



CUPIP

CONCORDIA UNIVERSITY
PSYCHOLOGY INTERNSHIP PROGRAM

HANDBOOK

Revised December, 2015

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GUIDE TO THE HANDBOOK

Information in RED, CAPS, BOLD refers to forms that the intern will regularly use, including CUPIP Clinical Training Experience Documentation. These forms are located at the end of the manual.

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

CANADIAN PSYCHOLOGICAL ASSOCIATION ACCREDITATION

The Concordia University Psychology Internship Programme (CUPIP) is accredited by the Canadian Psychological Association (CPA) as an internship training programme in professional psychology, since 2008. For further information about CPA accreditation standards, contact the CPA Accreditation Office, 141 Laurier Ave West, Ottawa, Ontario K1P5J3, (614) 237-2144, accreditation@cpa.ca

ACKNOWLEDGEMENTS

This handbook was extensively revised by several members of the CUPIP Training Committee: Drs. Jennifer McGrath, Michel Dugas, Lucie Bonneville, and Nicolina Ratto in August 2011 to reflect important updates in accordance with CPA Standards for Accreditation of Internship Training Programmes in Professional Psychology. Many changes aim to improve clarity, enhance understanding and use of CPA Standards, streamline paperwork, and ultimately strengthen clinical training. Thanks to the CUPIP Rotation Group Directors (Drs. Jennifer Russell, Yves Beaulieu, Viviane Sziklas, Ann Gamsa) and all clinical supervisors for their continued commitment to CUPIP training excellence. It also continues to be updated annually. Special acknowledgement goes to Dr. Anna Beth Doyle, for without her vision and dedication, CUPIP would not exist.

PHILOSOPHY AND MISSION

The Concordia University Psychology Internship Programme (CUPIP) is dedicated to the provision of high quality training in the delivery of psychological services to students from the Clinical Psychology programme at Concordia University¹. CUPIP is exclusively affiliated with the doctoral training programme in clinical psychology at Concordia University. CUPIP is administered by the CUPIP Training Committee (Director of Practica and CUPIP, DPaC) and includes members of the Concordia Clinical Faculty, an intern representative, and the McGill University Health Centre (MUHC) Rotation Group Directors, in conjunction with the Rotation Group Training Committees. CUPIP is open only to students enrolled in the Ph.D. Programme in Psychology (Research and Clinical Training Option).

CUPIP provides a breadth of clinical training opportunities from child to adult to geriatric services; individual, couple and group therapy; and a range of techniques and theoretical orientations including cognitive-behavioural and psychodynamic therapy, and neuropsychological assessment. Training follows the scientist-practitioner model, where science informs practice and practice informs science. Whereas the training in CUPIP is primarily in empirically-supported practice, research and empirically-supported theories are an integral part of the training. The overall objective of the internship programme is that a graduate be “capable of functioning as ... a practitioner ... consistent with the highest standards in psychology” (Belar & Perry, 1994, p. 72). This objective includes suitable breadth and depth of competency in psychological assessment and intervention, in working collaboratively with other health care disciplines, in the application of ethical and professional principles, in the integration of science into practice, and in working with people of diverse individual and cultural backgrounds. Consistent with the philosophy and mission of the doctoral programme at Concordia, the graduate of CUPIP is expected to have the values, knowledge and skills necessary to function at the highest level of practice and/or science in clinical psychology.

CUPIP interns play an integral role in the CUPIP philosophy and mission. In their fundamental role as trainees, their training needs are largely met through applied provision of professional service. However, the service demands do not erode training goals. As such, interns do not spend more than two-thirds of their time commitment providing direct service to clients. Instead, other applied training activities include providing consultation to other service providers, functioning within an inter-disciplinary team, and carrying out programme and treatment evaluation.

STRUCTURE AND GOALS

Internship training is offered in an organized and coherent sequence of experience and activities providing exposure to a variety of problems and patient populations. Each successive experience increases in complexity; is commensurate with the increasing knowledge and skill, and readiness for autonomy of interns as they progress throughout the internship; and facilitates the interns’ integration and synthesis of their training experiences. CUPIP provides interns with the administrative, educational, and supervisory support necessary to allow them to assume increasing and substantial responsibility for their professional practice over the course of the internship year.

Training Excellence

CUPIP rotations provide the intern with the opportunity to take substantial responsibility for carrying out major professional functions in the context of appropriate supervisory support, professional role modeling, and awareness of administrative structures. Students in each rotation

¹ PhD in Psychology (Research and Clinical Training Option)

(regardless of orientation or population) are exposed to the following training experiences: assessment, interviewing, establishing treatment goals, emergency procedures, ethical issues related to the delivery of psychological services, report writing, and proper maintenance of patient files (e.g., progress notes, termination summary). Training includes guidance in the delivery of services to individuals of diverse backgrounds.

By the end of the internship year, interns have sufficient knowledge and skill in the following areas to render them eligible for registration in any jurisdiction in Canada: psychological assessment; intervention (i.e., planning, techniques, and evaluation); consultation; and programme development and evaluation. Training encompasses a range of assessment and intervention procedures. Interns need to become familiar with the diversity of major assessment and intervention techniques in common use and their theoretical bases. CUPIP includes training in empirically-supported interventions and provides training in more than one therapeutic modality (e.g., individual, couple, family, group). CUPIP strongly advocates that psychology is informed by science. Given the integration of science and practice, interns are afforded research opportunities during the internship year.

