



CUPIP

CONCORDIA UNIVERSITY PSYCHOLOGY INTERNSHIP PROGRAM

HANDBOOK

Revised September 2024

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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

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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, which is headed by the 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 (regardless of orientation or population) are exposed to the following training experiences:

¹ PhD in Psychology (Research and Clinical Training Option)

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 four 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 Allan Memorial Institute, and the Montreal Neurological Institute; 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 (MCH) of the McGill University Health Centre Rotation Group

The Department of Psychology of the Montreal Children's Hospital (MCH) is staffed with over 35 psychologists working on a full-time or part-time basis. The Department of Psychology is the primary professional affiliation for psychologists who work in a broad range of multidisciplinary teams and clinics. The Department provides services for children from birth to 18 years. Patients include children hospitalized for medical issues (e.g., leukemia, intensive care unit, various medical conditions), as well as those followed in clinics for chronic medical conditions (e.g., gastrointestinal

disorders, eating disorders, severe obesity, juvenile-onset arthritis). In addition, children below five years of age with suspected neurological, metabolic, feeding or other problems that are likely to impact their development are also candidates for psychological services. Finally, psychologists are at the forefront of providing services to latency age children and adolescents presenting with severe behavioral and emotional problems.

Psychology residents at the MCH move through three rotations which are offered in the training programme. Taken cumulatively, the programmes and services described in the rotations comprise the various roles of the psychologist within the Montreal Children's Hospital. The residency programme is constructed to allow the resident the opportunity to participate in each of the rotations and thereby achieve a comprehensive exposure to the nature of psychological practice within a tertiary care setting. The specific experience of residents may vary from year to year according to staffing as well as the resident's prior training experiences.

Pediatric Psychology Rotation

This rotation is designed to develop the resident's knowledge and skills in evidence-based behavioral medicine. The focus of the rotation is on the interactions between the physical and social environment, cognition, behavior and biology in health and illness. Residents will learn to provide cutting-edge psychological interventions to pediatric inpatients and outpatients and their families that foster health and rehabilitation. The thrust of this rotation is on the prevention, diagnosis, and treatment of illness from a psychology perspective. This rotation lies at the intersection between mental health and medicine whereby each influences the other in a bi-directional relationship.

Residents in this rotation will be trained in the skills of tertiary care psychology. They will develop the skills required for assessment and intervention in working with some of the most complex and difficult cases in the health care system.

Residents will become proficient in evidence-based interventions where time is often a critical factor. Intervention requests and referrals span the full range of pediatric psychology and include but are not limited to: coping with illness and disability in catastrophic (e.g., leukemia, amputation, intensive care hospitalization) and chronic illness (e.g., Crohn's and inflammatory diseases, diabetes, end-stage renal disease); acute care (e.g., preparation for medical procedures on an urgent basis); adherence to medical regimens, as well as somatoform disorders. Residents will become well versed in the management of anxiety, depression, and grief in children and adolescents experiencing severe illnesses. As well, they will be central in providing interventions to families whose functioning has been disrupted by illness or tragedy. Thus, the resident's training comprises the set of clinical skills acquired in mental health clinics and extends this training to include addressing the added complications of illnesses that further disrupt children's and families' functioning. Moreover, issues of compliance with treatment take on an increased level of difficulty and urgency as the consequences of non-compliance with medication or surgery can lead to organ damage or failure, or death.

Residents in pediatric psychology function as members of multidisciplinary teams and are involved in evaluation and consultation as well as short-term individual and family interventions throughout the hospital.

Mental Health Rotation

This rotation is designed to train residents in diagnosis and treatment of complex mental health problems in both inpatient and outpatient mental health settings. In the inpatient arm of the mental health rotation (Pediatric Psychiatry Care Program (PPCP)) residents will have the opportunity to provide crisis intervention to suicidal youth and psychological interventions to youth with acute, complex mental health problems (i.e., mood disorders, conversion disorder, etc.) that are often comorbid with other conditions (i.e., personality disorder traits, gender dysphoria, severe anxiety, etc.). Psychological interventions used in the PPCP include psychoeducation and cognitive behavior treatments for severe depressive disorders as well as short-term intervention modules in the areas of emotion regulation, distress tolerance and coping skills. In addition, psychology residents will also have the opportunity to conduct evaluations of the social / emotional and personality functioning of their assigned patients. Psychology residents in the PPCP are involved with all services provided by psychology in the inpatient program and participate as active members of the multidisciplinary team. As such, they provide case conceptualizations of their assigned patients, report progress noted, etc. at tri-weekly multidisciplinary rounds, and do liaison work with community psychologists as part of discharge planning. The model of supervision offered to psychology residents in the PPCP follows a developmental model that allows initially residents to observe PPCP psychologists in sessions with patients and then to work as a co-therapist with the PPCP psychologist prior to working alone with an assigned patient. Given the complexity of the cases, regular formal supervision and support are offered to the psychology residents.

