parents divorced/separated
- O Grandparent died
- O Family member seriously injured
- O Parent remarried
- O Parent lost job
- O Family moved
- O Family member in trouble with law
- O Family's financial situation changed
- O Family member accused of neglect/abuse
- O Neighborhood changing for the worse
- O Child changed schools
- O Child's close friend moved away
- O Child's pet died

O Other stressor: _____

Parent Needs Survey

Listed below are some **needs commonly expressed by parents**. Please put a check next to each item if you need help in that area.

- O More information about my child's abilities
- O Someone who can help me feel better about myself
- O Help with childcare
- O More money/financial help
- O Someone who can baby-sit for a day or evening so I can get away
- O Better medical/dental care for my child
- O More information about child development
- O More information about behavior problems
- O More information about programs that can help my child
- O Someone to help with household chores
- O Counseling to help me cope with my situation
- O Better/more frequent teaching or therapy services for my child
- O Daycare so I can get a job
- O A bigger apartment or better house
- O More information about how I can help my child
- O More information about nutrition or feeding
- O More information about parenting strategies that work with my child
- O Assistance in handling my other children's jealousy
- O Assistance in dealing with problems with in-laws or relatives
- O Assistance in dealing with problems with friends or neighbors
- O Special equipment to meet my child's needs
- O More friends who have a child like mine
- O Assistance in dealing with problems with my husband/wife
- O A car or other form of transportation
- O Medical care for myself
- O More time for myself
- O More time to be with my child
- O More time to be with my spouse/other adults

O Other needs _____

_____

_____

_____

APPLIED PSYCHOLOGY CENTRE
AGREEMENT FOR TREATMENT SERVICES

Welcome to the Concordia University Applied Psychology Centre (APC). This document contains important information about our professional services and business policies. Although this document is long and sometimes complex, it is important that you read it carefully before your next appointment. Make note of any questions you might have so they can be discussed during your next appointment. A clear understanding from the beginning is essential to a good working relationship and helps avoid problems later. When you sign this document, it will represent a binding agreement between us.

NATURE OF THE TRAINING CLINIC

The Applied Psychology Centre is the training clinic for the Clinical Psychology Training Program of Concordia University. The Centre operates as a service to the community. Individuals, couples and families sometimes encounter difficulties coping with the problems of living; they may have trouble relating to others; or they may experience concerns about their behaviour and feelings. The Centre offers psychotherapy to children, adolescents, and adults who are experiencing these kinds of difficulties. We try to aid people in arriving at a better understanding of psychological problems and help them to deal more effectively with the complexities of life.

Clients who use the services of the APC are participating in the activities of a training clinic. Services are provided by graduate student psychology trainees enrolled in the clinical psychology Ph.D. training program. All services are closely supervised by clinical psychologists who are licensed by the Ordre des Psychologues du Quebec (OPQ). Your therapist is in training and is not licensed by the OPQ. Information obtained from interviews, therapy sessions, questionnaires, and psychological tests will be shared with clinical supervisors and other psychology trainees during weekly clinical supervision meetings. All sessions are held in consulting rooms equipped with recording equipment and one-way mirrors connecting to observation rooms. Observers are members of the APC who are supervisors or other student trainees. If at any time you would like to know who is present in the observation room, you may ask your therapist. All sessions are observed and / or recorded. Observation and recording is done to monitor the clinical care you are receiving, to help monitor your progress over the course of treatment, to supervise and provide valuable suggestions to your therapist, and to help teach other student trainees at the APC. This may also enhance the quality of your treatment because your therapist is given suggestions on ways of helping you. Recordings contain no identifying information, are kept in a locked file cabinet, and are erased within a two week period. Because we are a training clinic, if you decline to be observed or recorded, services may not be provided and you will be referred to another professional agency.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. What we actually do together varies greatly depending on your presenting problems and on the compatibility with your therapist. There are different approaches that can be used to address the problems you hope to work on. Psychotherapy requires a very active effort on your part. In order to be successful, you will have to work on things that we discuss outside of sessions.

Psychotherapy has both benefits and risks, but has been shown to have significant benefits for most people who undertake it. It often leads to significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for

managing stress, and resolutions to specific problems. But there are no guarantees about what will happen.

Risks sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness. Psychotherapy oftentimes requires recalling or identifying unpleasant aspects of your life.

The first few sessions will involve a comprehensive evaluation of your needs. You will first meet with the APC Director who will assess whether we can meet your treatment needs through our Clinic. You will then be assigned to a student trainee for your psychotherapy services. The student trainee is your therapist and all of your appointments will be with them. By the end of the evaluation period, the therapist will be able to offer you some initial impressions of what your services might include. At that point, your therapist will discuss your treatment goals and create a personalized, initial treatment plan, if you decide to continue. You should evaluate this information as well as your own assessment about whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should carefully consider your treatment plan and your therapist. We can provide you with referral information if you decide you are not comfortable with your assigned therapist. If you have questions about our procedures at any point in treatment, we encourage to discuss them with us.

APPOINTMENTS

Our usual practice is to schedule regular weekly appointments lasting 50 minutes. This time is then reserved for you and you alone. For this reason, we must charge you for your session even if you do not attend. If you need to cancel or reschedule a session, it is required that you provide at least 24 hours notice. If you miss a session without cancelling, or cancel with less than 24 hours notice, you must pay for the missed session unless we both agree that you were unable to attend due to circumstances beyond your control, such as emergencies or illnesses requiring medical care. Appointments can be cancelled by calling (514) 848-2424 ext.7550.

When you arrive at the Centre, please give your name and the name of your therapist to the APC Assistant. You can only receive the full time allotted for your session if you arrive promptly for your appointment. You are responsible for coming to your session on time and at the time scheduled. If you are late, your appointment will still need to end on time.

PSYCHOTHERAPY FEES

The standard fee for sessions, which generally last for 50 minutes is $ .You are responsible for paying for your session at the time it is held, unless prior arrangements have been made. Most clients find it helpful to arrive ahead of their appointment time to avoid using valuable session time to deal with billing issues. Some therapists will ask you to arrive before your appointment time to complete important questionnaires to monitor your symptoms and track treatment progress. In circumstances of financial hardship, the session fee may be reduced. Any questions about fees should be discussed with your therapist, who will bring it to the attention of the APC Director. Your concerns will be given every consideration.

Because we are a training clinic, it is our practice not to charge for other professional services you may require such as report writing time, telephone conversations that last 10 minutes or longer, attendance at meetings or consultations with other professionals which you have requested, or the time required to perform any other related service.

The APC payment policy is fee-for-service only. We do not accept payment directly from insurance companies. However, our services are typically reimbursable. We can provide you with a receipt for services which you can submit to your insurance carrier, upon your request. Some insurance companies require a formal diagnosis with their insurance claims. All diagnoses come from a book entitled DSM-IV.

Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. If you have questions about your diagnosis (if applicable) or would like to learn more about the DSM-IV, you can discuss these with your therapist.

PROFESSIONAL RECORDS

We are required to keep appropriate records of the psychological services we provide. Although psychotherapy often includes discussion of sensitive and private information, normally very brief records are kept noting that you have been here, what was done in session, and a general mention of the topics discussed. You have a right to a copy of your file at any time. Because these are clinical records, they can be misinterpreted and/or upsetting; so we recommend reviewing them with your therapist so you can discuss what they contain. You have a right to request that a copy of your file be made available to any other health care provider at your written request. Your files are maintained in a secure, locked location in the office for 5 years after your last session. (Child and adolescent files are kept for 10 years.)

MINORS

If the identified client is under 14 years of age, please be aware that the law provides parents with the right to examine the treatment records. In order to respect the importance of privacy and the confidentiality of the treatment, it is our policy to provide parents with general information on how the treatment is proceeding, unless we feel that there is a high risk of serious harm, in which case we will notify them of our concern. Before giving parents information about the treatment, we discuss what will be disclosed with the minor, as it greatly helps their sense of it being *their* treatment. Needless to say, it is a difficult task to balance your parental right and need to know information about treatment, and at the same time respect the client's confidentiality, which is so key to treatment. Parents generally want to know if their child is making good use of the time and whether issues are being actively worked on toward resolution. We are certainly comfortable with this. We also encourage family treatment sessions whenever clinically appropriate.

CONFIDENTIALITY

The confidentiality of all communications between a client and a therapist is protected by law. Your therapist cannot and will not tell anyone else what you have discussed or even that you are in therapy without your written permission. We can only release information about your treatment to others if you sign a written Authorization form. You, on the other hand, may request that information is shared with whomever you choose and you may revoke that permission in writing at any time. With the exception of certain specific situations described below, you have the right to confidentiality of your therapy.

There are exceptions to confidentiality. In certain situations, we are legally bound to take action even though that requires revealing some information about a client's treatment. Should such a situation occur, we will make every effort to fully discuss it with you before taking any action if that is appropriate. These situations have very rarely arisen in our Clinic. The legal exceptions to confidentiality include:

1) If there is good reason to believe you are threatening serious bodily harm to yourself or others, we are required by law to take protective actions. These actions may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens harm to themself or another, we may be required to seek hospitalization for the client, or to contact family members or others who can provide protection. Confidential information may be disclosed to the extent necessary for emergency medical care to be rendered.
2) If there is good reason to suspect, or evidence of, abuse and / or neglect toward children, the elderly, or disabled persons, we are required by law to notify the appropriate authorities.
3) In response to a court order, criminal lawsuit, or judicial proceeding, we may be compelled to disclose confidential information. A court may require our testimony if it is determined that the resolution of the issues demands it. If you file a claim against a therapist, the therapist may disclose confidential information.
4) When you provide a written authorization for release of information, we will only release the information you specified to the individual or institution that you named.

There are oftentimes when we find it beneficial to consult about our clients with other colleagues and professionals. Your name and unique identifying information will not be disclosed. The consultant is also legally bound to keep the information confidential. In some circumstances, your therapist may wish to make a home or school visit, contact such persons as physicians or teachers who know about you or your child, or meet with other family members. Such contacts will only be made with your prior knowledge and written consent, except in those cases required by law as described above.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important to discuss any questions or concerns which you may have at your next meeting. As you might suspect, the laws governing these issues are quite complex and we are not attorneys. While we are happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable.

CONTACTING US

Your therapist is often not immediately available by telephone. While the APC Assistant is usually in the office during normal business hours, she may not always be able to answer the phone. If you need to reach the therapist between sessions, or in an emergency, you have the right to a timely response. You may leave a message on the APC confidential voicemail at any time and your call will be returned as soon as possible, usually within 48 hours. Voicemail is not checked for messages after business hours during the week or on the weekend. For any number of unseen reasons, if you do not hear from us or we are unable to reach you, it remains your responsibility to take care of yourself until such time we can talk. If you feel unable to keep yourself safe or feel you cannot wait for a return call, dial 911, or go to the nearest emergency room at the nearest hospital and ask for the psychiatrist or psychologist on call. We will make every attempt to inform you in advance of any planned absences. Email poses several ethical dilemmas related to confidentiality; its use should be discussed with your therapist.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, you should talk with your therapist so we may respond to your concerns. Such criticism will be taken seriously and with care and respect. You may also request that we refer you to another professional and are free to end therapy at any time.

You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, natural origin, or source of payment. You have the right to expect that your therapist will not have social or sexual relationships with clients or with former clients. You have the right to ask questions about any aspect of therapy and about the specific training and experience of your therapist and supervisor.

You have requested, and hereby confirm your request that the present form be drawn up in English; la présente formule a été redigée en anglais conformément à ma volonté expresse. Your signature below indicates that you have read and understand the information in this agreement, discussed any concerns you have with us, and you agree to abide by its terms. We look forward to a good working relationship with you.

PRINT NAME	SIGNATURE	DATE
_____	_____	_____
Client or Parent/Legal Guardian	Client or Parent/Legal Guardian	
_____	_____	_____
Student Therapist	Student Therapist	

In order to comply with the Quebec Civil Code and the Deontological Code of the Order of Psychologists, we require consent prior to initiating services with children less than 14 years of age. The law requires us to seek consent from both biological parents and legal guardians. Unless otherwise stipulated by the Court, both parents have the right to access specific information about their child's health and functioning. Adolescents (14 years and older) can consent legally to psychological services and shall be granted full privileges of confidentiality.
If Parent/Legal Guardian signed above, indicate the relationship to the client:

- o I am the only biological parent on birth record and have full legal and parental privileges.
- o I have full legal guardianship of the child. The Court has removed the other biological parent's parental privileges.
- o I have discussed having my child treated by a psychologist with the other biological parent or legal guardian with parental privileges who is in full agreement.
- o Other:

_____

UNIVERSITÉ Concordia UNIVERSITY

APPLIED PSYCHOLOGY CENTRE
AGREEMENT FOR ASSESSMENT SERVICES

Welcome to the Concordia University Applied Psychology Centre. This document contains important information about our professional services and business policies. Although this document is long and sometimes complex, it is important that you read it carefully before your next appointment. Make note of any questions you might have so they can be discussed during your next appointment. A clear understanding from the beginning is essential to a good working relationship and helps avoid problems later. When you sign this document, it will represent a binding agreement between us.

NATURE OF THE TRAINING CLINIC

The Applied Psychology Centre (APC) is the training clinic for the Clinical Psychology Training Program of Concordia University. The Centre operates as a service to the community. Clients who use the assessment services of the APC are participating in the activities of a training clinic. Assessment services are provided by graduate student psychology trainees enrolled in the clinical psychology Ph.D. training program. All services are closely supervised by clinical psychologists who are licensed by the Ordre des Psychologues du Quebec (OPQ). Your therapist is in training and is not licensed by the OPQ. Information obtained from interviews, questionnaires, and psychological tests will be shared with clinical supervisors and other psychology trainees during regular clinical supervision meetings. All sessions are held in consulting rooms equipped with recording equipment and one-way mirrors connecting to observation rooms. Observers are members of the APC who are supervisors or other student trainees. If at any time you would like to know who is present in the observation room, you may ask your therapist. All sessions are observed and/or recorded. Observation and recording is done to monitor the testing being administered, to supervise and provide valuable suggestions to your therapist, and to help teach other student trainees at the APC. This may also enhance the quality of your assessment because your therapist is given suggestions on ways to better assess your strengths and difficulties. Recordings contain no identifying information, are kept in a locked file cabinet, and are erased within a two week period. Because we are a training clinic, if you decline to be observed or recorded, services may not be provided and you will be referred to another professional agency.

ASSESSMENT SERVICES

There are varied purposes for psychological testing. Common features of psychological evaluations typically include the following:

- Review of Records: Review of relevant records and background data enables therapists to have a historical context that benefits the testing situation. Your therapist may ask you to provide a copy of your own records or when unavailable, they will ask you to sign a release of information to request your prior records from the previous service provider. Examples of relevant records may include earlier psychological testing evaluations, medical reports, or school report cards.
- Clinical Interview: Your therapist will conduct a structured clinical interview with you to obtain detailed information about your background (e.g., family history, physical health, prior abuse history), mental health concerns (e.g., symptoms of distress, prescribed psychotropic medications, substance abuse difficulties), educational/school/work history, employment, social functioning (peer interactions, legal history), and a mental status exam (behavioral observations, assessment of daily living skills). With your permission, collateral contact may be obtained from family members, school staff, or other relevant parties to

obtain additional information to facilitate the testing process.

- Questionnaires: You will complete questionnaires to assess your varied mental health symptoms, behaviors, strengths, and difficulties. Be as truthful as possible and complete all items on the questionnaires. If you are unsure of any items or do not feel comfortable answering a question, notify your therapist.
- Cognitive/Neuropsychological Assessment Testing: Your therapist will administer formal tests to measure your cognitive ability, academic achievement, visual-motor coordination, attention span, neurological functioning, memory, or processing speed, among others. Provide your best effort on the varied psychological tests.
- Testing Validity: Your therapist will determine the validity of your assessment based on your presentation during the clinical interview, consistency of your report with prior records and history, your effort on the testing exercises, and your response pattern on the administered psychological tests. Therefore, it is extremely important that you be as truthful as possible with your therapist on questionnaires and tests, and provide your best effort throughout the testing sessions. The therapist will determine that the testing results appear to either be valid, interpreted with varied degrees of caution, or be declared invalid altogether if it is discovered that you were not truthful or provided a poor effort.

Your first session will involve an initial evaluation with the APC Director who will assess whether we can meet your assessment needs through our Clinic. You will then be assigned to a student trainee for your psychological testing services. The student trainee is your therapist and all of your appointments will be with them. You will then meet with your therapist for a series of sessions that will include interviews, questionnaires, and testing. Once the testing is complete and the test results have been scored, the therapist interprets these test data and prepares a coherent written report. This integrated assessment report reviews the aforementioned data, provides detailed analysis of the questionnaire and test results, summarizes the information, and lists DSM-IV diagnostic impressions. Additionally, recommendations are typically listed at the conclusion of the assessment report for further direction. You will have a feedback session with your therapist to discuss the results of your testing. After going over the test results and answering any questions, you may receive a copy of the assessment report. Due to professional standards, we are not permitted to give you the assessment report without communicating and explaining your test results with you in person. If you have questions about our procedures at any point in treatment, we encourage you to discuss them with us.

APPOINTMENTS

Testing sessions are typically scheduled as 3 hour blocks. It is likely that you will have multiple testing sessions scheduled over several weeks. This testing time is reserved for you and you alone. For this reason, we must charge you for your session even if you do not attend. If you need to cancel or reschedule a session, it is required that you provide at least 24 hours notice. If you miss a session without cancelling, or cancel with less than 24 hours notice, you must pay for the missed session unless we both agree that you were unable to attend due to circumstances beyond your control, such as emergencies or illnesses requiring medical care. Appointments can be cancelled by calling (514) 848-2424 ext.7550.

When you arrive at the Centre, please give your name and the name of your therapist to the APC Assistant. You can only receive the full time allotted for your session if you arrive promptly for your appointment. Some therapists will ask you to arrive before your appointment time to complete important questionnaires. You are responsible for coming to your session on time and at the time scheduled. If you are late, your appointment will still need to end on time.