Internship Timeline

CUPIP is either a full-time experience for one calendar year (12 months, full-time), or a half-time experience for two consecutive calendar years (24 months, half-time). The minimum number of clinical hours for the internship is 1600 (as per CPA guidelines) in addition to lunch, 12 statutory holidays, a week for dissertation/non-internship research work, and four weeks of vacation (typically 2 weeks at the Winter Holiday season and 2 weeks at other times). Any additional time away from the internship needs to be discussed in advance with the intern's primary supervisor(s). The timing of vacation may be subject certain restrictions. Interns should expect to complete approximately 2000 total internship hours.

Breadth Requirements

It is the policy of CUPIP that students receive a range of advanced clinical experiences during their internship. Thus, students are involved in a number of different rotations, either consecutively or concurrently. Students may not conduct their internship in rotations in which they conducted their Extramural Practica.

ROTATION GROUPS

There are currently five rotation groups in the CUPIP programme. These rotation groups are physically located within the McGill University Health Centre at The Glen Site (includes The Montréal Children's Hospital and the Psychosocial Oncology Unit), the Montreal General Hospital (includes the Alan Edwards Pain Management Unit), the Montreal Neurological Institute, the Allen Memorial Institute (old Royal Victoria Hospital), all primary teaching hospitals. These rotation groups are committed to providing high quality internship training which meet or exceed the CPA Standards for Accreditation of Internship Training Programmes in Professional Psychology. Additional rotation groups within the MUHC that contribute to meeting the requirements of internship accreditation as outlined by CPA may be considered for inclusion in the CUPIP training programme.

Montreal Children's Hospital Rotation Group

The MUHC Montreal Children's Hospital rotation group provides specialized tertiary-care pediatric health care and allied health services to children and adolescents and their families. The

Department of Psychology (Pediatric) is an autonomous unit of the hospital whose staff provide services in a broad range of multidisciplinary teams and clinics. The Rotation Group Director is Dr. Yves Beaulieu. There are four rotations, including: Pediatric Psychology, Mental Health, Preschool Pediatric Psychology, and Neuropsychology. Internships are available either full-time or half-time.

- **Pediatric Psychology** is a 12-month in-patient and outpatient rotation involving assessment and interventions in pediatric behavioural medicine, often as part of multidisciplinary teams. Assessment includes the cognitive and emotional sequelae of traumatic brain injuries, chemotherapy and radiation, epilepsy, neurofibromatosis and other neuropsychological conditions. Interventions include helping children and adolescents and their families coping with disability in catastrophic and chronic illness, acute care, adherence to medical regimens, somatoform disorders, eating disorders, and factitious disorders.

- **Mental Health** is a six-month rotation with latency-age children and adolescents in the psychiatry inpatient services and day hospitals, the outpatient child psychiatry services, and the Cognitive Behaviour therapy Clinic. Inpatient and day hospital services involve services for those with severe and complex mental health needs. Outpatient services include assessment and treatment of individuals, parents and families for a wide variety of disorders that have not responded to interventions at the school or community level. The CBT clinic offers treatment for depressive, anxiety and externalizing problems.

- **Preschool Pediatric Psychology** is typically a six-month part-time rotation with inpatient and outpatient preschool children who have complex physical and medical conditions and associated developmental, behavioural and psychosocial needs. The four constituent programs are the Autism Spectrum Disorders Program, the Back on Track Clinic, the Diagnostic Services Unit, and the Failure to Thrive and Feeding Disorders Clinic.

- Interns with suitable background training can also participate in a half-time **Neuropsychology** rotation, addressing neuropsychological assessment of preschoolers and children suffering from physical trauma, attention-deficit hyperactivity and/or learning difficulties.

McGill University Health Centre Adult Psychology Rotation Group

The MUHC includes two major teaching hospitals providing a variety of tertiary health care to adults. Rotations are physically located at the Glen Site, the Allen Memorial Institute (the old Royal Victoria Site and the Montreal General Hospital). Services are offered to inpatients and outpatients in psychology, psychiatry, and other medical and surgical services. The Rotation Group Director is Dr. Jennifer Russell; the Psychologist-In-Chief is Dr. Alain Ptito. There are four major rotations, including: Cognitive Behaviour Therapy Service (CBTS), Neuropsychology, and the Sex and Couple Therapy Service. Internships are available either full-time or half-time.

- **Cognitive Behaviour Therapy Service** provides behaviour and cognitive-behaviour therapy to inpatient and outpatient adults with a variety of problems including anxiety, depression, obsessive-compulsive behaviour, agoraphobia, addictive behaviour, delusions/hallucinations, and attention-deficit hyperactivity. The Obsessive Compulsive Disorder Clinic is an internationally renowned centre for the assessment, treatment, and research of individuals with OCD of all ages (children to seniors). Interns gain experience with specialized assessment and cognitive behavior therapy of patients with heterogeneous psychopathology, and also have the optional opportunity to collaborate in a small clinical research project and/or clinical program development.

- **Neuropsychology** offers neuropsychological evaluation of a range of neurological problems such as degenerative disease, trauma, psychiatric disorders, stroke and systemic disease. Neuropsychological assessment includes clinical interview and objective examination of intellectual function, memory, attention, language, executive function as well as functional

capacity, personality structure, and emotional status in order to inform differential diagnosis, treatment planning, and education of family members or caretakers. Interns learn interview techniques, test selection, and interpretation. Interns learn how to conduct a medical/psychiatric chart review, and how to work in the context of a multidisciplinary team. Interns will prepare written reports based on the assessments and will provide feedback to patients, families, and treatment teams.

•***Sex and Couple Therapy Service*** offers assessment, treatment, and consultation services to individuals, couples, and groups in the area of human sexuality. Problems addressed include sexual dysfunctions, sexual phobias and aversions, sexual orientation and identity issues, sexual abuse, sexual enhancement, and gender identity. The service also sees individuals and couples seeking to re-evaluate and/or improve their relationship by exploring issues involving communication, power sharing and negotiation, jealousy, commitment, and intimacy. The service offers educational group programs for the general public on enhancing the couple relationship or sexual satisfaction. This rotation is only available half-time.