In the outpatient arm of the mental health rotation, residents will have the possibility of working in the Adolescent Medicine eating disorders clinic. The Outpatient Department (OPD) of the MCH Psychiatry Department and Le SPOT, the Children's specialized centre for adolescent mental health. Residents working in Adolescent Medicine will gain experience in intervening with adolescents suffering from either anorexia nervosa or severe obesity, as well as their families. Residents will have an opportunity to provide group therapy for adolescents or multi-family group therapy. Psychologists working within the Adolescent Medicine clinic have designed these groups to fit the specialized needs of these complex patients. These groups utilize an integration of evidence-based approaches to help patients and their families understand and work with emotions that often arise around eating and that interfere with their capacity to take care of their health. Patients and their families are guided in developing skills including managing emotions, fortifying self-esteem and effective communication. Group interventions follow CBT, DBT and RO-DBT principles. Based on staff availability, the resident may have a choice of being a co-therapist in one or more of the following psychotherapy groups offered: 1) Inside Out – Emotional Health, Global Health (CEASO clinic), a multi-family psychotherapy group for adolescents suffering from severe obesity and their parents; 2) LIFT (Eating Disorders Clinic): A multi-family psychotherapy group with adolescents suffering from anorexia nervosa and their parents and 3) Team up against ED (Eating Disorders Clinic); A psychotherapy group for adolescents suffering from restrictive eating disorders. Residents training in the OPD will provide psychological interventions to latency age and adolescent patients treated in one of the many specialized clinics operating in the Department of Psychiatry including Northern and Indigenous Population Services, Evaluation and Stabilization of Complex Cases (ESCC) and Behavioral Pediatrics. Lastly, residents training at Le SPOT, one of the largest ambulatory centres in Canada for teens in suicidal crisis will learn evidence-based treatments to provide adolescents and their families individualized interventions to help manage the suicidal crisis and empower them to manage distress as well as emotional crises. Residents will also receive training in the management of various other mental health conditions which present in outpatient mental health clinics (e.g., complex trauma, obsessive-compulsive disorder, severe depression and/or anxiety). The Adolescent Medicine Clinics, the OPD clinics and Le SPOT operate at a

secondary and tertiary care level, and thus, residents will provide care to patients experiencing multiple comorbidities as well as increased severity of symptoms.

Preschool Pediatric Psychology Rotation

The Preschool Pediatric Psychology Rotation (PPPR) provides inpatient and outpatient care to children primarily under six years of age. The PPPR is designed to develop the psychology resident's knowledge and skills with preschool children who have complex physical, medical conditions and associated developmental, behavioral and psychosocial needs. The mandate of programs within this rotation (Feeding Program, Back on Track, Brain Development and Behavior) has two general goals: (1) to ensure that the residents develop skills in differential diagnosis and cognitive evaluations, as well as socio-emotional and behavioral assessments of children with complex medical/neurodevelopmental disorders; (2) to ensure that the residents develop proficiency in a variety of therapeutic approaches that include modeling behaviors, cognitive-behavioral short-term intervention, as well as supportive therapy. Given the age range of the referred children, all treatment plans directly involve parents and/or caregivers, and often other health care providers. Whereas the Feeding and Back on Track Programs offer training in assessment and treatment, the Brain Development and Behavior offers primarily diagnostic assessment as well as psychoeducation and guidance for parents in arranging community services.

The Pediatric Feeding program provides assessment and treatment of infants and children who present with significant feeding or eating problems secondary to a medical condition. All children accepted in the program are followed actively in a medical clinic/program at the MCH. The difficulties may result in behavioral and interactional issues around mealtimes, inadequate intake, and/or poor growth. The purpose of the psychological assessment is to define the feeding/eating difficulties, identify relevant biopsychosocial factors, specify parental/individual goals and establish a plan to reach these goals. The purpose of the psychological interventions is to help the parents and/or the child cope and adapt to the challenges they are experiencing and to support them to find appropriate strategies to reach their goals. Multidisciplinary interventions in collaboration with occupational therapy, nutrition and pediatrics are frequent.