ASSESSMENT FEES

The standard fee for comprehensive assessments (e.g., psychoeducational, neuropsychological) is . This fee includes the cost of your clinical interview, testing sessions, report writing time, and the feedback session. You may pay in installments; the balance is required at the time of the feedback session. Your assessment report will not be released until the full balance is paid. Most clients find it helpful to arrive ahead of their appointment time to avoid using valuable testing time to deal with billing issues. In circumstances of financial hardship, the assessment fee may be reduced. Any questions about fees should be discussed ahead of time with the APC Director. Your concerns will be given every consideration.

Because we are a training clinic, it is our practice not to charge for other professional services you may require such as telephone conversations that last 10 minutes or longer, attendance at meetings or consultations with other professionals which you have requested, or the time required to perform any other related service.

The APC payment policy is fee-for-service only. We do not accept payment directly from insurance companies. However, our services are typically reimbursable. We can provide you with a receipt for services which you can submit to your insurance carrier, upon your request. Some insurance companies require a formal diagnosis with their insurance claims. All diagnoses come from a book entitled DSM-IV. Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. If you have questions about your diagnosis (if applicable) or would like to learn more about the DSM-IV, you can discuss these with your therapist.

PROFESSIONAL RECORDS

We are required to keep appropriate records of the assessment services we provide. Although psychological testing often includes discussion and measurement of sensitive and private information, normally very brief records are kept noting that you have been here, the tests administered, and a general mention of the events during the interview and testing sessions. You have a right to a review your file at any time, except for raw test data or materials that are restricted to the use of licensed professionals. Because clinical records can be misinterpreted and/or upsetting, we recommend reviewing them with your therapist so you can discuss what they contain. Only after discussing the test results during a feedback session with your therapist, you may receive a copy of the completed assessment report. You have the right to request that a copy of your assessment report be made available to any other agency (health care provider, school), at your written request. Your files are maintained in a secure, locked location in the Centre for 5 years after your last session. (Child and adolescent files are kept for 10 years.)

MINORS

If the identified client is under fourteen years of age, please be aware that the law provides parents with the right to examine the treatment records. In order to respect the importance of privacy and confidentiality in the assessment, it is our policy to provide parents with general information on how the assessment is proceeding, unless we feel that there is a high risk of serious harm, in which case we will notify them of our concern. Before giving parents information about the assessment, we discuss what will be disclosed with the minor, as it greatly helps their sense of it being *their* information. Needless to say, it is a difficult task to balance your parental right and need to know information, and at the same time respect the client's confidentiality, which is so key to assessment. Parents generally want to know if their child is making good use of the time and whether strengths and difficulties are being adequately captured during the testing sessions. We are certainly comfortable with this. We also encourage family feedback sessions whenever possible.

CONFIDENTIALITY

The confidentiality of all communications between a client and a therapist is protected by law. Your therapist cannot and will not tell anyone else what you have discussed or even that you are having an assessment without your written permission. We can only release your assessment report to others if you sign a written Authorization form. You, on the other hand, may request that information is shared with whomever you choose and you may revoke that permission in writing at any time. With the exception of certain specific situations described below, you have the right to confidentiality of your assessment.

There are exceptions to confidentiality. In certain situations, we are legally bound to take action even though that requires revealing some information about a client's assessment. Should such a situation occur, we will make every effort to fully discuss it with you before taking any action if that is appropriate. These situations have very rarely arisen in our Clinic. The legal exceptions to confidentiality include:

1) If there is good reason to believe you are threatening serious bodily harm to yourself or others, we are required by law to take protective actions. These actions may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens harm to themself or another, we may be required to seek hospitalization for the client, or to contact family members or others who can provide protection. Confidential information may be disclosed to the extent necessary for emergency medical care to be rendered.
2) If there is good reason to suspect, or evidence of, abuse and/or neglect toward children, the elderly, or disabled persons, we are required by law to notify the appropriate authorities.
3) In response to a court order, criminal lawsuit, or judicial proceeding, we may be compelled to disclose confidential information. A court may require our testimony if it is determined that the resolution of the issues demands it. If you file a claim against a therapist, the therapist may disclose confidential information.
4) When you provide a written authorization for release of information, we will only release the information you specified to the individual or institution that you named.

There are often times when we find it beneficial to consult about our clients with other colleagues and professionals. Your name and unique identifying information will not be disclosed. The consultant is also legally bound to keep the information confidential. In some circumstances, your therapist may wish to make a home or school visit, contact such persons as physicians or teachers who know about you or your child, or meet with other family members. Such contacts will only be made with your prior knowledge and written consent, except in those cases required by law as described above.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important to discuss any questions or concerns which you may have at your next meeting. As you might suspect, the laws governing these issues are quite complex and we are not attorneys. While we are happy to discuss these issues with you, should you need specific advice, formal legal consultation may be desirable.

CONTACTING US

Your therapist is often not immediately available by telephone. While the APC Assistant is usually in the office during normal business hours, she may not always be able to answer the phone. If you need to reach the therapist between testing sessions, or in an emergency, you have the right to a timely response. You may leave a message on the APC confidential voicemail at any time and your call will be returned as soon as possible, usually within 48 hours. Voicemail is not checked for

messages after business hours during the week or on the weekend. For any number of unseen reasons, if you do not hear from us or we are unable to reach you, it remains your responsibility to take care of yourself until such time we can talk. If you feel unable to keep yourself safe or feel you cannot wait for a return call, dial 911, or go to your nearest emergency room at the nearest hospital and ask for the psychiatrist or psychologist on call. We will make every attempt to inform you in advance of any planned absences. Email poses several ethical dilemmas related to confidentiality; its use should be discussed with your therapist.

OTHER RIGHTS

If you are unhappy with what is happening during the assessment, you should talk with your therapist so we may respond to your concerns. Such criticism will be taken seriously and with care and respect. You may also request that we refer you to another professional and are free to end the assessment at any time. We cannot release the results of your tests without explaining them in person, even if you decide to end the assessment prematurely.

You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, natural origin, or source of payment. You have the right to expect that your therapist will not have social or sexual relationships with clients or with former clients. You have the right to ask questions about any aspect of the assessment and about the specific training and experience of your therapist and supervisor.

You have requested, and hereby confirm your request that the present form be drawn up in English; la présente formule a été redigée en anglais conformément à ma volonté expresse. Your signature below indicates that you have read and understand the information in this agreement, discussed any concerns you have with us, and you agree to abide by its terms. We look forward to a good working relationship with you.

PRINT NAME	SIGNATURE	DATE
_____	_____	_____
Client or Parent/Legal Guardian	Client or Parent/Legal Guardian	
_____	_____	_____
Student Therapist	Student Therapist	

In order to comply with Quebec Civil Code and the Deontological Code of the Order of Psychologists, we require consent prior to initiating services with children less than 14 years of age. The law requires us to seek consent from both biological parents or legal guardians. Unless otherwise stipulated by the Court, both parents have the right to access specific information about their child's health and functioning. Adolescents (14 years and older) can consent legally to psychological services and shall be granted full privileges of confidentiality.

If **Parent / Legal Guardian signed above, indicate the relationship to the client:**

- ○ I am the only biological parent on birth record and have full legal and parental privileges.
- ○ I have full legal guardianship of the child. The Court has removed the other biological parent's parental privileges.
- ○ I have discussed having my child assessed by a psychologist with the other biological parent or legal guardian with parental privileges who is in full agreement.
- ○ Other: _____

UNIVERSITÉ Concordia UNIVERSITY

APPLIED PSYCHOLOGY CENTRE
PROGRESS NOTE

Contact Date _____

Client Code _____

Student Therapist _____

Clinical Supervisor _____

Session Number _____

People Present _____

Contact ☐ Phone Call ☐ Intake ☐ Therapy ☐ Assessment ☐ Feedback Session

Contact Goal _____

_____

_____

Contact Note _____

_____

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Next Contact Scheduled _____

Future Plan _____

_____

_____

_____

_____
Student Therapist SIGNATURE

_____
Licensed Clinical Supervisor SIGNATURE

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APPLIED PSYCHOLOGY CENTRE
CONTACT LOG

Client Code: _____ Therapist: _____

Date	Time	Contact	Length	Initials	Note
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Concordia UNIVERSITY

Clinical Psychology Training Program
Clinical Case Activities
LOGSHEET

Complete a separate logsheet for EVERY clinical case during all training experiences.

Info			
	Student Trainee LAST Name	Student FIRST Name (Given)	Supervisor Name
	Training Site	START Date of Practicum/Internship	END Date of Practicum/Internship

Case Characteristics		
	Age	Sex
	Language	Disabilities
	Race/Ethnicity	Sexual Orientation
	Clinical Approach	Therapy / Assessment Format
	Presenting Problem / Reason for Referral	Integrated Psychological Report (history, interview, 2 tests)

Intake, Assessment, & Outcome Measures (administered, scored, & interpreted; number of times used)

Write in the start date of the week you begin working with the client. Insert the number of hours for each activity per week.

Week	1	2	3	4	5	6	7	8	9	10	11	12	13
Start date of week													
Direct Contact													
Intake Interview													
Therapy Session													
Assessment Testing													
Consultation													
Indirect Contact													
Chart Review													
Progress Notes													
DVD Review													
Session Planning													
Readings													
Score/ Interpret Measures													
Report Writing													
Collateral Contacts / Calls													
Supervision													
Individual													
Group													

Week	14	15	16	17	18	19	20	21	22	23	24	25	26
Start date of week													
Direct Contact													
Intake Interview													
Therapy Session													
Assessment Testing													
Consultation													
Indirect Contact													
Chart Review													
Progress Notes													
DVD Review													
Session Planning													
Readings													
Score/ Interpret Measures													
Report Writing													
Collateral Contacts / Calls													
Supervision													
Individual													
Group													

Signature		
I certify that all of the clinical hours information documented above is true to the best of my knowledge and belief.		
Student Trainee Name PRINT	Student Trainee Signature	Date

UNIVERSITÉ Concordia UNIVERSITY

APPLIED PSYCHOLOGY CENTRE
TREATMENT SUMMARY

Client's Name_____

Age _____ Sex _____ Occupation _____

Referred by _____

Intake Appointment _____

Pre-testing completed Yes _____ Date _____ No _____

Therapy Assignment: Therapist _____

Supervisor _____

Date closed _____ Date of first contact _____

Total # sessions _____ Date of last contact _____

Presenting problem _____

Evaluation findings (include test results) _____

Type of service _____

Final disposition (include referral to other services) _____

(PLEASE TURN OVER)

UNIVERSITÉ Concordia UNIVERSITY

APPLIED PSYCHOLOGY CENTRE
AUTHORIZATION FORM TO OBTAIN / RELEASE INFORMATION

Client Name:_____ Date of Birth: _____

This form when completed and signed by you, authorizes your therapist and the APC to obtain and/or release protected information from your clinical record to the person you designate.

I authorize my therapist _____ and the Concordia University APC to obtain/release the following information. (*Provide specific and detailed description of the information to be obtained/disclosed. Client must initial each endorsed item.*)

Client Initials	Check Information to be Obtained/Released
_____	○ Pertinent treatment information
_____	○ Permission to exchange information
_____	○ Assessment report
_____	○ Copy of treatment records
_____	○ Other: _____

This information should only be obtained from/released to the following:

Name _____

Institution _____

Address _____

The purpose for releasing this information

○ To facilitate treatment, evaluation, and assessment

○ Other: _____

This authorization shall remain in effect until (Check one)

○ Treatment is terminated; Assessment is completed

○ Date: _____

○ Event: _____

SEND REQUESTED INFORMATION TO:
APPLIED PSYCHOLOGY CENTRE
CONCORDIA UNIVERSITY
7141 SHERBROOKE STREET WEST
PSYCHOLOGY DEPARTMENT, PY111
MONTREAL, QC H4B 1R6
PHONE (514) 848-2424 EXT.7550
FAX (514) 848-4537

After this expiration date, my therapist can no longer use or disclose my protected information without first obtaining a new authorization form. I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the APC. However, I also understand that this revocation will not be effective to the extent that my therapist has already taken action in reliance on the authorization.

Client or Parent/Legal Guardian PRINT NAME	Client or Parent/Legal Guardian SIGNATURE	DATE

Evaluation of therapy a) client gains _____

_____

_____

_____

_____

b) remaining problems _____

_____

_____

_____

_____

Recommendations in case of future applications or request for information (include guidelines for future therapy)

_____

_____

_____

_____

_____

_____

_____ _____

THERAPIST SUPERVISOR

Post testing completed Yes _____ Date _____

No _____

Follow-up completed Yes _____ Date _____

No _____

FOLLOW-UP NOTES

TESTING EQUIPMENT REQUISITION

NAME _____

TELEPHONE # _____

DATE REQUESTED _____

TIME _____

DATE NEEDED _____

TIME _____

EQUIPMENT NEEDED:

_____

_____

_____

_____

_____

_____

_____

_____

ALL TESTS MUST BE REQUESTED AT LEAST 24 HOURS IN ADVANCE

Applied Psychology Centre

Client Satisfaction Questionnaire

Please help us improve our service to clients by completing the following questionnaire. We are interested in your honest opinions about the services you have received at the Applied Psychology Centre of Concordia University. We are interested in your honest opinions, whether they are positive or negative. Please be assured that your comments will not affect our evaluation of your therapist.

Information

Type of service received: 1) Child Therapy_____ 2) Child Assessment_____ 3) Adult Therapy_____
4) Adult Assessment_____ 5) Neuropsychological Assessment _____

Word or phrase to describe the problem for which you sought help:_____

_____

Feedback: Please answer each question by circling the number that corresponds to your level of satisfaction.

	Not at all Satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied
1. How satisfied are you with the quality of the service you received?	1	2	3	4	5
2. How satisfied are you with the kind of help you received?	1	2	3	4	5
3. How satisfied are you with the amount of help you received (i.e., the number of sessions)?	1	2	3	4	5
4. How satisfied are you with the extent to which our services met your needs?	1	2	3	4	5
5. How satisfied are you with the effectiveness of our service in helping you deal with your problems?	1	2	3	4	5
6. In an overall, general sense, how satisfied are you with the service you received ?	1	2	3	4	5

	Not at all Likely	Slightly Likely	Moderately Likely	Very Likely	Extremely Likely
7. If you were ever to seek help again, how likely would you be to come back to our service?	1	2	3	4	5
8. How likely are you to recommend our service to a friend seeking similar help?	1	2	3	4	5

Specifics related to our service

With what part(s) of the service were you especially satisfied?

With what part(s) of our service were you dissatisfied?

Additional comments

Please use the space below to help us improve our service by offering suggestions or comments regarding any aspect of your experience with us. This can include time spent on the waiting list, layout of our therapy rooms or waiting area, telephone contacts, financial arrangements, etc.

Thank-you for your cooperation. Please return this completed anonymous questionnaire using the envelope provided.

Attention: Dina Giannopoulos, Ph.D., Administrative Director, Applied Psychology Centre, Quality Assurance, Department of Psychology, Concordia University, 7141 Sherbrooke St. West, PY-111-4, Montreal, Quebec, H4B 1R6

DG: May/09

Concordia
UNIVERSITY

CONCORDIA UNIVERSITY CLINICAL TRAINING PROGRAM
GUIDELINES TO DOCUMENTING CLINICAL HOURS

APPIC Definitions for Clinical and Professional Activities Data Reporting

Client Demographic Information

Client demographics should be recorded for ALL clients to whom you provided direct services OR observed. For observed clients, be sure to indicate "0" for the intervention hours; these cases do not count as intervention hours (see below). If you provide services to a group or to couples, record demographic information for each client.

Definition of "Practicum Hour"

You may only record hours for which you received formal academic training and credit and which were sanctioned by DCT and DPaC as relevant training experiences. All practicum hours must be supervised. DCT and DPaC must be aware of and approve all clinical activity. There are four types of clinical activities that are necessary to record and report: individual, group, family, and couples. Please note the number of hours spent in each of these modalities for each client. These experiences must be provided in the presence of the client. If you are providing services to a group or to couples, it is permissible to record each individual's demographic information. However, the hours of therapy provided should only be counted once. For example, a two-hour group session with 12 adults is counted as 2 hours (*not* one hour per person). A practicum hour is defined as a clock hour; 45-50 minute may be counted as one practicum hour.

Definition of "APPIC Clinical Hours"

It is important that when recording the clinical hours you comply with APPIC's definitions of Intervention Experience, Psychological Assessment Experience, Supervision Received, and Support Activities. Please be advised that the hours and client demographic information reported on your Clinical Hours Summary parallel the information APPIC requires for internship applications. You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that you feel best captures the experience. The categories are meant to be mutually exclusive; thus any practicum hour should be counted only once. Please be advised that the information reported to APPIC may be more general than the level required for licensing accreditation at the provincial (or state) level, thus additional tracking of your clinical hours is always recommended.

INTERVENTION EXPERIENCE

Individual therapy, Career Counseling, Group Therapy, Family Therapy, Couples Therapy, School Counseling Interventions, Sports Psych/Performance Enhancement, Medical/Health-Related Interventions, Intake Interview/Structured Interview, Substance Abuse Intervention, Other Interventions. All intervention hours must involve actual clinical intervention with the client (e.g., child, adult, family) or an agent of the client (e.g., parent, teacher).

PSYCHOLOGICAL ASSESSMENT EXPERIENCE

Psychodiagnostic test administration, Neuropsychological Assessment, Other Assessments. Only count the total number of face-to-face client contact hours. You should not include the activities of scoring or report writing (these are included in "Support Activities". You may not include any practice administrations. You should only include instruments for which you administered the full test. Partial tests or administering only selected subtests are not to be included. You may only count each administration once.

INTEGRATED REPORTS

Track the number of integrated psychological testing reports you have written for adults and for children/adolescents separately. This section should NOT include reports written from an interview that is only history-taking, a clinical interview, and/or only the completion of behavioral rating forms, where no additional psychological tests are administered. The definition of an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests.

SUPPORT ACTIVITIES

These include practicum activities spent outside the counseling/therapy hour while still focused on the client. For example, chart review, writing progress notes, consulting with other professionals, case conferences, case management, video-audio review of recorded sessions, assessment interpretation, and report writing. Many excellent practicum incorporate both didactic and experiential components, such as grand rounds and seminars. While the didactic portion is excellent training, it should not be recorded as a supervision activity; it should instead be recorded in the Support Activities section.