Alan Edwards Pain Management Unit Rotation Group

The Alan Edwards Pain Management Unit is a multidisciplinary facility for the treatment of patients with chronic pain. It is physically located at the Montreal General Hospital. The clinical staff includes physicians, psychologists, nurses, and physiotherapists, working collaboratively in the treatment of patients' pain and suffering. The patient population comprises adult outpatients with chronic pain as well as in-patients with acute pain superimposed on chronic pain problems. Interns participate in detailed assessment, formulating the patient's overall treatment plan, conducting short-term psychotherapy, and conducting Cognitive-Behavioural group therapy. The Centre is also mandated to teach and to conduct research. The Rotation Group Director is Dr. Ann Gamsa. Internships are only available half-time. Breadth requirements necessitate that interns complete their other half of their internship hours in another rotation group.

Montreal Neurological Institute Rotation Group

The MUHC Montreal Neurological Institute rotation group is a neurological treatment and research centre and a teaching hospital. The training program is part of the Neuropsychology/Cognitive Neuroscience Unit, housed in the Department of Neurology and Neurosurgery. The Chief Psychologist is Dr. Michael Petrides. The Rotation Group Director is Dr. Viviane Sziklas. Three clinicians, Drs. Crane, Djordjevic, and Sziklas, run the clinical unit, on a rotation basis. The unit consists of inpatient and outpatient services, including epilepsy and other elective surgery, movement disorder, and general neurological populations. Training is primarily in the comprehensive neuropsychological assessment of patients. The intern works closely with the Service's multidisciplinary team. Internships are available half- or full-time.

Psychosocial Oncology Rotation Group

The MUHC Psychosocial Oncology program, located at the Glen Site, offers psychological support to adult individuals who are coping with cancer across different disease trajectories (i.e., diagnosis, survivorship, illness-recurrence and palliative) as well as their family members. Interns receive training in conducting in-depth psychological assessments and to conceptualize and formulate a treatment plan to conduct individual psychotherapy. The internship training includes both cognitive behavioural and brief psychodynamic approaches. Issues addressed include a wide range of emotional and behavioural problems such as anxiety, depression, pain, fatigue, sleep problems, panic, coping with uncertainty, body image, confronting death and dying, and bereavement (families). The Psychosocial Oncology program director is Dr. Marc Hamel, and the program is

composed of a multidisciplinary team comprised of clinical psychologists, a couple and family therapist, psychiatrist and clinical nurse specialists. The team members also work with other professionals within the oncology settings including physicians (oncologists), nurses and social workers. Internships are only available half-time. Breadth requirements necessitate that interns complete the other half of their internship hours in another rotation group.

APPLICATION PROCEDURE

Eligibility

Students who are eligible for internship placement as part of CUPIP must be enrolled in the doctoral training programme in clinical psychology at Concordia University (Ph.D. in Psychology: Research and Clinical Training Option). CUPIP is a captive internship program only available to students within the Concordia University Doctoral Programme in Clinical Psychology. Prior to the CUPIP application deadline (December 1), the Concordia University Director of Clinical Training will review intern readiness for internship, including with respect to thesis progress promising timely completion. Eligible students must have completed all clinical program coursework including their comprehensive examinations, should have collected the data for their Ph.D. thesis, and must demonstrate to the satisfaction of their research supervisor and the Director of Clinical Training (DCT) a very high probability that they will have defended their doctoral thesis by the completion of their internship. Students applying for a full-time internship must demonstrate evidence that they will submit a complete draft of their thesis to their committee prior to the beginning of the internship. This timeline must be clearly indicated in the thesis supervisor's letter of support to the DCT. Students applying for a half-time internship over two years must demonstrate progress on their thesis and a projected timetable indicating that they will defend before the completion of the internship. All students must receive the permission of the Director of Clinical Training to apply.

Application Materials

Students apply through the **APPIC Online Match** to the Chair of the CUPIP Training Committee (DPaC). Do NOT send materials directly to CUPIP Training Sites. To submit an application, students must register with the National Matching Service (NMS; <https://natmatch.com/psychint/appregister.html>). Please follow all NMS instructions regarding application submission procedures and fees. **Applications are due December 3.** Following the APPIC Online submissions, applications are forwarded to the Rotation Group Directors of the internship rotations in which applicants are interested. All eligible Concordia students in Ph.D. II or later are invited to apply. Applicants must submit the standard APPIC application which includes a Cover Letter; Curriculum Vitae; Official Undergraduate and Graduate Transcripts; Three Letters of Recommendation; the AAPI Application, and a Letter of Eligibility and Readiness for Training (written by the DCT). **In the cover letter**, students should list (1) any languages, other than English, that they are sufficiently fluent to conduct therapy or assessments, (2) whether they are applying for a full-time (one year) or part-time (two year) internship, and (3) which of the following CUPIP rotations they wish to be considered for: Montreal Children's Hospital, MUHC Cognitive Behavior Service, MUHC Sex and Couple Service, MUHC Montreal General Hospital, MUHC Adult Neuropsychology, Alan Edwards Pain Management Unit, Montreal Neurological Institute, and the Psychosocial Oncology Program. CUPIP adheres to all APPIC and NMS policies and deadlines for internship offers and acceptances.

Selection Process

Applications are reviewed by the CUPIP Training Committee and the Rotation Group Directors, along with the Training Committees within the rotational groups, who interview selected interns and nominate them on the basis of qualifications and fit with the training offered by the setting.