The Back on Track clinic for preschoolers provides assessment and treatment for infants, toddlers, and preschoolers (typically 5 years and under and not in school) who have behavioral difficulties that interfere with growth and development; those who have pediatric illnesses complicated by behavioral, developmental and/or psychosocial problems; and those who cannot readily be assessed due to their behavioral, sensory, or physical limitations. The focus is on comprehensive assessment (developmental, cognitive, adaptive, etc.) and intervention with preschoolers with pediatric issues or medical problems coupled with behavioral problems. The treatment approach is short-term cognitive-behavioral intervention with parents and children, using evidence-based principles and programming that are individually tailored, including parental guidance and parenting interventions.

The Brain Development Behavior Clinic is a multidisciplinary clinic which offers assessment, diagnosis and recommendations for children ages 0 to 7 suspected of having autism spectrum disorders (ASD) and other developmental disabilities. The evaluations are multidisciplinary and include developmental assessment, as well as evaluation of cognitive and adaptive functioning of children with suspected ASD. The role(s) of the psychologists and residents on the team involve leading the diagnostic assessment within the multidisciplinary team and participation in case management, as well as providing diagnostic feedback and recommendations to the family.

Residents will have the opportunity to observe other professionals' assessments with a number of psychological tests and diagnostic tools for assessing ASD.

McGill University Health Centre Adult Psychology Rotation Group

The MUHC includes 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. Marco Sinai; the Psychologist-In-Chief is Dr. Jennifer Russell.

The MUHC Psychology Training Program offers a wide range of clinical rotations and didactic opportunities for trainees of all levels and offer both Half-Time and Full-Time residencies. Many of our rotations fall under the umbrella of the multidisciplinary MUHC Mental Health Mission which brings together psychologists, psychiatrists and individuals from other allied healthcare professions who provide services in emergency care, inpatient and outpatients units, consultation-liaison, and neuropsychology. Our program also offers rotations in several of the MUHC's medical units for trainees interested in specializing in clinical health psychology.

Centre for CBT Research, Training and Intervention

The Centre for CBT Research, Training, and Intervention (CBT-RTI) is an interdisciplinary outpatient clinic that specializes in providing case formulation-based CBT for adults with various mental disorders (e.g., anxiety disorders, depression, psychosis, PTSD, OCD, insomnia). Trainees will engage in individual and group CBT and participate in the weekly assessment clinic on Wednesday afternoons where they will learn to evaluate patient suitability for CBT and conduct comprehensive diagnostic assessments. Trainees will also attend the 15-week CPA-approved MUHC CBT Seminar Series, participate in a monthly journal club, and present a case in the CBT case conference series. Additional opportunities may include training in virtual reality exposure therapy, involvement in research or program evaluation, and supervision training.

In addition to offering clinical services and an extensive teaching program, the Centre for CBT-RTI maintains an active research program. Research interests of staff members include examining mechanisms of effective clinical supervision, developing short-term, cost-effective interventions for a range of problems, and identifying individual differences associated with effective treatment outcomes.

Mood and Anxiety Disorders Program

Trainees will work within a multidisciplinary team approach to treat patients with a broad range of disorders such as mood, anxiety, obsessive-compulsive, and trauma-related disorders. Training will include exposure to a range of evidence-based approaches (e.g., CBT, MBT, ACT, DBT) in both individual and group therapy modalities. Trainees will also have the opportunity to attend team meetings, academic rounds, and clinic intake assessments.

Personality Disorders Program

Trainees will have the opportunity to conduct short- and long-term individual and group therapy for acute/chronic personality disorders, such as borderline personality disorder (BPD). An integrative approach with principles from MBT, DBT, and transference-focused therapy (TFT) will be used. Opportunities pertaining to assessments, clinical case presentations, and weekly multidisciplinary rounds are offered.

Prevention and Early Intervention for Psychosis (PEPP)

Trainees will work with a complex but deeply rewarding population that suffer from a variety of mental health issues, including psychosis, substance use disorders, suicidal thoughts, BPD, and trauma-related disorders. In addition to individual psychotherapy, trainees may also participate in co-facilitating groups or in-intake assessments.

Module for Evaluation and Liaison

Trainees will engage in assessment, case formulation, and individual therapy based on CBT (cognitive behavioral therapies), ACT (acceptance and commitment therapy), and DBT (dialectical behavior therapy) frameworks for various mental disorders. This clinic treats individuals with mental health crises or with complex mental health issues.