SUPERVISION RECEIVED

Track the amount of time that you have spent receiving supervision. Supervision can be provided by licensed psychologists, licensed allied mental health providers (e.g., social workers, marriage/family therapists, psychiatrists), and advanced doctoral students whose supervision is supervised by a licensed psychologist. Supervision must involve a formal evaluative component, and may include both supervision received as an individual (one-on-one) and within a group. Supervision that you have provided to less advanced students should not be recorded in this section, and may instead be included in the Intervention Experience section. Many supervision teams provide the opportunity to observe other students providing services, and this experience should be considered a Supervision hour. Supervision is defined as regularly scheduled, face-to-face supervision with the specific intent of overseeing the psychological services rendered by the supervisee.

UNIVERSITY Concordia UNIVERSITY

Clinical Psychology Training Program
Supervisor Evaluation Form

PART 1: Completed by STUDENT TRAINEE

General Information				
Student Trainee LAST Name	Student FIRST Name (Given)	ID Number	Evaluation
Concordia Course Number	START Date (YYYY-MM-DD)	END Date (YYYY-MM-DD)	
Director Name (Training / Program)	Clinic Name (Dept/Service/Unit)	Institution / Organization Name	
Supervisor Name	Supervisor Degree, Qualifications	OPQ Registered Member www.ordrepsy.qc.ca/en/forms/tab_membres.sn	
Supervisor Email	Supervisor Office Phone	Supervisor Fax	

Supervision				
Practicum Days / Hours per Week	Supervision Frequency per Week	Total Supervision Hours		
Supervision Format (Choose ALL that apply)				
Discussion	Session Notes	Video Recordings	Audio Recordings	
Session Transcripts	Live Observation	Co-Therapy/Assessment	Peer Supervision	

PART 2: Completed by CLINICAL SUPERVISOR

Rate the student trainee compared to others at their level of training

	Inadequate 5%	Poor 15%	Average 30%	Good 30%	Very Good 15%	Outstanding 5%	Not Observed
1) Attendance at Supervision							
2) Dependability (punctuality, accepts responsibility, follows instructions)							
3) Professional Appearance (neat, good hygiene, proper dress)							
4) Inquisitive (asks appropriate questions about things not understood)							
5) Interpersonal & Communications Skills with Supervisor and Peers							
6) Preparation for Supervision							
7) Responsiveness to / Ability to Profit From Supervision							
8) Interpersonal & Communication Skills with Patients and Clients							
9) Ability to Conceptualize Case							
10) Ability to Develop and Maintain Therapeutic / Professional Relationship with Patient / Client							
11) Self Confidence (confidence in own clinical abilities)							
12) Ability to Conduct Assessments and/or Use Assessment Materials							
13) Ability to Implement Therapeutic Interventions							

Rate the student trainee compared to others at their level of training							
	Inadequate 5%	Poor 15%	Average 30%	Good 30%	Very Good 15%	Outstanding 5%	Not Observed
14) Mental Alertness / Attentiveness (interest in site & service, eager to learn, ability to learn & remember procedures)							
15) Leadership (assertive, imaginative, enthusiastic, good judgment)							
16) Quality of Written Reports and Other Materials							
17) Timeliness of Written Reports and Other Materials							
18) Other Professional and Ethical Issues (maintaining confidentiality, communication with other professionals)							

Overall Rating	Overall, how would you rate this student's performance? (Compared to that expected at this level of training?)					
	Inadequate	Below Average	Average	Very Good	Excellent	Exceptional

Strengths	

Weaknesses & Development Areas	

Grade	Letter Grade	Describe any targeted concerns that are important to address in future training. (Issues that may interfere with student's progress or jeopardize future work if not addressed.)

Clinical Supervisor Name PRINT | Clinical Supervisor Signature | Date

Student Trainee Name PRINT | Student Trainee Signature | Date

Send HARDCOPY ONLY:
Concordia University
Applied Psychology Centre, Attn. DPaC
7141 Sherbrooke Street West, PY146
Montreal, QC H4B 1R6

UNIVERSITY Concordia UNIVERSITY

Clinical Psychology Training Program
CLINICAL HOURS SUMMARY

PART 1: Completed by Student Trainee

General Information

Student Trainee LAST Name	Student FIRST Name (Given)	ID Number	Date YYYY-MM-DD
Student Email	START Date YYYY-MM-DD	END Date YYYY-MM-DD	
Director Name (Training / Program)	Clinic Name (Dept/Service/Unit)	Institution / Organization Name	
Supervisor Name	Supervisor Degree, Qualifications	OPQ Registered Member www.ordrepsy.qc.ca/en/forms/tab_membres.sn	
Supervisor Email	Supervisor Office Phone	Supervisor Fax	

Supervision Received

	Individual (regular schedule, one-on-one, face-to-face)	Group (regular schedule, face-to-face, multiple trainees)
Licensed Psychologist		
Licensed Allied Mental Health Professional (social worker, marriage/family therapist, psychiatrist)		
Other Supervision (advanced grad student under supervision of licensed psychologist)		

Supervision Format (Choose ALL that apply)

Audio Tape	Video Tape / Digital Recording	Live / Direct Observation by Supervisor

Training Site

Training Description	(Describe nature of training. Include target population, clinical activities, and learning experiences.)		

Training Setting (Choose ALL that apply)

APC Department Clinic	Community Mental Health Center	University Counseling Centre	Residential / Group Home
Inpatient Psychiatric Hospital	Medical Clinic / Hospital	Outpatient Psychiatric Clinic / Hospital	Partial Hospitalization / Intensive Outpatient
Private Practice	School	Forensic / Justice Setting	Child Guidance Clinic
VA Medical Centre	Other (specify):		

Primary Theoretical Orientation (Choose up to 3)

Behavioural	Biological	Cognitive Behavioural	Eclectic
Interpersonal	Integrative	Humanistic / Existential	Psychodynamic / Psychoanalytic
Systems	Other (specify):		

Indirect Clinical Hours

		Total Hours
Intervention	Chart review, DVD review, Session planning, Readings	
	Writing: Progress notes, Intake, Discharge / Termination	
	Scoring, interpretation standardized measures	
	Observation of another's therapy session	
	Other (phone calls, case management)	
Assessment	Chart review, DVD review, Session planning, Readings	
	Scoring, interpretation assessment testing	
	Writing: Assessment reports	
	Observation of another's assessment testing	
	Other (phone calls, collateral contacts)	

Intervention Experience			Total Hours (face-to-face)	# Different Individuals (groups, families, couples
	Individual Therapy	Older Adults (65+)		
		Adults (18-64)		
		Adolescents (13-17)		
		School-Age (6-12)		
		Pre-School Age (3-5)		
		Infants/Toddlers (0-2)		
	Career Counseling	Adults		
		Adolescents (13-17)		
	Group Counseling	Adults		
		Adolescents (13-17)		
		Children (12 and under)		
	Family Therapy			
	Couples Therapy			
	School Counseling Interventions	Consultation		
		Direct Intervention		
	Other Psychological Interventions	Sport Psychology / Performance Enhancement		
		Medical / Health Related Interventions		
		Intake Interview / Structured Interview		
		Substance Abuse Interventions		
		Consultation		
		Other Interventions (milieu therapy, treatment planning with patient present)		
	Other Psychological Experience	Supervision of other students		
		Program Development / Outreach Programming		
		Outcome Assessment		
		Systems Intervention / Organizational Consultation / Performance Improvement		

Diversity Experience	This information may not be known for all clients. Indicate only when known.		Intervention (# clients)	Assessment (# clients)
	Race / Ethnicity	African-Canadian / Black / African		
		Asian-Canadian / Asian / Pacific Islander		
		Latino(a) / Hispanic		
		Inuit / Indian / Native / Aboriginal Canadian		
		European Origin / White		
		Biracial / Multiracial		
		Other		
	Sexual Orientation	Heterosexual		
		Gay		
		Lesbian		
		Bisexual		
		Other		
	Disabilities	Physical / Orthopedic Disability		
		Blind / Visually Impaired		
		Deaf / Hard of Hearing		
		Learning / Cognitive Disability		
		Developmental Disability (mental retardation / autism)		
		Serious Mental Illness (psychosis, major mood disorder)		
		Other		
	Gender	Male		
		Female		
		Transgender		
		Other		
	Language	French (Francophone)		
		English (Anglophone)		
		Other		

Psychological Assessment			Total Hours (face-to-face)	# Different Individuals
	Psychodiagnostic Test Administration	Symptom assessment, projectives, personality, objective measures, achievement, intelligence, career assessment, providing feedback		
	Neuropsychological Assessment	Multiple cognitive, sensory, and motor functioning (include intellectual assessment only when in context of neuropsyc)		
	Other (specify):			

Reports	Integrated Psychological Reports (synthesized comprehensive report including history, interview, and two standardized tests)	
	Adults	Children / Adolescents

Assessment Instruments	**Adult**		**Child & Adolescent**	
	Symptom Inventories	#	Parent / Youth-Report Measures	#
	Beck Depression Inventory		Behavior Assessment System BASC	
	Hamilton Depression Scale		Achenbach / CBCL	
	Beck Anxiety Inventory		Other:	
	Adult Manifest Anxiety Scale		Symptom Inventories	
	Other:		Barkley-Murphy Checklist ADHD	
	Diagnostic Interview Protocols		Conner's Rating Scales	
	SADS		Self-report Measure Symptoms / Disorders	
	SCID		Other:	
	DIS		Diagnostic Interview Protocols	
	Other:		DISC	
	General Cognitive Assessment		Kiddie-SADS	
	Stanford-Binet 5		Other:	
	TONI-3		General Cognitive Assessment	
	WAIS III and WAIS IV		Bayley Scales III	
	Other:		Differential Abilities Scale II	
	Visual-Motor Assessment		Mullen Scales of Early Learning	
	Bender Gestalt		Stanford-Binet 5	
	Other:		WPPSI III	
	Neuropsychological Assessment		WISC IV	
	Boston Diagnostic Aphasia Exam		Other:	
	Brief Rating Scale of Exec Fxn (BRIEF)		Visual-Motor Assessment	
	Dementia Rating Scale II		Bender Gestalt	
	California Verbal Learning Test		Berry Develop Test VMI	
	Continuous Performance Test		Other:	
	Delis Kaplan Executive Function System		Neuropsychological Assessment	
	Finger Tapping		Brief Rating Scale Exec Fxn (BRIEF)	
	Grooved Pegboard		Children's Memory Scale	
	Rey-Osterrieth Complex Figure		Continuous Performance Test	
	Trailmaking Test A & B		Delis Kaplan Executive Function System	
	Wechsler Memory Scale III		NEPSY II	
	Wisconsin Card Sorting Test		Rey-Osterrieth Complex Figure	
	Other:		Other:	

Assessment Instruments cont'd.

Adult	
Academic Functioning	#
Strong Interest Inventory	
Wechsler Individual Achievement Test (WIAT)	
Wide Range Assessment Memory & Learning	
Woodcock Johnson III	
WRAT-4	
Other:	
Behavioural and Personality Inventories	
Millon Clinical Multi-Axial III (MCMI)	
Minnesota Multiphasic Personality Inventory	
Myers-Briggs Type Indicator	
Personality Assessment Inventory	
Other:	
Malingering Measures	
Structured Interview of Reported Symptoms	
Miller Forensic Assessment of Symptoms Test	
Rey 15-Item Test	
Test of Memory Malingering (TOMM)	
Other:	
Forensic and Risk Assessment	
Psychopathy Checklist-Revised; Static 99	
Violence Risk Assessment Guide	
History-Clinical-Risk 20	
Validity Indicator Profile	
Other:	
Projective Assessment	
Human Figure Drawing	
Kinetic Family Drawing	
Sentence Completion	
Thematic Apperception Test	
Rorschach	
Other:	
Other Measures:	

Child & Adolescent	
Academic Functioning	#
Wechsler Individual Achievement Test (WIAT)	
Wide Range Assessment Memory & Learning	
Woodcock Johnson III	
WRAT-4	
Other:	
Behavioural and Personality Inventories	
Millon Adolescent Personality Inventory	
MMPI Adolescent	
Other:	
Projective Assessment	
Human Figure Drawing	
Kinetic Family Drawing	
Roberts Apperception Test Children	
Rorschach	
Other:	
Other Measures:	

Additional Training

	Total Hours
Case Conferences	
Grand Rounds	
Clinical Seminars (didactics, lectures, instruction, demonstration)	
Team / Unit / Ward Meetings (non-supervision)	
Research	
Other:	

Print this last page as often as needed. For observation cases, list patient demographics and indicate 0 for direct hours. For direct supervision of others, list patient demographics and indicate supervision under treatment modality.

Direct Contact Hours - Demographics

Patient / Client Demographics	Presenting Problem	Intervention / Assessment	Treatment Modality	Face-to-Face Direct Hours
Male, 9 y.o.	*Learning Disability*	*Assessment*	*IQ & Achievement Testing*	*5*
Female, 47 y.o.	*Chronic Pain*	*Individual Therapy*	*CBT*	*12*
Group (Male, 36; Female 28; Female, 40, Female 32; Male 47; Female 37)	*Major Depressive Disorder*	*Group Therapy*	*Supportive Therapy*	*8*

Total Direct Contact Hours:

Clinical Supervisor

I certify that all of the clinical hours information documented above was completed under my supervision.

Clinical Supervisor Name PRINT | Clinical Supervisor Signature | Date

Student Signature

I certify that all of the clinical hours information documented above is true to the best of my knowledge and belief.

Student Trainee Name PRINT | Student Trainee Signature | Date

Send HARDCOPY ONLY:
Concordia University
Applied Psychology Centre, Attn: DPaC
7141 Sherbrooke Street West, PY146
Montreal, QC H4B 1R6

UNIVERSITE Concordia UNIVERSITY

Clinical Psychology Training Program
FEEDBACK FORM

TRAINING SITE FEEDBACK

Info	Institution / Organization Name	Clinic Name (Dept/Service/Unit)	Other (Rotation/Setting)

Evaluation of Training Site Experiences

Rate the degree to which your expectations about the TRAINING SITE experience were met.

	Inadequate 5%	Below Average 15%	Average 30%	Very Good 30%	Excellent 15%	Exceptional 5%	Cannot Judge
1) Test Administration							
2) Interviewing							
3) Test Interpretation							
4) Report Writing							
5) Individual Psychodynamic Therapy							
6) Individual CBT Therapy							
7) Other Individual Therapy							
8) Group Therapy							
9) Family or Couple Therapy							
10) Communicating Findings to other Professionals							
11) Supervision							
12) Research							
13) Sensitivity / Skill with Diversity							
14) Involvement in Supervision of Junior Student Trainees							
15) Overall Amount Learned from Participating in this Training Site							

Training Site Feedback

Explain Ratings	(Additional information and explanation of ratings.)
Strengths	(Strengths of the training site.)
Weaknesses & Potential Growth Areas	(Constructive feedback about potential growth areas to improve training experience.)

Site Rating

Rate your overall training experience of the TRAINING SITE in terms of fostering your professional development and meeting your career needs.

Inadequate	Below Average	Average	Very Good	Excellent	Exceptional

Either write name in PENCIL or hand-in IN PERSON to get credit for completing.
All identifying information will be removed. Do not include dates on this form.

CLINICAL SUPERVISOR FEEDBACK

(Print this page as often as needed if you have more than one primary supervisor.)

Info	Clinical Supervisor Name	Institution / Organization Name	Clinic Name (Dept/Service/Unit)

Kindly provide a profile of your PRIMARY SUPERVISOR. Use previous professional supervisors and instructors as a basis for comparison.

Evaluation of Primary Supervisor

	No / Never Insufficient Inappropriate 1	2	3	4	Always Appropriate Great Deal 5	Cannot Judge
1) Professional Attitude						
2) Provides Realistic Workload						
3) Provides Feedback on Student Performance						
4) Monitors Student Activities						
5) Monitors Case Outside Supervisor Group (watch session, watch DVD, listen to tape)						
6) Provides Adequate Monitoring so Supervisor Understands Case and Advises Appropriately						
7) Keeps Appointments						
8) Holds Supervision Regularly						
9) Clinical Knowledge						
10) Conceptualizes Needs of Case						
11) Role Model						
12) Value of Supervision Meetings						
13) Provides Opportunity to Participate in Clinical Planning						
14) Encourages Participation by All Students						
15) Encourages Expression of Differences of Opinion						
16) Guides Discussion without Monopolizing						
17) Available for Necessary Consultation Outside						
18) Familiar within Orientation with Range of Treatment Techniques						
19) Aware of Appropriate Treatment Models						
20) Makes Expectations for Student Contribution to Supervision Clear						
21) Sets Appropriate Criteria for Evaluation of Student Performance						
22) Discussion Relevant & Germane to Topic						
23) Level / Quality of Discussion Appropriate for Graduate Supervision						
24) Criticism Given in Context of Feedback is Constructive & Helpful						
25) Gives Appropriate Supplementary Reading if Needed						
26) Overall Amount Learned from Participating in this Therapy / Supervision						
27) Overall Rating of Course Component as Given by this Supervisor						

Supervisor Feedback

(Additional information and explanation of ratings. Strengths of primary supervisor. Constructive feedback about potential growth areas to improve training experience.)

Either write name in PENCIL or hand-in IN PERSON to get credit for completing.
All identifying information will be removed. Do not include dates on this form.

HARDCOPY ONLY to:
Concordia University
Applied Psychology Centre, Attn: DPaC
7141 Sherbrooke Street West, PY111.5
Montreal, QC, H4B1R6

Clinical Psychology Training Program
INTERNSHIP ADDENDUM

Complete this form IN ADDITION to the Evaluation Form, Clinical Hours Summary, and Feedback Form.