These nominations are then communicated to the CUPIP Training Committee. In circumstances when the number of applicants exceeds the number of funded intern positions, the Concordia University members of the CUPIP Training Committee rank the nominated applicants based on level of preparedness, clinical experience, scholarly achievements, overall competitiveness, and fit with the CUPIP internship programme. Each year, CUPIP offers up to four funded full-time internship positions or equivalent half-time internship positions. CUPIP participates in the APPIC Online Match Procedure, and follows all requirements and deadlines stipulated by APPIC. Thus, students are permitted to rank CUPIP among other internship sites in the rankings they submit to APPIC. Due to the legally binding nature of APPIC match procedures, students are entering into an ethically binding professional commitment by submitting rankings, which is not taken lightly or renege upon. Any CUPIP applicant not receiving an internship offer may speak to the Concordia Director of Clinical Training for assistance and advice.

Financial Renumeration

CUPIP is committed to the principle of internship stipends and offers stipends of a **minimum of \$20,000 for a full-time one-year internship, or \$10,000 per year for two years during a half-time internship**. CUPIP has a standing commitment for financial support from the Concordia Office of the Vice-President Research and Graduate Studies. Additional funding comes from, whenever possible, the hospital training sites. All CUPIP interns hold equivalent funding; as such the financial support from these sources is equitably distributed.

CUPIP TRAINING COMMITTEE (2015-2016)

Director of Practica and CUPIP (DPaC) – Dr. Dina Giannopoulos

Room PY 111-4; 514-848-2424 ext. 7537; Dina.Giannopoulos@Concordia.ca

The Director of Practica and CUPIP oversees the Concordia University Psychology Internship Program (CUPIP), a CPA-accredited internship programme. DPaC serves as the Chair of the CUPIP Training Committee. DPaC coordinates the administration of CUPIP including maintaining established support from the host institutions (Concordia University and McGill University Health Centre), ensuring successful operation of CUPIP, organizing clinical and educational activities with the Rotation Group Directors, managing the application process, overseeing accreditation policies and procedures, and establishing regular meetings and yearly workshops. Should questions or problems arise concerning CUPIP policy, procedure, appearance, etc., please bring them to the attention of DPaC. **Only by expressing concerns or questions through the CUPIP personnel will CUPIP be able to respond or change.**

Director of Clinical Training (DCT) – Dr. Andrew Ryder

Room PY 139-3; 514-848-2424 ext. 5379; Andrew.Ryder@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.

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).

Intern Representative – *Danit Nitka, M.A.*

An intern serves as a representative on the CUPIP training committee. Interns have the formal opportunity to contribute to CUPIP programme planning and development. Likewise, CUPIP has the opportunity to benefit from interns' contributions. One intern is selected each year.

Rotation Group Directors

Montreal Children's Hospital Site – *Dr. Yves Beaulieu*

McGill University Health Centre Adult Psychology Site – *Dr. Jennifer Russell*

Alan Edwards Pain Management Site – *Dr. Ann Gamsa*

Montreal Neurological Institute Site – *Dr. Viviane Sziklas*

Psychosocial Oncology Site – *Dr. Lana Pratt*

CUPIP POLICIES AND PROCEDURES

Individualized Training Plan

A written, **Individualized Training Plan** is completed by the Rotation Group Director and the intern at the beginning of the training year and/or rotation, and then a second time roughly in the middle of training (typically February)/or beginning of a new rotation. The training plan focuses on the targeted skills (psychological assessment, intervention, consultation, programme development, training in empirically supported interventions, exposure to multiple therapeutic modalities), details general and individualized training goals and objectives (e.g., which rotation, which client populations, what type of assessment and intervention), and indicates caseload expectations (e.g., 10 intellectual assessments, one group psychotherapy experience).

Clinical Supervision

Regularly scheduled, individual supervision is provided to the intern by qualified and experienced supervisors at the minimum rate of four hours per week for full-time internship positions. Whenever possible, interns are offered training and experience in the provision of supervision. This experience is typically limited to the provision of supervision to junior graduate students. Any supervision provided by an intern is itself supervised by the clinical supervisor.

Evaluation

Rotations provide feedback to their intern(s) on an ongoing basis, as well as provide the intern with the opportunity to provide their own feedback to the rotation. Evaluation is primarily to provide constructive feedback, as well as to guarantee the provision of quality psychological service and training. CUPIP rotations complete the mid-year and final **Supervisor Evaluation Form** from the Clinical Psychology Program at Concordia University for each of their CUPIP interns, review these evaluations with the intern, and forward these to the Chair of the CUPIP Training Committee (DPaC). The minimum standard for completion of the internship requirements is a summary rating of "very good" or better.

CUPIP assesses intern performance with respect to competence in 7 areas:

- 1) Assessment and diagnosis, including interviewing, test administration, test interpretation and report writing;
- 2) Psychological interventions, preferably in more than one modality;
- 3) Functioning in a multidisciplinary health-care setting, including communication, collaboration and consultation;

- 4) Ability to profit from supervision, and, where possible, to supervise;
- 5) Ability to integrate science and clinical service, including effective use of the scientific literature in practice, and program evaluation;
- 6) Sensitivity, knowledge and skills with respect to cultural and individual differences.

Interns cumulatively track their internship experiences using the **Clinical Case Logsheet** and **Clinical Hours Summary**. At the end of the internship year, students must complete the **Feedback Form** and **Internship Addendum** from the Clinical Psychology Program at Concordia University in which they have the opportunity to provide feedback to CUPIP on their experience. This information is important for statistics for the clinical program and for accreditation purposes. Submission of this form is a requirement for completion of the internship course PSYC 885.