McGill University Sexual Identity Clinic (MUSIC)

MUSIC is an interdisciplinary team providing mental health care to LGBTQ+ individuals from across Quebec. Trainees will engage in assessment, case formulation and psychotherapy (individuals, couples, families) for a wide range of presenting problems (e.g., gender dysphoria, internalized homo/transphobia, mood, anxiety, trauma-related and personality disorders). Our clinic is psychodynamically oriented with additional expertise in third wave CBT (DBT, ACT). Group psychotherapy is a central component of our programming. Individual and group supervision are offered with opportunities to be involved in program development and ongoing research.

Alan Edwards Pain Management Unit

The Alan Edwards Pain Management Unit is a multidisciplinary clinic aiming to help patients better manage and adapt to pain. Psychologists are highly valued in the team given the important overlap between chronic pain and psychological comorbidities. Trainees will have the opportunity to engage in assessment, short- and long-term individual therapy, group therapy, and joint appointments with allied health professionals. Patients present with diverse psychological challenges, but most commonly mood and anxiety disorders, trauma-related disorders, and personality pathology.

Chronic Viral Illness Service

Working in a multidisciplinary team, trainees will engage in comprehensive assessments, CBT-based case formulation of a range of psychological problems (with a focus on PTSD), treatment planning, psychological interventions (guided by the DBT-PE model), and research.

Emphasis will be put on diversity, ethical principles, and understanding referral pathways.

Bariatric Surgery Psychology Program

Trainees will engage in assessment, case formulation, and individual therapy based on CBT (cognitive behavioral therapies), ACT (acceptance and commitment therapy), and DBT (dialectical behavior therapy) frameworks for various mental disorders in the context of perioperative care for bariatric surgery patients. Opportunities pertaining to group therapy and program development may be offered.

Inflammatory Bowel Disease (IBD) Clinic

Trainees will work with a multidisciplinary team and will be exposed to patients living with Crohn's disease and Ulcerative Colitis who are in various stages of their disease management. Trainees will conduct assessments, case formulation, individual and group therapy and will be exposed to a range of psychological problems including anxiety, mood, and trauma-related disorders. An integrative approach with principles from ACT, MBT and trauma-focused therapy will be used.

Transitional Day Program

Residents will have the opportunity to apply short-term psychological interventions for patients attending the 4-8 week-long day hospital program. The Transitional Day Program of the Montreal General Hospital functions as an alternative to hospitalization, allowing patients to benefit from a therapeutic setting while being able to remain in their home. The program treats acutely-ill patients, many of whom were recently discharged from the emergency department or psychiatric inpatient ward. Resident participation in group therapy and individual therapy will be essential, as well as involvement in weekly multidisciplinary team rounds.

Consultation-Liaison Service

Working in an interdisciplinary team, students will receive training in assessment and therapy (individual and group) with inpatients and outpatients in the departments of obstetrics, cardiology, respirology, critical care, trauma, and endocrinology. Trainees will also attend team meetings and journal club and will have the opportunity to be involved in program development and research.

Traumatic Brain Injury

The TBI Program provides assessment services and early rehabilitation to patients with TBI of varying severity. There are two different options for neuropsychology residents:

OPTION 1: The TBI Program provides assessment services and early rehabilitation to hospitalized patients with TBI of varying severity (mild to severe). The neuropsychologist must help the multidisciplinary team establish discharge planning by assessing patients at bedside in order to have a better understanding of their cognitive prognosis. Supervisor: Maude Laguë-Beauvais, PhD – Neuropsychologist

OPTION 2: The Mild TBI Outpatient Clinic provides follow-up for patients in the Montreal region who have suffered a mild TBI. This monitoring is carried out on an external basis. We work closely with a team of medical advisors (physiatrists and a neurosurgeon). The main goal is to evaluate the

individual's cognitive and affective profile, to offer appropriate recommendations, and to create a targeted treatment plan with our doctors. Supervisor: Kirsten Anderson, Ph.D. – Neuropsychologist and Psychologist

For both options, there will be opportunities to participate in multidisciplinary rounds and neuropsychology rounds with other MUHC departments, shadow multidisciplinary members (e.g. neurosurgery, psychiatry, PT/OT, SLP, social work, etc.) and possibly participate in research. Residents must be bilingual to serve a varied population. Report writing is mainly done in French for Option 1, and in English for Option 2.