PART 1: Completed by STUDENT TRAINEE

Info	Student Trainee LAST Name	Student FIRST Name (Given)	Student Trainee Email Address
	Internship Site Name	Accreditation	Internship Completion Year
		CHOOSE ONE	

PART 2: Completed by CLINICAL SUPERVISOR

Rate the student trainee compared to others at their level of training

	Inadequate 5%	Poor 15%	Average 30%	Good 30%	Very Good 15%	Outstanding 5%	Not Observed
WORK EVALUATION							
1) Test Administration							
2) Interviewing							
3) Test Interpretation							
4) Individual Cog Behavior Therapy							
5) Individual Psychodynamic Therapy							
6) Other Individual Therapy							
7) Group Therapy							
8) Family / Couple Therapy							
9) Program Development / Evaluation							
10) Ability to Supervise							
11) Research							
12) Sensitivity/Skill with Cultural Diversity							
PERSONAL APPRAISAL							
13) Social / Emotional Maturity							
14) Concern for Others							
15) Interpersonal Relationships							
16) Tact and Judgment							
17) Integrity							
18) Responsibility							
19) Initiative							
20) Industriousness							
21) Professional Attitude							

How familiar are you with this intern's work performance and personal characteristics?

What suggestions would you make to this intern regarding his/her future clinical training?

Intern Rating	How would you rate this intern's performance during internship? (Compared to that expected at this level of training?)					
	Inadequate	Below Average	Average	Very Good	Excellent	Exceptional
	☐	☐	☐	☐	☐	☐

PART 3: Completed by STUDENT TRAINEE

What suggestions would you make to this internship setting and/or specific supervisors to improve the internship experience?

How well did your background clinical training prepare you for your full-year internship?

Were there any areas for which you were not adequately prepared, that you think a general clinical doctoral program should have provided for you?

Any other areas that you were not adequately prepared for, specific to your internship setting?

Internship Training – Additional Comments

Clinical Supervisor Name PRINT | Clinical Supervisor Signature | Date

Student Trainee Name PRINT | Student Trainee Signature | Date

Send HARDCOPY ONLY:
Concordia University
Applied Psychology Centre, Attn: DPaC
7141 Sherbrooke Street West, PY146
Montreal, QC H4B 1R6

UNIVERSITE Concordia UNIVERSITY

Clinical Psychology Training Program
Documentation Timeline and Form Instructions

General Instructions

- All forms are provided as pdf form-fillable documents.
- You are responsible for saving a copy of all documentation for your own records.
- All forms can be found at: http://psychology.concordia.ca/formslinksandpolicies/forms/
- Submit completed forms **HARDCOPY ONLY** to Concordia University, Applied Psychology Centre, Attn: DPaC, 7141 Sherbrooke Street West, PY111.5, Montreal, QC H4B1R6.
- Graduate students are ultimately responsible for all required documentation to be completed for their clinical training. Please use the instructions and timeline outlined in the table below to ensure accurate completion of the necessary documentation.

Form	Who	When	Instructions
Clinical Case Logsheet	Student Trainee	Every week (all practica)	• Complete a separate logsheet for each case • Record time spent in each activity listed and include names of assessment measures • Do not "double count" hours (review APPIC standards) • For APC Practicum, when your file is active, keep the logsheet in the client file (For Extramural and Internship, discuss with supervisor whether to keep log in own files) • Review these forms with your supervisor at your middle and final evaluation • Use logsheet to facilitate completion of Clinical Hours Summary form
Clinical Hours Summary	Student Trainee	Mid & Final (all practica & internship)	• Complete clinical hour summary for entire training experience (APC, Extramural, or Internship) • When the DCT reviews your clinical hours, they will check to be sure that your clinical case logsheet records match with the hours denoted on the Clinical Hours Summary • Organization is identical to documentation standards of AAPIC • Review these forms with your supervisor at your middle and final evaluation • Summary should be completed cumulatively (Final should include hours also listed at middle) • List demographics for patients observed (write 0 for direct hours) • List demographics for direct supervision provided to others • Copy last page with patient demographics as often as needed and include as attachment • Hand in hardcopy to APC
Supervisor Evaluation Form	Student Trainee (Part 1) Clinical Supervisor (Part 2)	Mid & Final (all practica & internship) Academic year *(Dec, April)* Full year *(Dec, June)* Summer *(June, Aug)*	• Complete Part 1 and include general information, and supervision details. • Once you have completed Part 1, send to your supervisor (email or hardcopy) so they may complete their evaluation of your work performance. • After your supervisor has completed, you should meet and review your evaluation. Your clinical supervisor and you should sign and date to document that the evaluation was reviewed. (Your signature does not mean that you agree with the evaluation.) • Hand in hardcopy to APC

Form	Who	When	Instructions
Feedback Form	Student Trainee	Final (all practica & internship)	• Provide feedback about the training site and your clinical supervisor • If you have more than one supervisor, complete the supervisor page as often as needed • Be constructive and diplomatic in your feedback. Supervisors do have access to this information (provided only when critical mass of forms are available). • To be assigned a grade, you must complete this form. To keep track of the form, write your name in PENCIL OR hand-in directly to the APC so you can be given credit. All identifying information will be removed so feedback can remain anonymous. • Do not write any dates on the feedback forms.
Extramural Practicum Application	Student Trainee	Before Practicum	• Complete this application form for all Extramural Practicum. Obtain signatures from research supervisor and intended clinical supervisor. • CSST application is for required insurance coverage for accidents at the external site. (This insurance is separate from malpractice insurance, which your supervisor would have as part of their license.) • Extramural Practicum are completed under qualified supervisors in applied settings approved by DPaC/DCT (e.g., hospital, clinic, school, community health, rehabilitation centre). Only clinical hours obtained at approved extramural practicum conducted under qualified supervision are permissible to count for APPIC and licensure. Students may not engage in clinical training experiences without approval of DPaC/DCT for both legal and malpractice reasons. • Practicum start and finish dates are flexible and need not be restricted to Academic year. Number of days per week for training are restricted (Academic year: 1 day/week; Summer 4 day/week). Typically, 35% of time at site is reserved for indirect contact (preparing for client contact, write session notes). • This is not an entry-level practicum. Tasks should be more challenging than those of earlier practica. • Supervision must be conducted by a licensed clinical psychologist with malpractice coverage for supervision. Supervising psychologists who did not supervise the previous year are asked to submit their CV for accreditation purposes. The ratio of supervision to client hours must meet CPA accreditation guidelines for supervision in senior internships.
Practicum Letter	Student Trainee (Template) Clinical Supervisor (Signed letter)	Before Practicum	• A letter outlining the service agreement between the site/supervisor and student trainee is required for legal reasons. For most sites, a signed letter from the supervisor is sufficient. (Some sites require a formal service contract. You will be informed if this is required for your practicum site.) • Upon receiving approval from the DPaC that your extramural practicum application has been approved, prepare the template for the Practicum Letter. Modify the information in CAPS as they are specific for you and your practicum site. Include specific information about training (direct and indirect hours, supervision time). • Send the electronic version of the template to your intended Clinical Supervisor. They should feel free to modify the letter accordingly. They should then print out the letter on letterhead, sign, and return to the APC.

Form	Who	When	Instructions
Internship Addendum	Predoctoral Interns (Part 1 & 3) Clinical Supervisor (Part 2)	Mid & Final (Predoctoral internship only)	• During your predoctoral internship, you must complete all of the above paperwork. IN ADDITION to those forms, you must also complete the Internship Addendum Form that contains required information for the predoctoral internship and accreditation. • Complete Part 1 and Part 3. Once you have completed, send to your supervisor so they may complete their evaluation of your work performance and personal appraisal (Part 2). • After your supervisor has completed, you should meet and review this documentation. Your clinical supervisor and you should sign and date to document that the evaluation was reviewed. (Your signature does not mean that you agree with the evaluation.) • If you have more than one supervisor, complete this form as often as needed

Form Checklists

APC Practicum (I, II, III)	
Entire Duration	☐ Clinical Case Logsheet
Mid *-November/December*	☐ Clinical Hours Summary ☐ Supervisor Evaluation Form
Final *-March/April*	☐ Clinical Hours Summary ☐ Supervisor Evaluation Form ☐ Feedback Form

Internship	
Mid *-December*	☐ Clinical Hours Summary ☐ Supervisor Evaluation Form
Final *-July*	☐ Clinical Hours Summary ☐ Supervisor Evaluation Form ☐ Feedback Form ☐ Internship Addendum

Extramural Practicum (I, II, III)	
Before Practicum (4 weeks)	☐ Extramural Practicum Application ☐ Confirmation Letter from Site (Sent by Supervisor using student prepared template) ☐ CSST Coverage Letter to Site (Sent from APC once approved)
Entire Duration	☐ Clinical Case Logsheet
Mid *-Full Year: December* *-Academic Year: December* *-Summer: June*	☐ Clinical Hours Summary ☐ Supervisor Evaluation Form
Final *-Full Year: July* *-Academic Year: April* *-Summer: August*	☐ Clinical Hours Summary ☐ Supervisor Evaluation Form ☐ Feedback Form

PSYCHOLOGY GRADUATE CLINICAL PROFILE
STUDENT PROGRESS REPORT
DATE March 1, _____ to February 28, _____

PART A - TO BE COMPLETED BY STUDENT

1. PERSONAL INFORMATION

Name:	
Current Program and Year (e.g., M.A. II, Ph.D. I, etc.):	
Address (home):	
Tel # (home, office):	
Email:	
Research Supervisor:	

2. M.A. THESIS:

Thesis Committee Members:	
M.A. Profile (Gen; Clin.):	
Program Entry Date:	
Defense Date:	
Thesis Title/Topic:	

3. COMPREHENSIVES:

Long Essay:

Question Title:	
Readers:	
Date Completed:	

Long Essay/Course and Lecture Series/Short Essay (highlight one):

Question Title:	
Readers:	
Date Completed:	

4. PHD THESIS:

Thesis Committee Members:	
Program Entry Date:	

Dissertation Proposal Committee Meeting (No/Yes):	
Date Proposal Approved:	
Thesis Title/Topic:	

5.a. IN-HOUSE THERAPY PRACTICA

	Supervisor	Date (acad. yr.)	Completed (No/Yes)
Therapy Practicum I:			
Therapy Practicum II:			
Therapy Practicum III:			

5.b. IN HOUSE ASSESSMENT PRACTICA

	Instructor	Date (acad. yr.)	Completed (No/Yes)
Assessment Practicum I:			
Assessment Practicum II:			

5.c. CASE CONFERENCE

Title	Date Presented	Case Conference Supervisor	

5.d. EXTERNAL PRACTICA:

Practica	Location:	Supervisor:	Description:	Hours: (Total; Direct & Indirect):	Date (from/ to):
Extramural Practicum I					
Optional Therapy Practicum IV/Extramural Practicum II					

6. COURSES:

	Title:	Instructor:	Date:
Special Topic Seminar 1			
Special Topic Seminars 2			

	Completion Date:
Ethics & Professional Issues Seminar	

7. PUBLICATIONS (use APA style):

A) Journal articles (peer reviewed):

B) Chapters/Journal articles (non-peer-reviewed):

C) Abstracts:

D) Conference presentations:

8. FUNDING WHILE IN PROGRAM(S) (include projected for coming year):

Scholarship(s) Received:

Name	Date (from- to)	Agency	Amount/ yr

Scholarship(s) Applied for:

Name	Agency	Amount/ yr

Research Assistantships:

Date	Duration	Amount/yr

Teaching Assistantships:

Course No. and Name	Date (from- to)	Supervisor	Amount

Other (include internship salary here):

Name	Date (from- to)	Agency	Amount/ yr

9. PROFESSIONAL MEMBERSHIPS

Association	Year (from/to)

10. INTERNSHIP

Location:	
Specify rotations:	
Accredited by CPA, APA?	
Dates (from/to)	
Part/full-time:	
Director of Training:	

Salary:	

11. OTHER ACADEMIC OR PROFESSIONAL ACCOMPLISHMENTS:

Description	Date

12. ACADEMIC & PROFESSIONAL GOALS:

Please list your academic & professional goals for the upcoming year:

13. STUDENT COMMENTS (re: program, extenuating circumstances, etc.). Please date your comments:

PART B: TO BE COMPLETED BY FACULTY

14. THESIS SUPERVISOR COMMENTS (Please date by month, year):

2016-2017 (*APRIL 2017*):

Student's stage of research:
_____ early _____ middle _____final

Student's stage of thesis preparation
_____ early _____ middle _____ final

Student's performance in the clinical program since last annual review is:
_____ Satisfactory _____Unsatisfactory **

Supervisor feedback was given to the student on this progress form?

15. DCT FEEDBACK FROM PROGRAM STUDENT PROGRESS REPORT
Name:
Year in program:

Course Work

☐ Satisfactory ☐ Unsatisfactory

If unsatisfactory, please comment.

Practicum/Internship Work

☐ Satisfactory ☐ Unsatisfactory

If unsatisfactory, please comment.

Research

☐ Satisfactory ☐ Unsatisfactory

If unsatisfactory, please comment.

On time to M.A./Ph.D. completion

☐ Satisfactory ☐ Unsatisfactory

If unsatisfactory, please comment.

Other comments:

ANDREW RYDER
Andrew Ryder, Ph.D.
Director Clinical Training

STUDENT INITIALS: **DATE:**

YEAR:
Student Progress Form reviewed by DCT *AGR (initial)* ____*(month/year)*
When was feedback given to the student on this progress form? _____*(month/year)*

2016-2017Addendum to Student Progress Report

Name: **Date:**

Case Conference N/A

Title	
Date Completed	
Case Conference Coordinator	

Clinical Hours Completed

Practicum	Direct Hours	Indirect Hours	Total Hours	Supervision Hours	Integrated Reports
APC I					
APC II					
APC III					
Extramural I					
Extramural II					
Extramural III					
Other: Case Conferences					
Other: Assessment Practicum I (WAIS-IV)					
Other: Assessment Practicum I (WISC-V)					

Clinical Training Diversity (Check all that apply)

Criteria A	
	Assessment
	Treatment

Criteria B	
	Child (0-12 yrs)
	Adolescent (12-18 yrs)
	Adult (18-65 yrs)
	Older Adult (65+ yrs)

Criteria C			
	Interpersonal		Family Systems
	Cognitive/Behavior		Existential
	Humanistic		Sex / Couples
	Psychodynamic		Group

UNIVERSITÉ Concordia UNIVERSITY

Clinical Psychology Training Program
EXTRAMURAL PRACTICUM
APPLICATION

PART 1: Completed by STUDENT TRAINEE

	Student Trainee LAST Name	Student FIRST Name (Given)	ID Number	Course Number
	Student Trainee Email	START Date (YYYY/MM/DD)	END Date (YYYY/MM/DD)	
	Director Name (Training/Program)	Clinic Name (Dept/Service/Unit)	Institution / Organization Name	
	Supervisor(s) Name	Supervisor Degree, Qualifications	OPQ Registered Member www.ordrepsy.qc.ca/en/forms/tab_membres.sn	
	Supervisor(s) Email	Supervisor Office Phone	Supervisor Fax	

Supervision	Supervision Frequency (times per week)	Supervision Hours (hours per week)	Days at Practicum (Mon/Tue/Wed/Thu/Fri) Academic Year:1 day/week; 2 days with permission Summer: 4 day/week; 5 post-M.A. with permission
	Anticipated Caseload (number of patients/clients)	Anticipated Direct Client Hours (hours per week)	Anticipated Indirect Hours (hours per week)

Supervision Format (Choose ALL that apply)

○ Discussion	○ Session Notes	○ Video Recordings	○ Audio Recordings
○ Session Transcripts	○ Live Observation	○ Co-Therapy/Assessment	○ Peer Supervision

Planned Training	Practicum Description	(Describe nature of practicum. Include treatment setting, target population, and clinical activities.)

PART 2: Completed by STUDENT TRAINEE

Optimal Practicum Training

		Defining Characteristics	Extramural I (Summer)	Extramural II or III (9 or 12 months)
Check ALL that Apply	○	Appropriate Days per Week	4 day/week (or 5 post-M.A.)	1 day/week (or 2 with permission)
	○	Length of Practicum[1]	16 weeks	Academic or Year long
	○	8 Hours per Day Inclusive	-	-
	○	Appropriate Total Hours of Training	500-600 hours	400-600 hours
	○	Access to Clients/Patients/Cases	-	-
	○	Sufficient Direct Contact Hours	2-3 hours/day	2-3+ hours/day
	○	Licensed Clinical Ph.D. Psychologist Supervisor[2]	-	-
	○	Two Licensed Psychologists on Staff	-	-
	○	Weekly, Direct Face-to-face Supervision	2 hours minimum	1 hour minimum
	○	Didactic Opportunities (case conferences, grand rounds, seminars)	-	-
	○	Other Clinical Students Training at Site	-	-
	○	Trainee Space (Work space, Phone access)	-	-
	○	Access to Resources (Testing materials)	-	-
	○	History of Providing Supervision & Clinical Training	-	-
	○	Other:	-	-

Optimal Practicum Training Specifications

[1]Practica may not exceed 12 months for clinical documentation purposes. If you are approved to stay at the same site for longer than 12 months, you must re-submit all application materials for a new practica. This ensures that a mid-year and final evaluation and clinical hours forms are completed twice per practica. Students are strongly encouraged to seek diverse clinical training experiences as part of their Clinical Training Diversity Requirement.

[2]Multiple accrediting bodies require supervision by a licensed, clinical Ph.D. psychologist (OPQ, CPA, APA). In some circumstances, supervision hours by another licensed professional are permitted to be counted for APPIC pre-doctoral internship applications. Students are strongly discouraged from considering practicum training without a licensed, clinical Ph.D. psychologist as this is discordant with our accreditation standards and may pose challenges to becoming licensed depending on the jurisdiction.

○	**Clinical Supervisor CV Attached**	All clinical supervisors must have a current C.V. on file within the Concordia Psychology department. If you are setting up a new site, be sure to submit your supervisor's CV with this application.
○	**Supervisor Special Request**	In rare circumstances, practica will be approved under the supervision of a non-clinical psychologist supervisor. Approval is at the discretion of the DPaC, in consultation with the DCT, and is based on a review of the proposed supervisor's background training, clinical training setting, and unique circumstances.
	Provide a Specific Rationale and Justification for the Special Request:	

PART 3: Signatures

Research Supervisor

I certify that my student is making timely progress on their research and is in good standing in the department. I am aware that I do not have to authorize an extra day a week if I have any concerns regarding research productivity. I give permission for this optional clinical training experience.