Certificate of Completion

Upon successful completion of their internship, interns are awarded a Certificate of Internship Completion.

ETHICAL CONDUCT

Ethics and Professional Practice Guidelines

Interns must adhere to the Canadian Psychological Association (CPA) Code of Ethics for Psychologists (3rd ed.), the CPA Practice Guidelines for Providers of Psychological Service, and the Ordre des Psychologues du Québec (OPQ) Code of Ethics. Interns must also follow any procedures for record keeping specifically required in their rotations.

- Canadian Psychological Assoc. **Code of Ethics for Psychologists** (3rd ed.)
- Canadian Psychological Assoc. (2001) **Practice Guidelines for Providers Psychological Service**
- Ordre des Psychologues du Québec. (2006) **Code of Ethics**

Procedures for Inadequacies and Grievances

Interns who are experiencing problems in their rotations should first approach their individual supervisor or the Rotation Group Director or Chief Psychologist. If the intern feels that they cannot approach these individuals, or that the situation has not been resolved, they should then discuss the issue with the Chair of the CUPIP Training Committee (DPaC). All discussions with DPaC will be held in strict confidence. Complete details for these procedures can be found in **Appendix A**.

CUPIP INTERN DOCUMENTATION

There are a number of predoctoral internship program documents which need to be completed in accordance with CPA Program Accreditation and Licensure Requirements. The following is a summary of these forms. These forms constitute a formal record of your internship training experience and become part of your intern record. You should keep a copy of all documentation for your personal records, as these will be essential when applying for licensure, and jobs. All of the forms below are requirements of the Concordia University Psychology Internship Program. All forms are also available as fillable PDFs located on the CUPIP website. Hardcopies can be printed and completed by hand. Submit hardcopy only.

| FORM | WHO | WHEN | INFORMATION |
|--|--|-------------------------|---|
| Internship Position Confirmation (NO FORM) | Intern | Match Day | <ul style="list-style-type: none"> • Individual who agree to an internship offer should provide a written letter of acceptance to DPaC |
| CSST Form | Intern | August | <ul style="list-style-type: none"> • Complete this form for accident insurance • CSST insurance does not replace malpractice insurance • Submit to DPaC |
| Individualized Training Plan | Intern Rotation Group Director | September & February | <ul style="list-style-type: none"> • Detail general and individualized training goals • Outline caseload expectations • Submit to DPaC |
| Clinical Case Logsheet | Intern | Weekly | <ul style="list-style-type: none"> • Complete for every case • Use to facilitate completion of Clinical Hours Summary |
| Clinical Hours Summary | Intern | February & August | <ul style="list-style-type: none"> • <i>Cumulative</i> summary of hours • Supervisor should review and sign • Record observed cases too (enter 0 for direct hours) • Submit to Rotation Group Director and DPaC |
| Supervisor Evaluation Form | Intern (Part 1) Supervisor (Part 2) | February & August | <ul style="list-style-type: none"> • Supervisor should review and sign • Submit to Rotation Group Director and DPaC |
| Feedback Form | Intern | August | <ul style="list-style-type: none"> • Complete second page for every major supervisor • Need to submit for internship completion |
| Internship Addendum | Intern (Part 1 & 3) Rotation Group Director (Part 2) | February & August | <ul style="list-style-type: none"> • Complete this form IN ADDITION to forms above • Submit to DPaC |

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-remunerated 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 |
| | Department | Internal Address | DPaC (Director Practica & CUPIP) |
| | Psychology | PY 111.5 | |
| | Email | Phone Number (Work Extension) | |
| | apc@concordia.ca | (514) 848-2424 x7551 | |

| | | |
|--------------------|---------------|---|
| Course Info | Course Number | |
| | 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.

Specific Training Goals and Objectives (i.e. Expected caseload, type of assessment and intervention, client populations, etc.):

| Type of Case | Approx. # of clients | Modality | Format | Supervisor |
|--------------|----------------------|----------|--------|------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Additional Training Goals (i.e. consultation, supervision, program development, etc.)

Supervision Experiences (i.e. Frequency, group/individual, etc.):

Didactic Experiences

Additional Comments

Approval of Individualized Training Plan

| | | |
|-------------------------|------------------------|------|
| Intern PRINT | Intern SIGN | Date |
| Supervisor(s) PRINT | Supervisor(s) SIGN | Date |
| Training Director PRINT | Training Director SIGN | Date |
| DPaC PRINT | DPaC SIGN | Date |

| 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 | | | |

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) | | | |

| | | Total Hours (face-to-face) | # Different Individuals (groups, families, couples) | |
|---|--|--|--|--|
| Intervention Experience | 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 | | | |

| This information may not be known for all clients. Indicate only when known. | | Intervention (# clients) | Assessment (# clients) |
|--|---|---|---------------------------|
| Diversity Experience | 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 neuropsych) | | |
| | Other (specify): | | | |

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

| Assessment Instruments | Adult | | Child & Adolescent | |
|--|---------------------|---|--|---|
| | | # | Parent / Youth-Report Measures | # |
| | Symptom Inventories | | | |
| 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 | | Child & Adolescent | |
|--------------------------------|---|---|---|---|
| | Academic Functioning | # | Academic Functioning | # |
| | Strong Interest Inventory | | Wechsler Individual Achievement Test (WIAT) | |
| | Wechsler Individual Achievement Test (WIAT) | | Wide Range Assessment Memory & Learning | |
| | Wide Range Assessment Memory & Learning | | Woodcock Johnson III | |
| | Woodcock Johnson III | | WRAT-4 | |
| | WRAT-4 | | Other: | |
| | Other: | | Behavioural and Personality Inventories | |
| | Behavioural and Personality Inventories | | Millon Adolescent Personality Inventory | |
| | Millon Clinical Multi-Axial III (MCMI) | | MMPI Adolescent | |
| | Minnesota Multiphasic Personality Inventory | | Other: | |
| | Myers-Briggs Type Indicator | | Projective Assessment | |
| | Personality Assessment Inventory | | Human Figure Drawing | |
| | Other: | | Kinetic Family Drawing | |
| | Malingering Measures | | Roberts Apperception Test Children | |
| | Structured Interview of Reported Symptoms | | Rorschach | |
| | Miller Forensic Assessment of Symptoms Test | | Other: | |
| | Rey 15-Item Test | | Other Measures: | |
| | 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: | | | | |

| 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 |
| | | | | | |
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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 |