Adult Neuropsychology Service

This service receives referrals primarily from inpatient and outpatient psychiatry, where diagnostic comorbidity is the norm. Other referrals may come from other medical missions within the hospital and community-based healthcare partners. Trainees conduct neuropsychological assessments, perform diagnostic assessments for suspected neurodevelopmental disorders, and provide short-term group CBT and cognitive rehabilitation to individuals with attention deficits.

Montreal Neurological Institute/Hospital Rotation Group

The Montreal Neurological Hospital is a medical center for neurological care and treatment in partnership with the Montreal Neurological Institute at the research level. Together, these two establishments are known in the community as "MNI" or "The Neuro". The hospital and institute are affiliated with McGill University and are part of the McGill University Health Center (MUHC). The Neuro has a rich history in neuropsychology, going directly back to Dr. Brenda Milner. The clinical neuropsychology training program takes place within the Neuropsychology Clinic, itself an integral part of The Neuro's clinics and programs. The Neuropsychology Clinic is part of the Cognitive Neuroscience Unit and the Department of Neurology and Neurosurgery at McGill. The Neuropsychology Clinic serves an outpatient and hospitalized clientele and works in close collaboration with the hospital's multidisciplinary teams. Neuropsychology internships are available in the following formats:

1. Six to twelve months full-time (four days per week)
2. One year part-time (two and a half days per week)

The internship involves a rotation amongst different specialties, including epilepsy and neurosurgical patients as well as a general neurological population. The Epilepsy Unit provides services to patients with seizures, the majority of whom are candidates for elective neurosurgery. In this context, the neuropsychologist plays an indispensable role in the preoperative investigation and contributes their expertise to the evaluation of the benefits and risks of brain surgery. The General Neurosurgery Unit provides services to a diverse clinical population, including patients with movement disorders, who are candidates for elective neurosurgery to relieve motor symptoms, neuro-oncology patients (with brain tumors) and patients with cerebrovascular diseases (such as aneurysms, arteriovenous malformations and hemorrhages). The General Neurology Unit sees patients with a variety of neurological disorders, including multiple sclerosis, traumatic brain injuries, as well as cognitive impairment associated with neurodegenerative diseases.

Trainees will carry out neuropsychological assessments, which include administration of a wide variety of tests, analysis, and interpretation of the results, and report writing. If possible, they will participate in a specialized procedure that involves unilateral anesthesia of the brain, in which language and memory functions of each hemisphere are examined separately (e-SAM). Following patient assessment and report writing, trainees will have the opportunity to provide feedback and discuss the results with other healthcare professionals, including neurologists, neurosurgeons, nurses, social workers, and speech-language pathologists.

Clinical supervisors provide individual supervision regularly in the planning and preparation of neuropsychological assessments, observation of test administration, oral and written feedback, discussion of cases, and report writing. In addition, group supervision is offered on a weekly basis in the form of neuropsychology teaching seminars. Peer supervision opportunities are offered depending on availability.

Trainees will attend various presentations, seminars and conferences in epilepsy, as well as weekly meetings (approx. two per week) with multi-disciplinary teams involved in patient care.

Training is carried out in accordance with the program requirements of the intern's university. The internship program at the MNI offers a wealth of experience in a dynamic hospital setting. We seek candidates who possess good oral and written communication skills and are autonomous, motivated, and flexible, and above all else who value teamwork. Prospective candidates should submit their letter of intent, curriculum vitae, transcripts, and a minimum of two reference letters to Silvia Paoletti (silvia.paoletti@muhc.mcgill.ca).

Psychosocial Oncology Rotation Group

The MUHC Psychosocial Oncology program (PSO), Glen Site, is a multidisciplinary team that addresses the psychological distress of adult cancer patients and their family members. Psychosocial Oncology focused care is concerned with the myriad of psychological, emotional, social and spiritual responses of persons affected by cancer. Training offered includes assessment of psychological and psychosocial issues, treatment conceptualization, and the teaching of different psychological interventions. Theoretical orientation is eclectic with a patient centered approach (e.g.: ACT CBT, existential, grief therapy). Interns provide individual therapy to a diverse adult outpatient population with different types of cancer diagnoses. Interns may provide PSO services at any time point along a patient's trajectory of cancer care (from diagnosis to survivorship, to end of life). Family caregivers and the bereaved are also part of the patients seen in clinic.