Research Supervisor Name PRINT	Research Supervisor Signature	Date

Clinical Supervisor

I agree to provide the clinical training opportunities and supervision as outlined above. I understand that I will complete evaluation forms (mid, final) for this student's practicum training. I will provide a copy of my current C.V.

Clinical Supervisor Name PRINT	Clinical Supervisor Signature	Date

Student Trainee

I have completed APC Practicum I, II, and III satisfactorily. I agree to limit my practicum experience to the days listed above. During the practicum, I will abide by all ethical and clinical training regulations as stipulated by Concordia University, CPA, APA, and the clinical training site. I will notify my research supervisor immediately should this practicum interfere with my research productivity. Upon completion of the practicum, I will ensure all paperwork is documented and submitted.

Student Trainee Name PRINT	Student Trainee Signature	Date

For Office Use Only

Send HARDCOPY ONLY:
Concordia University
Applied Psychology Centre, Attn: DPaC
7141 Sherbrooke Street West, PY146
Montreal, QC H4B 1R6

Concordia University
Applied Psychology Centre

Roisin O'Connor
Director Practica & CUPIP
7141 Sherbrooke Street West, PY 170-16
Montreal, Que. H4B 1R6

RE: Student's Name

DATE:

Dear Concordia Director of Practica and CUPIP (DPaC):

SITE NAME confirms acceptance of STUDENT'S NAME as a clinical extramural practicum student. STUDENT'S NAME will train at our clinical setting for # hours per week, beginning START DATE through END DATE. Our setting primarily serves BRIEF DESCRIPTION. It is estimated that STUDENT'S NAME will receive # hours of direct client contact per week. I will provide clinical supervision overseeing STUDENT'S NAME training estimated at # supervision hour(s) per week. I am an OPQ Licensed Clinical Psychologist. I understand that it is my responsibility to maintain my clinical licensure and liability coverage, and to notify Concordia should any circumstances arise in my capacity to provide supervision. In addition to direct clinical hours, further training is available to STUDENT'S NAME through didactic opportunities (weekly department meetings).

I agree to complete Concordia's student evaluation forms twice: at the middle and end of the practicum training. I understand that all training requirements for STUDENT'S NAME at our site must be completed by END DATE, this includes all client contact (including feedback/final sessions), reports (in the final versions), and supervision. If I anticipate any concerns related to STUDENT'S NAME completing all aspects of the practicum by the end date, I will contact the DPaC by ONE MONTH BEFORE END DATE. I understand that STUDENT'S NAME must submit all final documents (including supervisor evaluations, clinical summary hours, feedback forms) to the DPaC by ONE MONTH FOLLOWING END DATE in order to receive course credit for this clinical extramural practicum.

Sincerely,

SUPERVISOR'S NAME
Licensed Clinical Psychologist

Concordia UNIVERSITY

CSST – Industrial Accident Coverage for Students
Department of Psychology

THIS FORM MUST BE FULLY COMPLETED BY ALL STUDENTS PERFORMING NON-REMUNERATED PRACTICA OR INTERNSHIP OUTSIDE THE UNIVERSITY AS PART OF THEIR COURSE CURRICULUM

BE SURE TO READ: It is imperative that the student have or should acquire personal health insurance coverage (medical, dental, dismemberment, death) prior to commencing this practica or internship. In the event of a work related injury sustained while engaged in activities related to this non-renumerated practicum/internship, any incurred expenses not normally covered by Quebec Medicare must be assumed by the student's private insurance plan, or in the absence of such a plan, the student him/herself. Students may be covered as part of a family or a partner's plan. Concordia University Student Union health plans (http://ihaveaplan.ca) and Blue Cross (www.bluecross.com) are possible options for obtaining individual health insurance coverage.

Student Information

Student Trainee LAST Name	Student FIRST Name (Given)	Student ID
Address (Number, Street)	City, Province	Postal Code
Phone Number (Work)	Phone Number (Home)	Phone Number (Cellphone)
Email Address		Sex
		☐ Female ☐ Male
Social Insurance Number (SIN)	RAMQ	Health Insurance Plan Information

Emergency Contact

Emergency Contact LAST Name	FIRST Name (Given)	Relation
Address (Number, Street)	City, Province	Postal Code
Phone Number (Work)	Phone Number (Home)	Phone Number (Cellphone)
Email Address		

University Contact

University Contact LAST Name	FIRST Name (Given)	Title
		DPaC (Director Practica & CUPIP)
Department	Internal Address	
Psychology	PY 111.5	
Email		Phone Number (Work Extension)
apc@concordia.ca		(514) 848-2424 x7551

Course Info

Course Number	
CHOOSE ONE	
Description	
External clinical placement for advanced clinical training in assessment, intervention, and consultation. Meets CPA and APA professional standards for requisite clinical training hours for degree and licensure requirements.	

Organization Training Site

Practicum Site (Name of Company or Organization)		Department
Address (Number, Street)	City, Province / State	Postal Code / Zip Code
Training Director	Supervisor Name	Supervisor Phone Number (Work)
Supervisor Email Address		Alternate Phone Number

Job Info

Length of Assignment (1 yr / 6 mos)	FROM (Month / Year)	TO (Month / Year)
Basic Description of Duties		
Clinical psychology student trainee will conduct assessment, intervention, and consultation with clinical cases under the direct supervision of a licensed psychologist.		

DECLARATION – I solemnly declare that that all of the statements made in this application are true. I declare that I have read and understood all of the questions and all information is complete. The HARDCOPY of this application **MUST be returned to the Applied Psychology Centre (PY111.5)** no less than two weeks prior to your practicum start date, otherwise you will not be insured. *NOTE:* Should you receive any amount of remuneration regardless of the total, this application automatically becomes null and void.

Student Trainee Name PRINT Student Trainee Signature Date

Library Books

LIBRARY BOOKS			
Title	**Author**	**Published**	**Category**
Clinical Textbook of Addictive Disorders - 4th ed.	*Mack, Brady, Miller, Frances*	**2016**	Addictions
The Addiction Recovery Skills Workbook	*Glasner-Edwards*	**2015**	Addictions
A Comprehensive Guide to Attention Deficit Disorder in Adults	Brunner, Mazel	**1995**	ADHD
ADHD - What Everyone Needs to Know	Hinshaw, Ellison	**2016**	ADHD
ADHD Rating Scale-5 for Children & Adolescents - Checklists, Norms, and Clinical Interpretation	DuPaul, Power, Anastopoulos, Reid	**2016**	ADHD
Attention - Deficit Hyperactivity Disorder	Barkley	**1990**	ADHD
Attention - Deficit Hyperactivity Disorder - A Clinical Workbook	Barkley - MISSING	**1991**	ADHD
Attention Deficit Disorder in Adults	Weiss	**1992**	ADHD
Coaching College Students with Executive Function Problems	Kennedy	**2017**	ADHD
Mastering Your Adult ADHD - Client Workbook	Safren, Sprich, Perlman, Otto	**2005**	ADHD
The ADHD Book of Lists - A Practical Guide for Helping Children and Teens with Attention Deficit Disorders - 2nd Ed.	Rief, Sandra F.	**2015**	ADHD
How to Deal with Anger	*Clarke*	**2016**	Anger
I just get so.... Angry!	*Bowden & Bowden*	**2013**	Anger
Taking Charge of Anger - 2nd ed.	*Nay*	**2012**	Anger
The Anger Management Workbook	*Nay*	**2014**	Anger
A Short Introduction to Helping Young People Manage Anxiety	*Fitzpatrick*	**2015**	Anxiety Disorders
Anxiety & Stress Disorders	*Michelson/Ascher*	**1987**	Anxiety Disorders
Anxiety Disorders in Adults	*Mclean, Woody*	**2001**	Anxiety Disorders
Cognitive Behavioral Treatment for Generalized Anxiety Disorder (3x)	*Dugas, Robichaud*	**2007**	Anxiety Disorders
Cognitive Therapy of Anxiety Disorders	*Clark, Beck*	**2010**	Anxiety Disorders
Cognitive Therapy Worksheet Packet	*Beck, Aaron & Judith*	**1996**	Anxiety Disorders
Coping with Anxiety	*Bourne, Edmond*	**2016**	Anxiety Disorders
Mastery of your Anxiety & Panic - 3rd ed.- Client WorkBook for Anxiety & Panic	*Craske, Barlow, Meadows*	**2000**	Anxiety Disorders
Mastery of Your Anxiety & Panic - Therapist Guide - 4th ed. (5x)	*Craske, Barlow*	**2007**	Anxiety Disorders
Mastery of Your Anxiety & Panic - Workbook - 4th ed. (3x)	*Craske, Barlow*	**2007**	Anxiety Disorders
Mastery of Your Anxiety & Worry - Therapist Guide	*Zinberg, Craske, Barlow*	**1993**	Anxiety Disorders
Mastery of your Anxiety and Panic - Therapist Guide for Anxiety Panic & Agoraphobia	*Craske, Barlow & Meadows*	**2000**	Anxiety Disorders
Mastery of Your Anxiety and Worry - Client Workbook	*Craske, Barlow, O'Leary*	**1992**	Anxiety Disorders
Overcoming Anxiety - Reassuring ways to break free from stress and worry and lead a calmer life	*Hasson*	**2016**	Anxiety Disorders
The Anti-Anxiety Workbook	*Antony, Norton*	**2009**	Anxiety Disorders
The Complete CBT Guide for Anxiety	*Shafran, Broson, Cooper*	**2013**	Anxiety Disorders
The Facts - Panic Disorder 3rd. Ed.	*Rachman, De Silva*	**2010**	Anxiety Disorders
The Generalized Anxiety Disorder Workbook - A comprehensive CBT Guide for Coping with Uncertainty, Worry, and Fear	*Robichaud, Dugas*	**2015**	Anxiety Disorders
The Meaning of Anxiety	*May, Rollo*	**2015**	Anxiety Disorders
A Couple's Guide to Communication	Gottman, Notarius, Gonso, Markman	**1976**	ARCHIVE
A Rorschach Workbook for the Comprehensive System - 3rd ed.	Exner	**1990**	ARCHIVE
A Visual Motor Gestalt Test and its Clinical Use Research Monograph #3 - American Orthopsychiatric Association	Bender	**1971**	ARCHIVE
Agoraphobia - Nature & Treatment	Matthews, Gelder, Johnston	**1981**	ARCHIVE
An Atlas for the Hutt Adaptation of the Bender-Gestalt Test	Hutt, Gibby	**1970**	ARCHIVE
Being Homo-Sexual - Gay Men and their Development	Isay	**1987**	ARCHIVE
Casebook of Marital Therapy	Gurman	**1985**	ARCHIVE
Child Development	Lockman	**2014**	ARCHIVE

Library Books

Clinical Applications of Cognitive Therapy	Freeman, Pretzer, Fleming, Simon	**1990**	ARCHIVE
Cognitive-Behavioral Marital Therapy	Beaucom & Epstein	**1990**	ARCHIVE
Counseling Same-Sex Couples	Carl	**1990**	ARCHIVE
Developments in the Rorschach Technique	Klopfer, Ainsworth, Klopfer, Holt	**1960**	ARCHIVE
Emotionally Focused Therapy for Couples	Greenberg, Johnson	**1988**	ARCHIVE
Handbook of Feminist Therapy	Rosewater, Walker	**1985**	ARCHIVE
In Quest of the Mythical Mate	Bader, Pearson	**1988**	ARCHIVE
Integrating Sex and Marital Therapy - A Clinical Guide	Weeks, Hof	**1987**	ARCHIVE
L'enfant l'epilepsie et l'ecole		**1993**	ARCHIVE
Marital Therapy	Nichols	**1988**	ARCHIVE
Measures for Clinical Practice 2nd ed., Vol. 1	Fischer, Corcoran	**1994**	ARCHIVE
Measures for Clinical Practices 2nd ed. Vol. 2	Fischer, Corcoran		ARCHIVE
Narrative Means to Therapeutic Ends	White, Epstein	**1990**	ARCHIVE
The Art of Parenting - Parent's Manual - Communication	Wagonseller, Burnett, Salzberg, Burnett	**1977**	ARCHIVE
New Directions for Child Development - Children in Families Under Stress	Doyle, Gold, Moskowitz	**1984**	ARCHIVE
Pain & Behavioral Medecine: A Cognitive-Behavioral Perspective	Turk, Meichenbaum, Genest	**1983**	ARCHIVE
Psychiatric Diagnosis: A review of research	George Frank	**1975**	ARCHIVE
Psychoanalytic Theory and the Rorschach	Lerner	**1991**	ARCHIVE
Psychotherapists in Clinical Practice	Jacobson	**1987**	ARCHIVE
Rejected Children - They can be Found in your Neighborhood and in your home... Let's React			ARCHIVE
Rorschach Interpretation: Advanced Technique	Phillips, Smith	**1953**	ARCHIVE
Rorschach's Test - I Basic Processes	Beck, Levitt, Beck, Molish	**1961**	ARCHIVE
Sex, Love and Violence	Madanes	**1990**	ARCHIVE
Sexual Feelings in Psychotherapy	Pope, Sonne, Holroyd	**1993**	ARCHIVE
Spouse Abuse - A Treatment Program for Couples	Neidig,Friedman	**1984**	ARCHIVE
The Art of Parenting - Leader's Guide	Wagonseller, Burnett, Salzberg, Burnett	**1997**	ARCHIVE
The Battered Child - 4th ed.	Helfer, Kempe	**1987**	ARCHIVE
The Bender Gestalt Test - Quantification & Validity for Adults	Pascal, Suttell	**1951**	ARCHIVE
The Bender Gestalt Test for Young Childre Vol II	Koppitz	**1975**	ARCHIVE
The Bender Gestalt Test for Young Children	Koppitz	**1963**	ARCHIVE
The Earliest Relationship	Brazelton, Cramer	**1990**	ARCHIVE
The Evaluation & Treatment of Marital Conflict	Guerin, Fay, Burden, Gilbert Kautto	**1987**	ARCHIVE
The Evaluation of Sexual Disorders	Kaplan	**1983**	ARCHIVE
The Hut Adaptation of the Bender-Gestalt Test - 3rd ed.	Hutt	**1977**	ARCHIVE
The Rorschach - A Comprehensive System - Vol 1 (2nd ed.)	Exner	**1986**	ARCHIVE
The Rorschach - A Comprehensive System - Vol 1 (3rd ed.)	Exner	**1993**	ARCHIVE
The Rorschach - A Comprehensive System - Vol 2	Exner	**1978**	ARCHIVE
The Rorschach - A Comprehensive System - Vol 2 (2nd ed.)	Exner	**1991**	ARCHIVE
The Rorschach - A Comprehensive System - Vol 3	Exner	**1982**	ARCHIVE
The Rorschach Technique - An Introduction Manual	Klopfer, Davidson	**1962**	ARCHIVE
Therapies for Adolescents	Stein, Davis	**1985**	ARCHIVE
Treatment of Depression: An Interpersonal Systems Approach	Gotlib & Colby	***1987***	ARCHIVE
Twins	Watson	**1981**	ARCHIVE
Your Perfect Right - Assertiveness and Equality in your life and Relationships - 8th ed.	*Alberti and Emmons*	**2003**	Assertiveness

Library Books

Essentials of WPPSI-IVAssessment	Raiford, Coalson	**2014**	Assessment
**Feedback that Sticks*	Postal, Armstrong	**2013**	Assessment
Assessing Adolescent and Adult Intelligence	Kaufman	**1990**	Assessment
Computerized Psychological Assessment	Butcher	**1987**	Assessment
Essentials of Assessment Report Writing (x6)	Lichtenberger, Mather, Kaufman, Kaufman	**2004**	Assessment
Essentials of Bayley Scales of Infant Development - II Assessment	Black, Matula	**2000**	Assessment
Essentials of NEPSY Assessment	Kaufman & Kaufman	**2001**	Assessment
Essentials of NEPSY-II Assessment	Kemp & Korkman	***2010***	Assessment
Essentials of Wais-III assessment	Kaufman, Lichtenberger	**1999**	Assessment
Essentials of Wais-IV Assessment (x2)	Lichtenberger, Kaufman	**2009**	Assessment
Essentials of Wiat III & KTEA-II Assessment	Drazdick, Holdnack, Hilsabeck	**2010**	Assessment
Essentials of WISC-III and WPPSI-R assessment	Kaufman, Lichtenberger	**2000**	Assessment
Essentials of Wisc-IV Assessment	Flanagan, Kaufman	**2004**	Assessment
Essentials of WISC-V Assessment (x8)	Flanagan, Alfonso	**2017**	Assessment
Essentials of WMS-IV Assessment	Kaufman & Kaufman	**2011**	Assessment
Intelligent Testing with the WISC-III	Kaufman	**1994**	Assessment
Psychological Reports 3rd ed.	Ownby	**1997**	Assessment
Test Scores and What They Mean - 4th ed.	Lyman	**1986**	Assessment
Wisc III Compilation	Whitworth, Sutton	**1993**	Assessment
Writing Psychological Reports	Wolber, Carne	**1993**	Assessment
An Uncommon Casebook	O'Hanlon, Hexum	**1990**	Case conceptualization
Case Conceptualization and Treatment Planning - Integrating Theory with Clinical Practice - 3rd ed.	*Berman, Pearl S.*	**2015**	Case Conceptualization
Handbook of Psychotherapy - Case Formulation	Eells	**1997**	Case conceptualization
Evidence-Based Practice of Cognitive-Behavioral Therapy (2x)	Dobson & Dobson	**2009**	CBT, General
**CBT Skills Workbook: Exercises & Worksheets to Promote Change*	Gregory	**2016**	CBT, General
**Cognitive Behavior Therapy: Basics and Beyond - 2nd ed.*	Beck, Judith	**2011**	CBT, General
Assessment in Cognitive Therapy	Brown, Clark	**2015**	CBT, General
Cognitive Behavior Therapy - Your route out of perfectionism, self-sabotage and other everyday habits with CBT - 2nd ed.	Joseph, Avy	**2016**	CBT, General
Cognitive Therapy - Basics & Beyond	Beck, Judith	**1995**	CBT, General
Doing CBT - A Comprehensive Guide to Working with Behaviors, Thoughts, and Emotions	Tolin, D	**2016**	CBT, General
Experiencing CBT from the Inside Out	Bennett, Levy, Thwaites, Haarhoff, Perry	**2015**	CBT, General
Oxford Guide to Behavioral Experiments in Cognitive Therapy	Bennett-Levy, Butler, Fennell, Hackmann, Mueller, Westbrook	**2004**	CBT, General
Oxford Guide to Imagery in Cognitive Therapy	Hackmann, Bennett-Levy, Holmes	**2013**	CBT, General
Oxford Guide to Metaphors in CBT - Building Cognitive Bridges	Stott, Mansell, Salkovskis, Lavender, Cartwright-Hatton	**2012**	CBT, General
Working with Emotion in Cognitive Behavioral Therapy	Thoma, McKay	**2015**	CBT, General
Assessment of Children - Cognitive Applications 4th ed.	Sattler	**2001**	Child & Youth Assessment
Assessment of Children - Cognitive Foundations 5th ed. Resource Guide to Accompany	Sattler	**2008**	Child & Youth Assessment
Behavioral Assessment of Childhood Disorders, 2nd. Ed.	Mash, Terdal	**1988**	Child & Youth Assessment
Diagnostic and Behavioral Assessment in Children and Adolescents	Bryce McLeod, Amanda Jensen-Doss, Thomas Ollendick	**2013**	Child & Youth Assessment
Foundations of Behavioral, Social & Clinical Assessment of Children 6th ed. (2x)	Sattler	**2014**	Child & Youth Assessment