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 7141 Sherbrooke Street West, PY146
 Montreal, QC H4B 1R6

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 _____

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 7141 Sherbrooke Street West, PY146
 Montreal, QC H4B 1R6

TRAINING SITE FEEDBACK

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

| Rate the degree to which your expectations about the TRAINING SITE experience were met. | | | | | | | | | |
|---|---|------------------|----------------------|----------------|------------------|------------------|-------------------|--------------|--|
| Evaluation of Training Site Experiences | | 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.

| | | No / Never Insufficient Inappropriate | | Always Appropriate Great Deal | | Cannot Judge |
|----------------------------------|--|---|---|-------------------------------------|---|-----------------|
| | | 1 | 2 | 3 | 4 | |
| Evaluation of Primary Supervisor | 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.

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 Applied Psychology Centre, Attn: DPac
 7141 Sherbrooke Street West, PY111.5
 Montreal, QC H4B1R6

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 |
| | | | |

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?

**How would you rate this intern's performance during internship?
(Compared to that expected at this level of training?)**

| | | | | | | |
|----------------------|------------|---------------|---------|-----------|-----------|-------------|
| Intern Rating | 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

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Applied Psychology Centre, Attn: DPaC
7141 Sherbrooke Street West, PY146
Montreal, QC H4B 1R6

APPENDIX A

Policies and Procedures For Assessing Inadequate Performance by Interns, Supervisors, or the Rotation Group and Grievance Procedures

PROCEDURES FOR ADDRESSING INADEQUATE INTERN PERFORMANCE

The procedures for addressing inadequate intern performance entail three components:

- 1) delineation of performance standards;
- 2) methods for dealing with inadequate intern performance; and
- 3) appeal procedures

Performance Standards

During the orientation to the internship program, interns are provided with a copy of the criteria and procedures for evaluating intern performance. The Chair of the CUPIP Training Committee (DPaC) and the appropriate Rotation Group Director reviews these procedures with the interns. This material includes:

1. curriculum summary of the internship program; goals and objectives as well as minimum standards for successful completion of the internship program;
2. copies of all evaluation forms

Program Procedures for Addressing Inadequate Intern Performance

1. When a supervisor is concerned about intern performance, it is the supervisor's responsibility to address the matter with the intern directly and to facilitate discussion concerning a course of remedial action. Remedial actions will include documented and specific performance objectives and a time frame for meeting those objectives.
2. The Rotation Group Director meets with the supervisor at the middle of each module to review intern progress and, where necessary, to review remedial actions requested of the intern. The Rotation Group Director will consider the stage of the internship when consulting with supervisors about remedial action; i.e., inadequate performance at the beginning of the internship might require different action than inadequate performance at the end of the internship.
3. If the intern's performance fails to improve to the agreed upon standard within the agreed upon time, the supervisor communicates this information to the student, to the Rotation Group Director, and to DPaC in writing. If the Rotation Group Director is the supervisor, then a member of the CUPIP Training Committee is appointed to act in that capacity. The Rotation Group Director will then meet with both the supervisor and the intern to discuss the matter and to develop a formal Remediation Plan. The Rotation Group Director may contact DPaC at any point during the year in order to obtain collateral information or to seek advice concerning corrective action but will inform the intern when doing so. The Rotation Group Director and/or the supervisor will also consult DPaC in the preparation of the formal Remediation Plan. The Rotation Group Director may also seek collateral information or advice from other in-house supervisors.
4. The outcome of the preceding meeting will be documented in a written Formal Remediation Plan. Formal Remediation plans must include at a minimum:

- a) an outline of the specific skills or knowledge which is judged to be deficient;
- b) specific goals for the remediation process;
- c) a defined mechanism whereby the intern's progress in redressing the deficits will be evaluated. This mechanism will include a date by which the intern will be re-evaluated with respect to these deficits;
- d) specific steps to be taken by the intern, and a statement about who is responsible for assisting the intern in carrying out the remediation plan.

The status of the remediation will be reviewed no later than the next formal evaluation period and communicated in writing to the intern and DPaC. The written document will then be co-signed by the Rotation Group Director, supervisor, intern, and DPaC.