The Rotation Group Director is Dr. Lana M. Pratt; the Professional Practice Leader is Dr. Marc Hamel. 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 2), 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/aplregister.html>). Please follow all NMS instructions regarding application submission procedures and fees. **Applications are due December 2.** 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, McGill University Health Centre (MUHC) Adult Psychology, 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 reneged 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 \$25,000 for a full-time one-year internship, or \$12,500 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 (2023-2024)

Director of Practica and CUPIP (DPaC) – Dr. Virginia Penhune

Room SP253-7; 514-848-2424 ext. 7535; virginia.penhune@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. Natalie Phillips

Room PY 111.2; 514-848-2424 ext. 2218; natalie.phillips@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 – Daria Karbainova, 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. Marco Sinai*

Montreal Neurological Institute Site – *Dr. Viviane Sziklas*

Psychosocial Oncology Site – *Dr. Lana M. 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 Hours Summary**. The Clinical Hours Summary is submitted by the intern to the Chair of the CUPIP Training Committee (DPaC) at mid-year and at the end of the internship year. In addition, 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** (4th ed.)
- Canadian Psychological Assoc. (2001) **Practice Guidelines for Providers Psychological Service**
- Ordre des Psychologues du Québec. (2023) **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 (start)	<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 (start) & February (mid)	<ul style="list-style-type: none"> Detail general and individualized training goals Outline caseload expectations Submit to DPaC
Clinical Hours Summary	Intern	February (mid) & August (final)	<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 <i>(Part 1)</i> Supervisor <i>(Part 2)</i>	February (mid) & August (final)	<ul style="list-style-type: none"> Supervisor should review and sign Submit to Rotation Group Director and DPaC
Feedback Form	Intern	August (final)	<ul style="list-style-type: none"> Complete second page for every major supervisor Need to submit for internship completion
Internship Addendum	Intern <i>(Part 1 & 3)</i> Rotation Group Director <i>(Part 2)</i>	August (final)	<ul style="list-style-type: none"> Complete this form IN ADDITION to forms above Submit to DPaC

CUPIP
Individualized Training Plan

Intern Name: _____ Start Date: _____

Rotation Group Site: _____

Rotation Group Director: _____

Training Director: _____

Rotation: _____

Supervisor(s): _____

Please complete the following sections with your clinical supervisor(s). It is critical that explicit goals and competencies are defined at the beginning and midpoint of your internship, and that the supervisor(s) and intern agree upon these goals. The Canadian Psychological Association states that:

"Supervisors encourage and actively support interns in the timely completion of their internship requirements respectful of work-life balance. Monitoring and evaluating students' timely progress forms part of their evaluations" [CPA accreditation guide, 2015, standard IV.E]

Targeted Skills (i.e. Psychological assessment, intervention, consultation, programme development, training in empirically supported interventions, cultural sensitivity, supervision, etc.):

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

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



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 ra -istics	Age	Sex	Intake, Assessment, & Outcome Measures (administered, scored, & interpreted; number of times used)
	Language	Disabilities	
	Race/Ethnicity	Sexual Orientation	
	Clinical Approach	Therapy / Assessment Format	
	Presenting Problem / Reason for Referral	Integrated Psychological Report (history, interview, 2 tests)	

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	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	(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			
		Assessment	Other (phone calls, case management)		
	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)
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)
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		

			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		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 (MCMII)			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.

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:

Send HARDCOPY TO:
Concordia University

Concordia University
Applied Psychology Centre, Attn: DPaC

Applied Psychology Centre, Rm. D146
7141 Sherbrooke Street West, P.Q. H3A

711 Sherbrooke Street
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, how would you rate this student's performance?
(Compared to that expected at this level of training?)**

Overall Rating	Inadequate	Below Average	Average	Very Good	Excellent	Exceptional

Strengths
Highly skilled and experienced team
Strong financial performance
Excellent customer service
Diverse product range
Strategic partnerships with industry leaders
Robust supply chain management
Innovation and research & development focus
Committed to ethical business practices
Investment in employee training and development
Consistent growth and expansion

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



Clinical Psychology Training Program FEEDBACK FORM

TRAINING SITE FEEDBACK

	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							

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.)

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

Site Rating	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	Always	Cannot Judge
			Insufficient	Appropriate	
			Inappropriate	Great Deal	
1) Professional Attitude	1	2	3	4	5
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					

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

Supervisor
Feedback

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

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

Send HARDCOPY ONLY:
Concordia University
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.