Library Books

Resource Guide to Accompany Assessment of Children: Cognitive Foundation 5th ed.	Sattler	**2008**	Assessment
Resource Guide to Accompany Foundations of Behavioral, Social & Clinical Assessment of Children 6th Ed. (2x)	Sattler	**2014**	Child & Youth Assessment
**Quiet Power - The Secret Strengths of Introverts*	Cain	**2016**	Child & Youth Intervention incl. Family therapy
**The Buzz - A practical confidence builder for teenagers*	Hodgson	**2016**	Child & Youth Intervention incl. Family therapy
Armfuls of Time	Sourkes	**1995**	Child & Youth Intervention incl. Family therapy
CBT Strategies for Anxious and Depressed Children and Adolescents - A Clinician's Toolkit	Bunge, Mandil, Consoli and Gomar	**2017**	Child & Youth Intervention incl. Family therapy
Child Management- A Program for Parents & Teachers	Smith & Smith	**1976**	Child & Youth Intervention incl. Family therapy
Clinical Practice of Cognitive Therapy with Children & Adolescents - The Nuts & Bolts 2nd ed.	Friedberg, McClure	**2015**	Child & Youth Intervention incl. Family therapy
Clinician's Guide to Research Methods in Family Therapy	Williams, Patterson, Edwards	**2014**	Child & Youth Intervention incl. Family therapy
Cognitive-Behavioral Assessment and Therapy with Adolescents	Zarb	**1992**	Child & Youth Intervention incl. Family therapy
Cognitive-Behavioral Therapy for Impulsive Children: Therapist Manual, 3rd ed.	Kendall, Philip C.	**2007**	Child & Youth Intervention incl. Family therapy
Defiant Teens	Barkley, Edwards, Robin	**1999**	Child & Youth Intervention incl. Family therapy
Ethnicity & Family Therapy 2nd Ed.	McGoldrick, Giordano, Pearce	**1996**	Child & Youth Intervention incl. Family therapy
Evidence-based psychotherapies for children and adolescents- 3rd ed.	Weisz, Kazdin	**2017**	Child & Youth Intervention incl. Family therapy
Female Adolescent Development, 2nd ed.	Sugar	**1993**	Child & Youth Intervention incl. Family therapy
Filial Therapy: Strengthening Parent Child Relationships Through Play	Vanfleet	**1994**	Child & Youth Intervention incl. Family therapy
Helping the Non Compliant Child, 2nd ed.	McMahon, Forehand	**2003**	Child & Youth Intervention incl. Family therapy
How to Behave so Your Children will, Too! (5x)	Severe	**2000**	Child & Youth Intervention incl. Family therapy
How to Behave So Your Preschooler will, Too! (1x)	Severe	**2002**	Child & Youth Intervention incl. Family therapy
Multisystemic Treatment of Anti-Social Behavior in Children & Adolescents	Henggeler, Schoenwald, Borduin, Rowland, Cunningham	**1998**	Child & Youth Intervention incl. Family therapy

Library Books

Parenting Through the Storm - Find help, hope and strength when your child has psychological problems	Douglas, Ann	**2017**	Child & Youth Intervention incl. Family therapy
Parent-Led CBT for Child Anxiety - Helping Parents Help Their Kids	Creswell, Parkinson, Thirlwall, Willetts	**2017**	Child & Youth Intervention incl. Family therapy
Parent-Teen Therapy for Executive Function Deficits and ADHD - Building Skills & Motivation	Sibley, Margaret	**2017**	Child & Youth Intervention incl. Family therapy
Psychotherapy of Sexually Abused Children and their Families	Friedrich	**1990**	Child & Youth Intervention incl. Family therapy
Screen-Smart Parenting	Gold	**2015**	Child & Youth Intervention incl. Family therapy
Secrets in Families & Family Therapy	Imber-Black	**1993**	Child & Youth Intervention incl. Family therapy
Surviving the Emotional Roller Coaster - DBT Skills to Help Teens Manage Emotions	Van Dijk, Sheri	**2016**	Child & Youth Intervention incl. Family therapy
Treating Internalizing Disorders in Children and Adolescents - Core Techniques & Strategies	Nangle, Grover, Hansen, Kingery, Suveg	**2016**	Child & Youth Intervention incl. Family therapy
Treatments that work with Children - Empirically Supported Strategies for Managing Childhood Problems	Christopherson, Mortweet	**2009**	Child & Youth Intervention incl. Family therapy
What to do when children clam up in psychotherapy - interventions to facilitate communication	Malchiodi, Crenshaw	**2017**	Child & Youth Intervention incl. Family therapy
What Works for Whom? A Critical Review of Treatments for Children and Adolescents	Fonagy, Cottrell, Phillips, Bevington, Glaser & Allison	**2015**	Child & Youth Intervention incl. Family therapy
Working with High-Risk Adolescents - An individualized Family Therapy Approach	Selekman, Matthew	**2017**	Child & Youth Intervention incl. Family therapy
Your Defiant Child	Barkley, Benton	**1998**	Child & Youth Intervention incl. Family therapy
Handbook of Pediatric Psychology - 5th ed.	Roberts, Steele	**2017**	Child & Youth: General
Cognitive-Behavioral Therapy for Anxious Children: Therapist Manual - 3rd ed. (4x)	kendall, Hedtke	**2006**	Child & Youth: Intervention/Coping Cat
Coping Cat Parent Companion (2x)	Kendall, Podell, Gosch	**2010**	Child & Youth: Intervention/Coping Cat
The Coping Cat Workbook - 2nd ed. (3x)	Kendall, Hedtke	**2006**	Child & Youth: Intervention/Coping Cat
Interviewing Children & Adolescents - Skills & Strategies for effective DSM-5 Diagnosis - 2nd ed.	Morrison, Flegel	**2016**	Child & Youth: Interviewing
Motivational Interviewing with Adolescents and Young Adults	Naar-King, Suarez	**2011**	Child & Youth: Interviewing
Teaching Mindfulness Skills to Kids and Teens	Willard, Saltzman	**2015**	Child & Youth: Mindfulness
Handbook of Play Therapy	Schaefer, O'Connor	**1983**	Child & Youth: Play Therapy
Play Diagnosis & Assessment	Schaefer, Gitlin, SandGrund	**1991**	Child & Youth: Play Therapy
Daddy doesn't Live Here Anymore	Boegehold, Borgo	**1985**	Child & Youth: Psychotherapy
I had a bad dream	Hayward, Eugenie	**1985**	Child & Youth: Psychotherapy
It's OK to Say No	Bahr, Green	**1986**	Child & Youth: Psychotherapy
Josh: A Boy with Dyslexia	Janover	**1988**	Child & Youth: Psychotherapy
Le Secret du Petit Cheval		**1991**	Child & Youth: Psychotherapy

Library Books

Assessment and Treatment of Childhood Problems - A Clinician's Guide	Schroeder, Smith-Boydston	**2017**	Child & Youth: Psychotherapy
Clinical Handbook of Psychological Disorders in Children and Adolescents - A step-by-step Treatment Manual	Flessner, Piacentini	**2017**	Child & Youth: Psychotherapy
Luke has Asthma too	Rogers	**1987**	Child & Youth: Psychotherapy
Promise not to Tell	Polese	**1985**	Child & Youth: Psychotherapy
Sometimes its OK to Tell Secrets	Bahr, Green	**1986**	Child & Youth: Psychotherapy
The Divorce Workbook - A Guide for Kids & Families	Ives, Fassler, Lash	**1988**	Child & Youth: Psychotherapy
Two Homes to Live in - A Child's View of Divorce	Shook Hazen	**1983**	Child & Youth: Psychotherapy
Very Shy	Shook Hazen	**1982**	Child & Youth: Psychotherapy
What Kind of Family is this?	Seuling, Dolce	**1985**	Child & Youth: Psychotherapy
Why did Grandpa Die	Hazen, Schories	**1985**	Child & Youth: Psychotherapy
Handbook of Play Therapy	O'Connor	**1983**	Child & Youth: Psychotherapy
Play Diagnosis & Assessment	Schaefer, Gitlin, SandGrund	**1991**	Child & Youth: Psychotherapy
Assessment of Autism Spectrum disorders	Goldstein, Naglieri, Ozonoff		Child & Youth: Childhood Disorders
Central Auditory Processing Disorder - Strategies for use with Children & Adolescents	Kelly	**1995**	Child & Youth: Childhood Disorders
No One to Play With - The Social Side of Learning Disabilities	Osman	**1982**	Child & Youth: Childhood Disorders
Psychosocial Treatments for Child and Adolescent Disorders - 2nd ed.	Hibbs, Jensen	**2005**	Child & Youth: Childhood Disorders
Reading Disability: A Human Approach to Learning	Roswell, Natchez	**1977**	Child & Youth: Childhood Disorders
Social and communication development in autism spectrum disorders	Charman, Stone,		Child & Youth: Childhood Disorders
The Drama of the Gifted Child	Miller	**1981**	Child & Youth: Childhood Disorders
Treatment of Childhood Disorders, 2nd ed.	Mash, Barkley	**1998**	Child & Youth: Childhood Disorders
You don't Outgrow It: Living with Learning Disabilities	Hayes	**1993**	Child & Youth: Childhood Disorders
Effective Psychotherapy for Individuals with Brain Injury	Ruff, Chester	**2014**	Cognitively challenged clients: interventions
The Emotion Regulation Skills System for Cognitively Challenged Clients - A DBT Informed Approach	Brown, Julie	**2016**	Cognitively challenged clients: interventions
**Multicultural Counseling Workbook*	Korn	**2016**	Culture
Multicultural Assessment Perspectives for Professional Psychology	Dana	**1993**	Culture
Self & Social Changes	Adam	**2007**	Culture
Social Selves - Theories of Self & Society - 2nd ed.		**2008**	Culture
Working with Culture - Psychotherapeutic Interventions with Ethnic Minority Children & Adolescents	Vargas, Koss-Chioino	**1992**	Culture
Diagnosis Made Easier - 2nd Ed.	Morrison	**2014**	Diagnosis
DSM-IV 4th ed.	APA		Diagnosis
Essentials of Psychiatric Diagnosis	Francis	**2013**	Diagnosis
The Anatomy of Psychotherapy - Viewer's Guide to the APA Psychotherapy	VandenBos, Frank-McNeil, Norcross, Freedheim	**1995**	DVD's & Videos
Abnormal Psychology CLOSE UP - Video Interviews with Real Patients - VOL I	VHS		DVD's & Video's
Abnormal Psychology CLOSE UP - Video Interviews with Real Patients - VOL II	VHS		DVD's & Video's
ACT Clinical Workshop - 2012 - Dr. W. O'Brien	DISC		DVD's & Video's
Activity Scheduling	VHS		DVD's & Video's
APA Psychotherapy Videotape Series	VHS		DVD's & Video's
Behavior Therapy for Obsessive-Compulsive Disorder	VHS		DVD's & Video's

Library Books

Cognitive Therapy for Borderline Personality Disorder	VHS		DVD's & Video's
Cognitive Therapy for Panic Disorder	VHS		DVD's & Video's
Cognitive-Affective Behavior Therapy - Goldfried (x2)	VHS		DVD's & Video's
Cognitive-Behavioral Relapse Prevention for Addictions	VHS		DVD's & Video's
Couples Therapy for Extramarital Affairs	VHS		DVD's & Video's
Dialectical Behavior Therapy Skills Training Video - Changing Emotions you want to change - Linehan	DISC		DVD's & Video's
Ethical Dilemmas Facing Psychologists	VHS		DVD's & Video's
From Suffering to Freedom: Practicing Reality Acceptance - Linehan	DISC		DVD's & Video's
Getting Through a Crisis without Making it Worse - Crisis Survival Skills Part ONE - Linehan	DISC		DVD's & Video's
Getting Through a Crisis without Making it Worse - Crisis Survival Skills Part TWO - Linehan	DISC		DVD's & Video's
Individual Consultation from a Family Systems Perspective	VHS		DVD's & Video's
Individualized Case Formulation & Treatment Planning	VHS		DVD's & Video's
MICROSCOSMOS	VHS		DVD's & Video's
Mixed Anxiety & Depression - A Cognitive-Behavioral Approach with Dr. Donald Meichenbaum			DVD's & Video's
Play Therapy with a 6 year old	VHS		DVD's & Video's
Practical Psychotherapy with Adolescents	VHS		DVD's & Video's
Priniciples & Practice of Progressive Relaxation - A teaching Primer	CASSETTES		DVD's & Video's
Psychotherapy of Children with Conduct Disorders using Games and Stories	VHS		DVD's & Video's
Schema Change Methods - Tompkins, Persons, Davidson	VHS		DVD's & Video's
Short-Term Dynamic Therapy - Freedheim	VHS		DVD's & Video's
Skills for Everyday Mindfulness - Linehan	DISC		DVD's & Video's
Structure of the Therapy Session	VHS		DVD's & Video's
The Angry Couple - Conflict-Focused Treatment with Dr. Susan Heitler	VHS		DVD's & Video's
The Coping Cat Therapist: Session-by-Session Guide	DISC		DVD's & Video's
Treating Borderline Personality Disorder - The Dialectical Approach	VHS		DVD's & Video's
Using the Thought Record	VHS		DVD's & Video's
ASPPB Code of Conduct (x2) - 1991		**1991**	Ethics & Consultation
Canadian Code of Ethics for Psychologists - 3rd ed.	Canadian Psychological Association	**2000**	Ethics & Consultation
Casebook of Psychological Consultation & Collaboration in School & Community Setting	Dougherty, Michael	**2009**	Ethics & Consultation
Casebook on Ethical Standards of Psychologists	APA	**1967**	Ethics & Consultation
Clinical Psychology - Science, Practice & Culture	Pomerantz	**2013**	Ethics & Consultation
Companion Manual to the Canadian Code of Ethics for Psychologists (3x)		**1991**	Ethics & Consultation
Ethical & Legal Issues in Counseling & Psychotherapy	Van Hoose, Kottler	**1985**	Ethics & Consultation
Ethical Concerns in Psychotherapy & their Legal Ramifications	Thompson		Ethics & Consultation
Ethical Principles in the Conduct of Research with Human Participants (2x)		**1982**	Ethics & Consultation
Ethics for the Practice of Psychology in Canada	Truscott, Crook	**2004**	Ethics & Consultation
Ethics in Psychology - Professional Standards & Cases	Keith-Spiegel, Koocher	**1985**	Ethics & Consultation
Ethics in Psychology and the Mental Health Professions - Standards & Cases - 3rd Ed.	Koocher, Keith-Spiegel	**2008**	Ethics & Consultation
Guidelines for Educational & Psychological Testing - CPA	Canadian Psychological Association	**1987**	Ethics & Consultation
Guidelines for Therapy & Counselling with Women - CPA 1980 (x2)	Canadian Psychological Association	**1980**	Ethics & Consultation
Law, Standards, and Ethics in the Practice of Psychology - 3rd Ed.	Evans, David R.	**2011**	Ethics & Consultation