- 5. Should the intern contest the outcome of the preceding meeting or should inadequate performance persist after the agreed-upon time frame for its remediation, the Rotation Group Director will convene a special meeting of the CUPIP Training Committee. In the event that one of the CUPIP Training Committee members initiated the complaint, that member will withdraw from the meeting. The Committee will collectively develop a written recommendation which will be forwarded to the intern and to the Chief Psychologist of the psychology unit (Department/Service) concerned.
- 6. The Rotation Group Director may consult the hospital Human Resources Department for advice on procedures/risk management at any point in the process.
- 7. The ultimate decision concerning corrective action is made by the Chief Psychologist (in consultation with the Rotation Group Director and DPaC), who will communicate that decision concerning the CUPIP Training Committee's recommendations in writing to both the intern and the CUPIP Training Committee.
- 8. Certain breaches of the Criminal Code of Canada, the CPA Code of Ethics and Professional Conduct, the OPQ Code of Ethics, or the policies of the MUHC may be cause for immediate dismissal from the program. Examples of such activities may include alcohol or drug use at work, theft from the hospital, or engaging in sexual intimacies with a patient.
- 9. Remedial options open to the program include, but are not limited to:
 - a) modifying the curriculum, e.g., assigning additional readings;
 - b) increased supervision;
 - c) shifting the focus of supervision;
 - d) modifying the format of the supervision, e.g., more direct observation;
 - e) reduction of clinical load;
 - f) requiring academic assignments;
 - g) assigning a different supervisor;
 - h) recommendation for personal therapy;
 - i) leave of absence;
 - j) limited endorsement at graduation from program;
 - k) recommendation for a second internship;
 - l) termination from the program

Termination/Failure Policy

The decision to fail an intern may be made on the basis of either gross unprofessionalism or failure to meet the standards set for successful completion of the internship. This decision may be made

during the course of the internship year, in which case the intern's training will be terminated and the intern failed at that point. The decision to fail may also be made at the end of the internship training year.

The decision to fail the intern will be made by the Chief Psychologist in consultation with the appropriate Rotation Group Director and DPaC. Such a decision would be made only when the issues involved are judged as sufficiently serious and unresponsive to remediation attempts. The rationale for making such a decision will be fully documented and a written copy will be provided to the Rotation Group Director, the intern, and DPaC. The intern has the right to appeal a decision to fail.

Appeal Procedures

The intern has the right to appeal individual supervisor's evaluations, end of module evaluations, decisions related to remediation, and decisions to fail.

A. Appeal of individual supervisor's evaluation

In the event that an intern does not agree with the evaluation of an individual supervisor within a module, the matter should be discussed informally between the intern and supervisor. If it cannot be resolved satisfactorily at that level, the matter will be referred in writing to the Rotation Group Director. The Rotation Group Director will make a decision in consultation with the intern, the supervisor, the CUPIP Training Committee, and DPaC. This judgment will be in writing, and will be given to the intern, the supervisor, and the CUPIP Training Committee members. This decision is final.

B. Appeal of the mid/end of rotation evaluation

This evaluation is written by the Rotation Group Director on the basis of the evaluations filled out by all supervisors involved in the rotation. In the event that an intern does not agree with the evaluation, the intern may refer the matter in writing to the Chief Psychologist with a copy to the Rotation Group Director outlining the reasons for disagreeing with the evaluation. The Chief Psychologist will make a judgment in consultation with the Rotation Group Director, the CUPIP Training Committee, and the supervisors.

C. Appeal and Remediation Plan

The Remediation Plan is developed for the purposes of remediating a competence area which is seen as being deficient. The intern may appeal this plan in writing to the CUPIP Training Committee. A subcommittee of CUPIP Training Committee members who have not been active in the development of the Remediation Plan will choose a chairperson from among their members, and this subcommittee will review the Remediation Plan, making a judgment in writing. This judgment is final.

D. Appeal of a termination/failure decision

The decision to terminate the training of an intern is made by the Chief Psychologist in consultation with the appropriate Rotation Group Director and DPaC. Should the intern choose to appeal this decision, an Appeal Committee will be struck, chaired by an individual designated by DPaC. Any individual so designated must be a licensed psychologist who has undergone a pre-doctoral internship. The chairperson will appoint a committee consisting of three psychologists who are designated as approved clinical supervisors by CUPIP and who have not been involved in the training of the intern. The following guidelines are suggested in comprising the committee: One psychologist nominated by the Rotation Group Director; one psychologist nominated by the intern; and one psychologist nominated by DPaC. This

committee will make a judgment which will be in writing, and this judgment shall be final and binding.

GRIEVANCE PROCEDURES

- A. If conflicts arise between interns in the program, it is the responsibility of the aggrieved intern(s) to initiate communication with the other intern(s) and use conflict management and problem solving skills to resolve the conflict to the satisfaction of all involved. This means that aggrieved interns are first expected to resolve problems with other interns directly and not to solicit involvement of supervisors.
- B. If a resolution appears to have been reached as a result of this initial contact and subsequently the aggrieved intern perceives the trigger situation to continue, then the aggrieved intern(s) should initiate a second contact with the other intern(s) of their concern and seek further resolution to the issue. That is, aggrieved interns are expected to persist in resolving problems with other interns directly, through a second effort, if at all possible.
- C. Should this second effort fail to satisfy the aggrieved intern(s) or if the other intern(s) refuses to acknowledge the need to work toward resolution of the problem, then the aggrieved intern(s) may request that a supervisor act in the capacity of mediator (or arbitrator, if both interns agree) of the intern dispute. It is the responsibility of the aggrieved intern(s) to consult with the chosen supervisor/mediator and the other intern(s) in order to arrange for mediation sessions. (The supervisor will assume an advisory role only if it is clear that there has been a violation of policies or procedures, or breach of ethical standards.)
- D. Conflicts between interns and supervisors should be dealt with as described above. If a neutral supervisor cannot successfully mediate the dispute, the Rotation Group Director may be asked to be the arbiter. In the latter case, if the Rotation Group Director is the supervisor involved in the dispute, DPaC may be asked to act as arbiter.

PROCEDURES FOR ADDRESSING INADEQUATE SUPERVISOR PERFORMANCE

Procedures for addressing inadequate supervisor performance entail three components:

- 1) delineation of standards for supervision;
- 2) methods for addressing inadequate performance by a supervisor; and
- 3) appeal procedures.