Library Books

Legal Liability in Psychotherapy	Schutz	**1982**	Ethics & Consultation
Mental Health Consultation & Collaboration	Caplan et Caplan	**1993**	Ethics & Consultation
Practice Guidelines for Providers of Psychological Services		**2001**	Ethics & Consultation
Psychological Consultation - Perspectives & Application	Wallace, Hall	**1996**	Ethics & Consultation
Psychological Consultation & Collaboration	Dougherty	**2000**	Ethics & Consultation
Standards for Educational & Psychological Testing	Aera, APA	**1999**	Ethics & Consultation
Study Guide to the Videotape Ethical Dilemmas Facing Psychologists			Ethics & Consultation
The Practice of Mental Health Consultation	Mannino, Maclennan, Shore	**1975**	Ethics & Consultation
**Self-Determination Theory - Basic Psychological Needs in Motivation, Development, and Wellness*	Ryan & Deci	***2017***	General
**Therapy in the Real World*	Boyd-Franklin, Cleek, Wofsy & Mundy	**2016**	General
A Concise Introduction to Mental Health in Canada - 2nd Edition	Goldner, Jenkins, Bilsker	**2016**	General
Clinical Handbook of Psychological Disorders - A step by step treatment manual- 5th ed.	Barlow	**2014**	General
Handbook of Emotions - 4th edition	Feldman Barrett, Lewis, Haviland-Jones	***2016***	General
Handbook of Self-Regulation - Research, Theory, and Applications - 3rd ed.	Vohs, Baumeister	**2016**	General
Psychopathology from Science to Clinical Practice	Castonguay, Oltmanns	**2013**	General
The Slow Professor - Challenging the Culture of Speed in the Academy	*Berg and Seeber*	**2016**	General
The Thinking Girl's Guide to the Right Guy - How knowing yourself can help you navigate dating, hookups, and love	Davila, Lashman	**2016**	General
Treatment Planning in Psychotherapy - Taking the Guesswork out of Clinical Care	Woody, Detweiler-Bedell, Teachman & O'Hearn	**2004**	General
Behavioral Treatment for Persistent Insomnia	Patricia Lacks	**2011**	Insomnia
Behavioral Treatments for Sleep Disorders	Perlis, Aloia, Kuhn	**1987**	Insomnia
Cognitive Behavioral Treatment of Insomnia	Perlis, Jungquist, Smith, Posner	**2008**	Insomnia
Overcoming Insomnia- A Cognitive Behavioral Therapy Approach (Workbook)	Edinger, Carney	**2008**	Insomnia
Career Counselling: A Psychological Approach Perspective	Yost, Corbishley	**1987**	Internships
A Guide to Obtaining a Psychology Internship 2nd ed.	Megargee	**1992**	Internships
Accreditation Standards & Procedures for Doctoral Programmes & Internships in Professional Psychology - Advancing Psychology for All	CPA - 4th rev.	**2002**	Internships
Guidebook for Clinical Psychology Interns	Zammit, Hull	**1995**	Internships
Internship Training in Professional Psychology	Dana, May	**1987**	Internships
Manual for Clinical Psychology Practiums	Choca	**1980**	Internships
Professional Psychology in Canada	Dobson et Dobson	**1993**	Internships
Building Motivational Interviewing Skills	Rosengren	**2009**	Interview/Intake
Motivational Interviewing - 2nd ed.	Miller, Rollnick	**2002**	Interview/Intake
Motivational Interviewing - In the treatment of psychological problems -2nd ed.	Arkowitz, Miller, Rollnick	**2017**	Interview/Intake
Psychiatric Interviewing: The Art of Understanding 2nd Ed.	Saunders	**1998**	Interview/Intake
The First Interview	Morrison	**1995**	Interview/Intake
The First Interview - 4th ed.	Morrison	**2014**	Interview/Intake
Bug Phobia			KITS
GSR2 - Biofeedback Relaxation System			KITS
Needle Phobia			KITS
Mindfulness and Psychotherapy- 2nd ed.	Germer, Siegel, Fulton	**2013**	Mindfullness
The Mindful Path to Self-Compassion	Germer	**2009**	Mindfullness
Wisdom & Compassion in Psychotherapy	Germer, Siegel	**2012**	Mindfullness

Library Books

Handbook of Mindfulness - Theory, Research, and Practice	Brown, Creswell, Ryan	**2015**	Mindfulness
MMPI 2 RF - Manual for Administration, Scoring & Interpretation (5x)	Ben-Porath, Tellegen		MMPI (Manuals)
MMPI 2 RF - Technical Manual (2x)	Tellegan, Ben-Porath		MMPI (Manuals)
MMPI-2 Minnesota Multiphasic Personality Inventory - 2 (4x)	Hathaway, J.C. McKinley		MMPI (Manuals)
MMPI2 RF - User's Guide for Reports 2nd ed.	Ben-Porath, Tellegen		MMPI (Manuals)
**Mind over Mood - Change How you Feel by Changing the Way you Think - 2nd*	Greenberg, Padesky	***2016***	Mood Disorders including Bipolar Disorder
Clinician's Guide to Bipolar Disorder	Miklowitz, Gitlin	***2014***	Mood Disorders including Bipolar Disorder
Clinician's Guide to Mind over Mood (x2)	Padesky, Greenberger	***1995***	Mood Disorders including Bipolar Disorder
Cognitive Therapy of Depression	Beck, Shaw, Rush, Emery	***1979***	Mood Disorders including Bipolar Disorder
Depression in the Elderly - A Behavioral Treatment Manual	Gallagher & Thompson	***1981***	Mood Disorders including Bipolar Disorder
Get out of your Mind and into your Life	Stephen C. Hayes	***2005***	Mood Disorders including Bipolar Disorder
Handbook of Depression - 3rd ed.	Gotlib, Hammen	***2014***	Mood Disorders including Bipolar Disorder
Interpersonal Psychotherapy of Depression	Klerman, Weissman, Rounsaville, Chevron	***1998***	Mood Disorders including Bipolar Disorder
Mind over Mood - Change How you Feel by Changing the Way you Think - (3x)	Greenberg, Padesky	***1995***	Mood Disorders including Bipolar Disorder
Mindfulness-Based Cognitive Therapy for Depression	Segal, Williams, Teasdale	**2013**	Mood Disorders including Bipolar Disorder
Post Partem Depression - Demystified	Venis, McClosky	***2007***	Mood Disorders including Bipolar Disorder
Ten days to self-esteem	David D. Burns	***1993***	Mood Disorders including Bipolar Disorder
The Bipolar Workbook - Tools for Controlling your Mood Swings 2nd ed.	Ramirez Basco, Monica	***2015***	Mood Disorders including Bipolar Disorder
The Mood Repair Toolkit	Clark	***2014***	Mood Disorders including Bipolar Disorder
This isn't what I expected - overcoming postpartem depression	Kleiman, Raskin	***2013***	Mood Disorders including Bipolar Disorder
Treatment Plans & Interventions for Depression & Anxiety Disorders - 2nd ed	Leahy, Holland, McGinn	**2012**	Mood Disorders including Bipolar Disorder
A Compendium of Neuropsychological Tests - 2nd ed.	Spreen Strauss	***1998***	Neuropsych
A Compendium of Neuropsychological Tests - 3rd ed.	Strauss, Sherman, Spreen	***2006***	Neuropsych
Clinical Neuropsychology - 5th ed.	Helman, Valenstein	***2012***	Neuropsych
Clinical Neuropsychology (A Pocket Handbook for Assessments)	Snyder, Nussbaum	***1998***	Neuropsych

Library Books

Clinical Neuropsychology (A Pocket Handbook for Assessments) 2nd ed.	Snyder, Nussbaum, Robins	***2009***	Neuropsych
Principles of Neuropsychology	Zillmer, Spiers	***2001***	Neuropsych
Clinical Neuropsychology 4th ed.	Heilman, Valenstein	***2003***	Neuropsych
Cognitive Neuroscience & Neuropsychology 2nd ed.	Banich	***2004***	Neuropsych
Essentials of Neuropsychological Assessment - 2nd ed.	Hebben, Millberg	***2009***	Neuropsych
Essentials of School Neuropsychological Assessment 2nd ed.	Miller, Daniel C.	***2013***	Neuropsych
Explaining Abnormal Behavior - a cognitive neuroscience perspective	Pennington	***2014***	Neuropsych
Fundamentals of Human Neuropsychology -5th ed.	Kolb, Whishaw	***2003***	Neuropsych
Neuropsychological Assessment - 3rd ed.	Lezak	***1995***	Neuropsych
Neuropsychological Assessment - 4th ed.	Lezak, Howieson, Loring	***2004***	Neuropsych
Neuropsychological Assessment of Neuropsychiatric & Neuromedical Disorders 3rd ed.	Grant, Adams	***2009***	Neuropsych
Neuropsychological Interventions- clinical research & practice	Eslinger, Paul J.	***2002***	Neuropsych
Neuropsychological Report Writing	Donders, Jacobus	**2016**	Neuropsych
Neuropsychology for Clinical Practice- Etiology, Assessment & Treatment of Common Neurological Disorders	Adams, Parsons, Culbertson, Nixon	***1996***	Neuropsych
Nonverbal Learning Disabilities (The Syndrome & the Model	Rourke, Byron	***1989***	Neuropsych
Readings for Practicum in Neuropsychological Assessment			Neuropsych
Revised Comprehensive Norms for an Expanded Halstead-Reitan Battery: demographically adjusted neuropsychological norms for African American & Caucasian adults - professional manual	Heaton, Miller, Taylor, Grant	***2004***	Neuropsych
Test Scoring Manual - Neuropsych Practicum	Phillips, Penhune		Neuropsych
The Assessment of Aphasia & Related Disorders- 3rd ed.	Goodglass	***2001***	Neuropsych
A Primer of Drug Action	Julien	**2001**	Neuropsych Drugs
Clinical Handbook of Psychotropic Drugs - 19th revised edition	Virani, Bezchlibnyk-Butler, Jeffries, Procyshyn	**2012**	Neuropsych Drugs
CPS (Canadian Pharmacists Association) Compendium of Pharmaceuticals & Specialties 2005	Cdn. Pharmacists Association	**2005**	Neuropsych Drugs
Reactions to Psychotropic Medication	Tornatore, Sramek, Okeya, Pi	**1987**	Neuropsych Drugs
How to Deal with OCD	Forrester	**2015**	OCD
Oxford Guide to the Treatment of Mental Contamination	Rachman, Coughtrey, Shafran, Radomsky	**2015**	OCD
The Facts - Obsessive-Compulsive Disorder - 4th ed.	Rachman, de Silva	**2013**	OCD
The Treatment of Obsessions	Rachman	**2007**	OCD
Treatment Plans & Interventions for Obsessive-Compulsive Disorder	Rego, Simon	**2016**	OCD
Cognitive Behavioral Treatment of Perfectionism	*Egan, Wade, Shafran, Antony*	**2014**	Perfectionism
Perfectionism - A Relational Approach to Conceptualization, Assessment, & Treatment	*Hewitt, Flett, Mikail*	**2017**	Perfectionism
A Beginner's Guide to the MMPI-2 3rd ed. (x2)	Butcher	**2011**	Personality Assessment
A Beginner's Guide to the MMPI-A	Williams, Butcher	**2011**	Personality Assessment
A Catalog for the Qualitative Interpretation of the House-Tree-Person (H-T-P)	Jolies	**1964**	Personality Assessment
Advances in the House-Tree-Person Technique: Variation & Applications	Buck, Hammer	**1969**	Personality Assessment
Children Draw & Tell - An introduction to the Projective Uses of Children's Human Figure Drawings	Klepsch & Logie	**1982**	Personality Assessment
Children's Drawings as Diagnostic Aids	DiLeo	**1973**	Personality Assessment
Children's Drawings as Measures of Intellectual Maturity	Harris	**1963**	Personality Assessment
Development & Use of the MMPI-2 Content Scales	Buther, Graham, Williams, Ben-Porath	**1970**	Personality Assessment
Dynamic Assessment in Practice- Clinical & Educational Applications	Haywood, Lidz	**2007**	Personality Assessment
Essentials of MMPI-2 Assessment (6x)	Kaufman et Kaufman	**2011**	Personality Assessment

Library Books

Essentials of MMPI-A Assessment	Kaufman et Kaufman	**2002**	Personality Assessment
Forensic Applications of the MMPI-2	Ben-Porath, Graham, Hall, Hirschman, Zaragoza	**1995**	Personality Assessment
Interpreting Children's Drawings	DiLeo	**1983**	Personality Assessment
Kinetic Drawing System for Family & School - A Handbook	Knoff, Prout	**1985**	Personality Assessment
MMPI-2 A Practioner's Guide	Butcher	**2006**	Personality Assessment
MMPI-2 Assessing Personality and Psychopathology	Graham, John R.	**1990**	Personality Assessment
MMPI-2 in Psychological Treatment	Butcher	**1990**	Personality Assessment
MMPI-2/MMPI - An Interpretive Manual	Greene	**1991**	Personality Assessment
MMPI-2: Assessing Personality & Psychopathology 3rd ed.	Graham	**2000**	Personality Assessment
MMPI-2: Assessing Personality & Psychopathology 5th ed.	Graham	**2012**	Personality Assessment
MMPI-A: Assessing Adolescent Psychopathology - 3rd ed.	Archer	**2005**	Personality Assessment
Personality Assessment - 2nd ed.	Lanyon, Goodstein	**1990**	Personality Assessment
Personality Projection - in the Drawing of the Human Figure - 8th Printing	Machorer	**1971**	Personality Assessment
Psychological Evaluation of Children's Human Figure Drawings	Munsterberg Koppitz	**1968**	Personality Assessment
The Draw-a-Person-Catalogue for Interpretive Analysis	Urban	**1983**	Personality Assessment
The House-Tree-Person (H-T-P) Clinical Research Manual	Hammer	**1972**	Personality Assessment
The House-Tree-Person (H-T-P) Manual Supplement- Administration & Interpretation of the H-T-P Test	Buck	**1971**	Personality Assessment
The House-Tree-Person (H-T-P) Research Review: A Bibliography & Research Review	Bieliauskas	**1972**	Personality Assessment
The House-Tree-Person Technique - Revised Manual	Buck	**1970**	Personality Assessment
The T.A.T, C.A.T and S.A.T. in clinical use 4th ed.	Bellak	**1986**	Personality Assessment
The T.A.T, C.A.T and S.A.T. in clinical use 5th ed.	Bellak	**1997**	Personality Assessment
**DBT Skills Training Manual - 2nd ed.*	Linehan	***2015***	Personality Disorders
Aggression in Personality Disorders & Perversions	Kernberg	**1992**	Personality Disorders
Cognitive Behavioral Treatment of Borderline Personality Disorders - (2x)	Linehan		Personality Disorders
Coping with BPD	Aguirre, Galen	**2015**	Personality Disorders
DBT Skills Training (Handouts & Worksheets) 2nd ed.	Linehan	**2016**	Personality Disorders
Mentalization-Based Treatment for Personality Disorders	Bateman & Fonagy	**2016**	Personality Disorders
The Fate of Borderline Patients	Stone	**1990**	Personality Disorders
Emotion Regulation in Psychotherapy - A Practitioner's Guide	Leahy, Tirch, Napolitano	**2011**	Personality Disorders
The Narcissistic & Borderline Disorders	Masterson	**1981**	Personality Disorders
Program Evaluation Theory & Practice - A Comprehensive Guide	*Mertens & Wilson*	**2012**	Program Evaluation
The CIPP Evaluation Model - How to Evaluate for Improvement & Accountability	*Stufflebeam, Zhang*	**2017**	Program Evaluation
**Practicing Psychodynamic Therapy - A Casebook*	Summers, Barber	**2015**	Psychodynamic
**Principles of Psychotherapy - Promoting Evidence based Psychodynamic Practice*	Weiner, Bornstein	**2009**	Psychodynamic
Basic Techniques of Psychodynamic Psychotherapy - foundations of clinical practice	Nichols, Paolino	**1986**	Psychodynamic
Existential Psychotherapy	Yalom	**1980**	Psychodynamic
Family Dynamics in Individual Therapy	Wachtel	**1986**	Psychodynamic
How to Practice Brief Psychodynamic Psychotherapy	Book	**1998**	Psychodynamic
Individual Psychotherapy & the Science of Psychodynamics - 2nd ed.	Malan- missing	**1995**	Psychodynamic
Lives Transformed - A revolutionary Method of Dynamic Psychotherapy	Malan, Coughlin Della Selva	**2007**	Psychodynamic
Neurotic Styles	Shapiro	**1965**	Psychodynamic
Object Relations Theories & Psychopathology - A comprehensive test	Summers	**1994**	Psychodynamic

Library Books

Personality Styles and Brief Psychotherapy	Horowitz, Marmar, Krupnick, Wilner, Kaltreider, Wallerstein	**1984**	Psychodynamic
Planned Short-Term Psychotherapy - A Clinical Handbook	Bloom	**1992**	Psychodynamic
Practical Psychotherapy	Weiner	**1986**	Psychodynamic
Psychotherapy of Neurotic Character	Shapiro	**1989**	Psychodynamic
The Analysis of Defense	Sandler & Freud	**1985**	Psychodynamic
The Practice of Brief Psychotherapy	Garfield	**1989**	Psychodynamic
The Psychology of Men- New Psychoanalytic Perspectives	Fogel, Lane & Liebert	**1986**	Psychodynamic
Theaters of the Mind - Illusion & Truth on the Psychoanalytic Stage	McDougall	**1985**	Psychodynamic
Women & Psychotherapy - A Consumer Handbook (x2)	Clamar et al.	**1985**	Psychodynamic
A Psychiatric Glossary (5th ed.)		**1980**	Resources
Applied Psychology Centre - Revised July 2012			Resources
Canadian Register of Health Service Providers in Psychology (2003)		**2003**	Resources
Directory - Community Services of Greater Montreal		**2011-2012**	Resources
Dorland's Pocket Medical Dictionary 23rd ed.		**1982**	Resources
Jumbo Playing Cards			Resources
Larousse Francais-Anglais Dictionnaire			Resources
Larousse's English/French Dictionary (1984)			Resources
Merriam Webster's Pocket Dictionary (1995)			Resources
Micro en Poche Robert Dictionnaire du francais primordial A-L			Resources
Micro en Poche Robert Dictionnaire du francais primordial M-Z			Resources
Playing Cards - Club Special			Resources
Publication Manual of the American Psychological Association 6th ed.		**2010**	Resources
The Penguin Dictionary of Psychology		**1981**	Resources
Assessment and Prediction of Suicide	Maris, Berman, Maltsberger, Yufil	***1992***	Suicide
Managing Suicidal Risk - A Collaborative Approach- 2nd ed.	Jobes	***2016***	Suicide
Fundamentals of Clinical Supervision	Bernard, Goodyear	**1992**	Supervision
Fundamentals of Clinical Supervision - 3rd edition (Linda)	Bernard, Goodyear	**2004**	Supervision
Fundamentals of Clinical Supervision - 5th ed.	Bernard, Goodyear	**1997**	Supervision
Getting the Most out of Clinical Training & Supervision (5x)	Falender, Shafranske	**2012**	Supervision
Handbook of Psychotherapy Supervision	Watkins		Supervision
The Wiley International Handbook of Clinical Supervision (2x)	Watkins, Milne	**2014**	Supervision
Assessing Psychological Trauma & PTSD 2nd ed.	Wilson, Keane	**2004**	Trauma; PTSD
Cognitive Processing Therapy for PTSD - A Comprehensive Manual	Resick, Monson, Chard	**2017**	Trauma; PTSD
Effective Treatments for PTSD	Foa, Keane, Friedman	**2000**	Trauma; PTSD
Handbook of PTSD - 2nd ed.	Friedman, Keane, Resich	**2014**	Trauma; PTSD
It's not you, it's what happened to you: Complex trauma and treatment	Courtois	2014	Trauma; PTSD
**Emotion Regulation in Psychotherapy - A Practitioner's Guide*	Leahy, Tirch, Napolitano	**2011**	
**** in Dina's office***			