Supervision Standards

1. All supervisors are provided a copy of the evaluation form used by the interns to evaluate the process and content of supervision. Providing adequate supervision is a condition of employment and an ethical and professional requirement for licensed psychologists, as is outlined in the CPA and OPQ Codes of Ethical Conduct.

Procedures for Addressing Inadequate Performance by a Supervisor

1. When the intern is concerned about the quality of supervision they are receiving, they should first discuss the matter directly with the supervisor in question and explore possible ways of improving the supervision.
2. The intern is encouraged to utilize the support and advice of their Rotation Group Director in resolving supervision concerns. Interns are not obligated to consult the Rotation Group

Director, though they are encouraged to do so throughout this process so as to ensure that the issue of differential power between supervisor and intern does not intensify the problem.

3. If the intern is of the opinion that the supervisor is not responsive to such discussion, they should communicate the concerns directly to the Rotation Group Director. The Rotation Group Director will meet with both parties to discuss and agree on corrective action. The outcome of their meeting will be held in confidence.
4. Possible corrective actions include, but are not limited to:
 - a) recommended reading on effective supervision;
 - b) a period of supervision to further improve and evaluate supervisory skills. This is done by the Rotation Group Director or designate;
 - c) attendance at supervision workshop at CPA or OPQ;
 - d) removal of supervisory responsibilities or changing supervisors.
5. If the intern is dissatisfied with the outcome of the meeting with the Rotation Group Director, they may appeal the matter to the Chief Psychologist and/or DPaC.
6. Inadequate supervision performance reflecting inadequate work performance may be dealt with according to departmental and institutional policies on performance evaluation and discipline.

PROCEDURES FOR ADDRESSING INADEQUATE PERFORMANCE BY THE ROTATION GROUP TRAINING COMMITTEE

Addressing inadequate performance by the Rotation Group Training Committee entails two components:

1. delineation of the rotation group's training mandate; and
2. procedures for dealing with the inadequate performance.

Rotation Group Training Committee Mandate

Staff and interns are provided an outline of the responsibilities of the Rotation Group.

Procedure for Addressing Inadequate Performance

1. When staff have any concerns about the in-house administration of the internship program, they should notify the Rotation Group Director or a member of the CUPIP Training Committee. Concerns will be brought forward at the next administrative meeting.
2. When interns have any concerns about the administration of the internship, they should take those concerns directly to the Rotation Group Director who will air the issues at the monthly meeting of the rotation group.
3. If members of the department or interns are dissatisfied with the proposed resolution of concerns arising from the administrative meeting, they may bring the matter first to the attention of the Rotation Group Director. If no satisfactory resolution is achieved through this action, staff or interns may appeal the matter to the appropriate Chief Psychologist and/or DPaC.

Concordia University Psychology Internship Programme (CUPIP) - Organizational Map (2015-2016)

CUPIP EXECUTIVE TRAINING COMMITTEE

Chair, Director of Practica and CUPIP (DPaC) – *Dr. Dina Giannopoulos*

Director of Clinical Training, Concordia Doctoral Programme (DCT) – *Dr. Andrew Ryder*

Director, Applied Psychology Centre (DAPC) – *Dr. Dina Giannopoulos*

CUPIP Intern Representative – *Danit Nitka, M.A.*

Rotation Group Directors – *Drs. Yves Beaulieu, Jennifer Russel, Ann Gamsa, Viviane Sziklas, & Marc Hamel*

Montreal Children's Hospital Rotation Group

Rotation Group Director
Dr. Yves Beaulieu

Professional Practice Leader
Dr. Yves Beaulieu

Major Rotations
-Pediatric Psychology
-Mental Health
-Preschool Pediatric Psychology
-Neuropsychology

Professional Psychology Staff

Drs. Beaulieu, Cohen, DeRemer, Gauthier, Janveau-Brennan, LeGallais, Martel, Porporino, Ramsay, Simon, Stack, Steiman, Sufrategui, Zygmuntowicz

Location The Glen
Department of Psychology
1001 Decarie Blvd.
A03.3138

MUHC Adult Psychology Services Rotation Group

Rotation Group Director
Dr. Jennifer Russel

Chief Psychologist
Dr. Alain Ptito

Major Rotations
-Cognitive Behaviour Therapy Service
-Neuropsychology
-Sex and Couple Therapy Service
-Montreal General Psych Service

Psychology Staff
Drs. Russell, Bergevin, Giannopoulos, Goulet, Kalogeropoulos, Kronick, Koski, Ptito, Sinai, Sinyor, Sookman

Locations
Allan Memorial Institute
1025 Pine Ave West
Montreal, QC H3A 1A1

Alan Edwards Pain Management Unit Rotation Group

Rotation Group Director
Dr. Rivard

Professional Practice Leader
Dr. Ann Gamsa

Major Rotation
-MUHC Pain Centre

Psychology Staff
Drs. Gamsa, Rivard, Gelfand, Lahaie

Location
Montreal General Hospital
1650 Cedar Ave, Room E19-128
Montreal, QC H3G 1A4

Montreal Neurological Institute Rotation Group

Rotation Group Director
Dr. Viviane Sziklas

Professional Practice Leader
Dr. Viviane Sziklas

Major Rotation
-MNI

Psychology Staff
Drs. Sziklas, Crane, Djordjevic

Location
Neuroscience Unit 3801
University Street
Montreal, QC H3A 2B4

Psychosocial Oncology Rotation Group

Rotation Group Director
Dr. Lana Pratt

Professional Practice Leader
Dr. Marc Hamel

Major Rotation
-MUHC Psychosocial Oncology Program

Psychology Staff
Drs. Hamel, Di Dio, Pratt

Location
The Glen
1001 Decarie Blvd.
D02.9005
Montreal, QC H4A 3J1