Applied Psychology Centre

Testing Materials

REVISED September 2017

DRAWER A

INTELLECTUAL ABILITIES COGNITIVE ASSESSMENTS (INFORMATION PROCESSING)

Bayley Scales of Infant Development (Bayley-III), 2006
Behavior Rating Inventory of Executive Functioning (BRIEF), 2000
CAARS-Self-Reporting: Long Version (CAARS-S:L)
Children's Memory Scale (CMS), 1997
Expressive Vocabulary Test, 1997
LEITER-3 (2013)
Kaufman Assessment Battery for Children, 1983
Peabody Individual Achievement Test, 1970
Peabody Picture Vocabulary Test, 3rd Edition, 1997
Preschool Inventory, 1967
Raven's Advanced, Coloured and Standard Progressive Matrices, 1965
Stanford-Binet, 5th Ed., 2003
Universal Nonverbal Intelligence Test (UNIT), 2nd ed., 2016
WPPSI-IV, 2012

DRAWER B

CHILDREN'S DIAGNOSTIC/CHILDREN'S PERSONALITY/ CHILDREN'S NEUROPSYCHOLOGY (A – B)

Adaptive Behavior Assessment System II ABAS 2003 2nd edition
Achenbach Child Behavior Checklist (ASEBA), 2000, 2001 *(ASEBA French also available)*
ADHD Rating Scale-IV, 1996
Alabama Parenting Questionnaire (APQ), University of New Orleans
Anxiety Disorders Interview Schedule for DSM-IV Child Version, Child Interview Schedule
Anxiety Disorders Interview Schedule for DSM-IV Child Version, Parent Interview Schedule
Beck Youth Inventories of Emotional & Social Impairment, 2001
Behavior Analysis with Children, Forms, 1983
Behavior Assessment System for Children (BASC-3) (manual & training video; parent and teacher forms; self-report forms)

DRAWER C

CHILDREN'S DIAGNOSTIC/CHILDREN'S PERSONALITY/ CHILDREN'S NEUROPSYCHOLOGY (C – Pa)

California Verbal Learning Test (C-V-L-T- C), 1994
CAST(Childhood Asperger Syndrome Test) *(CAST French also available)*
Center for Epidemiological Studies Depression Scale for Children (CES-DC)
Childhood Autism Rating Scale, 2nd Edition, 2010
Children's Depression Inventory, 1992
Children's Organizational Skills Scales (COSS), 2009
Conners3 (Self-Report, Parent Short, & Teacher Short), 2008
Conners CPT 3 - Conner Continuous Performance Test 3rd edition - Scoring software
Coopersmith Self-Esteem Inventory, 1967
Integrated Visual & Auditory Continuous Performance Test (IVA+Plus), 2005
Kinetic Drawing System for Family and School, 1985
Liebowitz Social Anxiety Scale for Children and Adolescents (LSAS-CA)
Matching Familiar Figures Test
NEPSY II 2007
Parenting Relationship Questionnaire
Parenting Stress Index, 3rd Ed. (1995)

DRAWER D

CHILDREN'S DIAGNOSTIC/CHILDREN'S PERSONALITY/ CHILDREN'S NEUROPSYCHOLOGY (Pe – W)

Personality Inventory for Children, 2nd Ed. (PIC-2), 2001
Personality Inventory for Youth, 1995
Revised Children's Manifest Anxiety Scale (RCMAS), 2nd ed., 2013
Reynolds Adolescent Adjustment Screening Inventory (RAASI)
Slingerland Screening Tests for Identifying Children with Specific Language Disability
Social Skills Rating System (SSRS) (preschool/elementary levels, & secondary level), 1990
Specific Language Disability Test - Malcomesuis, 1974
Study of Children's Learning Behavior, 1988
Test of Everyday Attention for Children (TEA-Ch), 1999
Trail Making Test for Children, Halstead-Reitan, 1979, 1992
Vineland Adaptive Behavior Scales, 2nd Edition, 2003
Wepman Auditory Discrimination Test - Second Edition, 1973, 1987

DRAWER E

WISC AND WAIS

WAIS-IV, 2008
WISC-IV Test booklets and record forms
WISC-V

I/O PSYCHOLOGY

Canadian Work Preference Inventory, 1992

DRAWER F

PERSONALITY AND PROJECTIVE (ADULT & CHILD)

A Schedule of Adaptive Mechanisms in CAT responses, 1963
Goodenough-Harris Drawing Test, 1963
MMPI-2, 1989
MMPI-2RF, 2011 4 copies
MMPI-2RF, 2008
MMPI-A, adolescent, 1992
NEO-PI-3, 2010
Roberts-2, 2005
Rorschach Cards (Exner System 1985, and Klopfer forms 1960)
TAT (Bellak Blank), 1992

DRAWER G

PERSONALITY/DIAGNOSTIC ADULT SYMPTOM CHECKLIST

Alcohol Use Inventory, 1987
Anger Disorders Scale, 2004
Anxiety Disorders Interview Schedule for DSM-IV, 1994
Beck - Anxiety Inventory, 1990
Beck - BDI-II - Depression Scale, 1996
Beck - Hopelessness Scale, 1978
Chronic Fatigue Syndrome Scale
Connor's Adult ADHD Rating Scales - CAARS
Intolerance of Uncertainty Scale (IUS)
Inventory of Drug-Taking Situations (IDTS) 1997
Instrumental Activities of Daily Living (IADL)
Kohn Problem Checklist, 1988
Millon Clinical Multiaxial Inventory-III (MCMI), 1997
Penn State Worry Questionnaire, 1990
SCID-101 DVD GUIDE Instructional DVDs for SCID for DSM-IV 2003
Social Interaction Anxiety Scale, SIAS
Social Phobia Inventory
Structured Clinical Interview for DSM-IV AXIS 1 DISORDERS (SCID-1) 2002
Structured Clinical Interview for DSM-IV AXIS 11 DISORDERS (SCID-11) 1997
State-Trait Anxiety Index, (Adult & Child), 1973, 1983
Substance Abuse Subtle Screening Inventory, SASSI-3
Suicidal Ideation Questionnaire - 1987
Symptom Check List - SCL-90-R, 1977
Worry & Anxiety Questionnaire, 1995
Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

DRAWER H

ACHIEVEMENT, EDUCATIONAL AND OTHER SCHOOL-RELATED TESTS

Beery-Buktenica Developmental Test of Visual-Motor Integration, 5th Ed., (VMI), 2004
Clinical Evaluation of Language Fundamentals (CELF-5), 2013
Gray Diagnostic Reading Test 2,(GDRT 2), 2004
Gray Oral Reading Test, (GORT-5) 2012 (2 kits)
Kaufman Test of Educational Achievement KTEA (2004)
KeyMath Revised, Form A + Form B, 1991
Test of Early Reading Ability, 3rd.Ed., (TERA-3), 2001
Wechsler Individual Achievement Test, 3nd Ed. (WIAT III), 2010
Wide Range Achievement Test (WRAT3), 1993
Woodcock & Johnson Tests of Achievement: Standard & Extended Batteries Form B & Worksheets (Rec'd at APC 2013 02 21)

DRAWER I

CELF-4 AND GORT-4

Clinical Evaluation of Language Fundamentals (CELF-4), 2003
Gray Oral Reading Test, (GORT-4), 2001

DRAWER J

NEUROPSYCHOLOGY DIAGNOSTIC ADULT (A – C)

Achenbach System of Empirically Based Assessment (ASEBA) for ages 18-59, 2003:
- ASR Syndrome Scales for Men 18-59
- ASR Syndrome Scales for Women 18-59
- ASR DSM-Oriented Scales for Men 18-59

Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A), 2005
Bender Visual Motor Gestalt Test
Benton's Controlled Word Association Test, 1983
Benton Visual Retention Test
Boston Diagnostic Aphasia Examination (BDAE), 3rd. Ed.
Boston Naming Test, 2nd Ed., 2001
Boston Qualitative Scoring System for the Rey-Osterrieth Complex Figure, 1999
Brown ADD Adults Scale, 1996
California Verbal Learning Test, 2nd Ed., Adult Version (CVLT-II), 2000
Canadian Adult Achievement Test, 1988
Cognitive Status Exam - 1988 (short neuropsychological test)
Comprehensive Trail-Making Test (CTMT), 2002
Consonant Trigams (Sample Set)
Controlled Oral Word Association Test (Verbal Fluency) (Sample Set)

DRAWER K

NEUROPSYCHOLOGY DIAGNOSTIC ADULT (D – W)

Delis -Kaplan Executive Function System (D-KEFS), 2001/adult
Grooved Pegboard, Model 32025
Halstead Reitan Trail-Making Test – English 2004
Hayling & Brixton Tests, 1997
Harris Test of Lateral Dominance, 1958
Hooper Visual Organization, 1958
Judgment of Line Orientation, 1983
Kahn Test of Symbol Arrangement, 1955
Mirror Tracing
Modified Continuous Performance Test (Sample Set)
Paced Auditory Serial Addition Test (PASAT) (Sample Set)
Remote Associations Test, High School Form 1, 1971
Revised Comprehensive Norms for an Expanded Halstead-Reitan Battery:
Demographically Adjusted Neuropsychological Norms for African American and Caucasian Adults, 2004
Rey Auditory Verbal Learning Test
REY Complex Figure and Recognition Trial 1995 (Received APC Library 2013 11 11)
Rey-Osterriech Complex Figure Test
Right-Left Orientation Test
Stroop Color and Word Test, 2002
Test of Memory Malinger (TOMM), 1996
Verdun Association List, record form only
Victoria System Validity Test (VSVT), 2005
Wechsler Abbreviated Scale of Intelligence, II, 2011
Wechsler Memory Scale IV (WMS-IV), 2009
Wisconsin Card Sorting Test Manual Revised and Expanded, 1993

DRAWER L

OLDER TESTING MATERIALS

Blacky Pictures, 1950
Boehm Test of Basic Concepts, 1971
Children's Personality Questionnaire, 1975
Copying Test
Diagnostic Teacher-Rating Scale
Drug Abuse Screening Test (DAST-20) 1982
Drug Use Questionnaire (DAST) 1982
Durrell Analysis of Reading Difficulty, 3rd Ed., 1980
Fundamental Achievement Series, 1969
Gates-MacGinitie Reading Test, 1965
Group Personality Projective Test, 1958, 1961
Guess Why Game, 1961
Holtzman Inkblot Technique, Forms, 1958
Howard Ink Blot, 1957
Jastak Test of Potential Ability, 1958
Kaufman Test of Education Achievement, 1985
Kuhlmann-Anderson Tests, Revised, 1963-1965, (Group IQ tests for children)
Metropolitan Achievement Test – Primary II battery, record form only
Mooney Problem Checklist, 1950
Nelson-Denny Reading Test, 1981
Object Relations Technique - Phillipson, 1973
Psychodiagnostic Tests Report Blank, 1965
Roberts Apperception Test for Children, 1982
Rosenzweig Picture Frustration Study (Adult & Child), 1948
Sentence Completion Forms, 1950
Sexual Adjustment Inventory, 1975
Surface Development Test and Cube Comparison Test, 1962
Symonds Picture-Story Test, 1948
WMS-III, 1997

TESTS FRANÇAIS #1

Achenbach Child Behavior Checklist (ASEBA), 2001
- Enseignant 6-18: 42
- Rapp:6-18: 37
- Rapp:1-5: 47
- Auto:42

ASEBA ASR Adult (18-59) Auto
ASEBA ABCL Adult (18-59) Par un proche
CAST (Childhood Asperger Syndrome Test) 12
Conners3 (Auto-évaluation : Formulaire abrégé; Parent : Formulaire abrégé; Enseignant: Formulaire abrégé)
IPAT (Anxiety, 1962, Questionnaire et formulaires des réponses seulement; H.S. Personality Questionnaire, 1963, questionnaire, formulaires des réponses et profil du questionnaire de personnalité destiné aux étudiants des écoles secondaires)
Kaufman riddles
L'alouette (lecture & dyslexie), 1965, feuille de protocole & fiche récapitulative individuelle seulement
LIDEC – French reading comprehension for children
Locke-Wallace Marital Adjustment Scale – French Translation
NPSEY Bilan Psychologique de l'enfant, 2003
Peabody Picture Vocabulary – form L – French, Form A – French
Sentence completion
Strong-Campbell – Test de préférences professionnelles, 1979, 1981

TESTS FRANÇAIS #2

Tests de lecture et d'écriture, 1 ière primaire au 6 ième primaire
WIAT II, 2005
WISC-IV, 2004
WISC-V, 2014

AVAILABLE ON SHELVES

Bayley Scales of Infant Development (Bayley-III)
Bender
CAT and CAT-H
Clinical Evaluation of Language Fundamentals-4 (CELF)
Clinical Evaluation of Language Fundamentals-5 (CELF)
Children's Memory Scale (CMS)
Comprehensive Test of Phonological Processing (CTOPP-2)
Dementia Rating Scale (DRS-2)
Delis -Kaplan Executive Function System (D-KEFS)
Expressive One Word Picture Vocabulary Test
Expressive Vocabulary Test
Hayling & Brixton Tests
Independent Living Scales (ILS)
Kaufman Test of Education Achievement (KTEA)
Kaufman Test of Education Achievement (KTEA) 2nd ed.
Kaufman Assessment Battery for Children (KABC)
Keymath Revised
Leiter-3
Millon Clinical Multiaxial Inventory-III (MCMI)
NEO-PI 3
NEPSY-II
NEPSY (French version)
Peabody Picture Vocabulary Test- Revised (French Version)
Peabody Picture Vocabulary Test – 3rd ed.
Receptive One Word Picture Vocabulary Test
Rey Complex Figure and Recognition Trial (2 kits)
Rorschach
Stanford-Binet 5th Ed.
Substance Abuse Subtle Screening Inventory (SASSI-3)
TAT
Test of Everyday Attention for Children (TEA-Ch) (2 kits)
Universal Nonverbal Intelligence Test (UNIT) – 2nd ed.
Wechsler Abbreviated Scale of Intelligence (WASI-II)
WAIS-IV (8 kits)
WISC-IV
WISC-IV (French version)
WISC-V (7 kits)
WIAT – II (French version)
WIAT-III (2 kits)
WMS-IV
Wechsler Preschool and Primary Scale of Intelligence (WPPSI-IV)
Wide Range Achievement Test (WRAT-3)
Woodcock & Johnson Tests of Achievement

ARCHIVED

Achenbach Child Behavior Checklist (ASEBA), 1991
Beery, Developmental Test of Visual Motor Integration, 1967
Conners Rating Scales, 1989, 1990, 2001
Conner's Rating Scale (Parent & Teacher), 2001, French
Embedded Figures Test, 1969
Gray Oral Reading Test, 1967
Haeusserman Psychoeducational Preschool Evaluation, 1972
Parenting Stress Index, Abidin, 1990
Peabody Picture Vocabulary Test, 1981
Vineland Adaptive Behavior Scales, 1984
Vineland Social Maturity Scale, 1965

ORDRE DES PSYCHOLOGUES DU QUÉBEC

Guides, Frameworks and Guidelines

In this section, you will find all of the guides, guidelines, practice frameworks and policies developed by the Ordre des psychologues du Quebec.

Since the psychological profession constantly evolves, several guidelines are currently in development. The documents titled in French are available in French only.

Guides to Practice

- *2012-09-01*
  Explanatory guide on implementing the provisions of Bill 21 (In French)
- *2008-09-01*
  Guide to Record-Keeping
- *2008-07-25*
  Explanatory Guide to the Code of Ethics of the Psychologists of Quebec

Practice's Frameworks

- *2007-09-01*
  Scope of Practice of School Psychologists
- *2004-12-01*
  Cadre de pratique des psychologues exerçant en première ligne : mission CLSC

Guidelines

- *2012-02-23*
  Lignes directrices : Les troubles du spectre de l'autisme - L'évaluation clinique
- *2007-09-01*
  Guidelines Mental Retardation Assessment
- *2006-06-01*
  Lignes directrices pour le trouble déficit de l'attention avec ou sans hyperactivité - traitement pharmacologique (mise à jour)
- *2006-05-01*
  Guidelines for the assessment of a child in connection with a request for derogation to the age of school admission
- *2006-02-01*
  Guidelines for expert assessment concerning child custody and access rights
- *2001-09-01*
  Lignes directrices pour le trouble déficit de l'attention/hyperactivité et l'usage de stimulants du système nerveux central

http://www.ordrepsy.qc.ca/en/documentation-et-medias/guides-frameworks-and-guidelines.sn

THERAPY PRACTICA

GUIDELINES FOR THE EVALUATION OF CLINICAL COMPETENCE, CLINICAL PROFILE

Professional competence in the provision of services will be evaluated in the therapy and assessment practicum courses. Such evaluations will be made by the practicum supervisor(s). Students will meet with their supervisors regularly. However, to ensure that students are adequately aware of their progress, more explicit progress reports should be communicated in December, and final evaluations in April. These evaluations will become part of the student's clinical file.

Areas in which clinical competence will be evaluated are:

1. clinical judgement, e.g.
   - maintaining professional role (e.g., avoiding irrelevant social conversation)
   - rule setting and structuring (e.g., dealing with lateness, missed appointments, missed payments, etc.)
   - process-awareness and appropriate uses of interaction cues

2. assessment and therapeutic intervention, e.g.
   - defining and proceeding with short and/or long term goals
   - for more advanced students, treatment planning on a weekly basis
   - relationship skills - ability to relate to client and awareness of inter-relationships; appropriate use of self-disclosure, etc.

3. professional responsibility, e.g.
   - promptness, dress, preparation - (appropriate dress for professional role)
   - follow-up of cancellations
   - keeping appropriate records (weekly progress notes and final summaries)
   - confidentiality (APC client files stay at the Centre; time-limited check out; no case discussions in halls, waiting areas, student offices)
   - adherence to ethics in general (CPA/APA)

4. responsiveness to supervision
   - listening to feedback
   - utilization of feedback
   - preparation for supervision sessions
   - search for a reference to relevant literature