



CUPIP

CONCORDIA **U**NIVERSITY
PSYCHOLOGY **I**NTERNSHIP
PROGRAMME

HANDBOOK

Revised November, 2020

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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 publicly 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 over the years: Drs. Jennifer McGrath, Michel Dugas, Lucie Bonneville, and Constantina Giannopoulos, as well as Nicolina Ratto and Saskia Ferrar, to reflect updates in accordance with the CPA Standards for Accreditation of Internship Training Programmes in Professional Psychology. Many changes were aimed to improve clarity, enhance understanding and use of CPA Standards, streamline paperwork, and ultimately strengthen clinical training. Thank you to current (Drs. Yves Beaulieu, Pasqualina Di Dio, Lisa Koski, Drs. Marie-Andrée Lahaie, Viviane Sziklas) and past (Drs. Ann Gamsa, Lana Pratt, Marie-Josée Rivard, Jennifer Russell) CUPIP Rotation Group Directors, past CUPIP Directors (Drs. Mark Ellenbogen, Adam Radomsky and Roisin O'Connor) and all clinical supervisors for their continued commitment to CUPIP training excellence. The programme 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, 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 (including Professional Practice Leaders and Chief Psychologists). CUPIP is open only to students enrolled in the Ph.D. Clinical Psychology programme.

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, taking into consideration the changing landscape in professional training (Dobson, 2016; Mikail & Nicholson, 2019). 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 diversity and 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 providing direct service to clients. Other applied training activities include providing consultation to other service providers, functioning within an interdisciplinary team, and carrying out programme and treatment evaluation.

STRUCTURE AND GOALS

Internship training is offered in an organized and coherent sequence of experiences 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,

¹ PhD in Psychology (Research and Clinical Training Option)

professional role modeling, and awareness of administrative structures. Interns in each rotation (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). However, CUPIP interns generally complete a full-time internship over one year. The minimum number of clinical hours for the internship is 1600 (as per CPA guidelines) in addition to lunch, 12 statutory holidays, one 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 to 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 a large portion of their Extramural Practica.

ROTATION GROUPS

There are currently five rotation groups in CUPIP. These rotation groups are physically located within the McGill University Health Centre (MUHC) at the Glen Site (the Montreal Children's Hospital and the Psychosocial Oncology Unit), the Allan Memorial Institute, the Montreal General Hospital (the Alan Edwards Pain Management Unit), 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 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. The Professional Practice Leader is Dr. Mafalda Porporino. There are three rotations which occur in parallel, including: Pediatric Psychology, Preschool Pediatric Psychology, and Mental Health. Internships are full-time.

- **Pediatric Psychology.** This rotation operates throughout the year and accounts for approximately 3.0 days per week. It is designed to develop the intern's knowledge and skills in evidence-based behavioural medicine. The focus of the rotation is on the interactions between the physical and social environment, cognition, behaviour and biology in health and illness. Interns will learn to provide cutting-edge interventions to pediatric inpatients and outpatients and their families that foster health and rehabilitation. 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. Interns 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.** This rotation operates as a full-time month-long training block in the Pediatric Psychiatry Care Programme (PPCP). The PPCP is responsible for providing inpatient services for suicidal youth and youth with acute, complex mental health problems (i.e., mood disorder, psychotic disorder, etc.). The PPCP also has a First Episode Psychosis Programme which offers long-term follow-up services on an outpatient basis to adolescents who have had a psychotic episode. The role of the psychologist in the PPCP is to contribute to the comprehensive assessment of the functioning of each patient and this includes the possibility of conducting emotional/social, and personality evaluations, as well as structured clinical interviews to assess symptoms of psychosis on an as needed basis. The psychologist provides crisis intervention to suicidal patients. They introduce the cognitive behavior therapy model of depression and offer psychoeducation as well as short-term intervention modules in emotion regulation, problem solving, communication skills and coping skills.
- **Preschool Pediatric Psychology.** This rotation operates throughout the year and accounts for approximately 2.0 days per week. Interns typically divide their time between two services: the Pediatric Feeding Programme and the Back on Track Clinic.
 - The Pediatric Feeding Programme is a multidisciplinary programme that provides assessment and treatment of infants and children under 6 years of age who have feeding difficulties that interfere with their mealtime interactions, growth and development. Assessment by the psychologist in this programme focuses on clinical evaluation rather than formal testing and includes a detailed feeding history, which involves assessing the level of appetite, temperamental characteristics, sleep pattern, and an understanding of family dynamics. Psychology trainees will become familiar with the role of integrating the individual child's needs with family dynamics and professional services.
 - The Back on Track clinic assesses and treats infants, toddlers and preschoolers 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. A psychology intern in this clinic is involved in assessment with a broad range of psychological tests, and intervention and therapy around parenting practices and child behavior, with a broad and diverse population of preschoolers and their parents.

MUHC Adult Psychology Rotation Group

The MUHC includes major teaching hospitals that provide a variety of tertiary health care to adults. Rotations are physically located at the Glen Site, the Allan Memorial Institute 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. Lisa Koski; the Psychologist-In-Chief is Dr. Alain Ptito. There are four major rotations, including: Adult Clinical Psychology, Neuropsychology, the Personality Disorders Programme, and the Sex and Couple Therapy Service. Internships are available either full-time or half-time.

- **Adult Clinical Psychology** provides second and third-wave cognitive-behavioural therapy (e.g., CBT, DBT, ACT) to inpatient and outpatient adults with a variety of problems including anxiety, mood, obsessive-compulsive, trauma-related, substance use, psychotic, attention-deficit hyperactivity, and functional neurological symptom disorders. Interns train in outpatient clinics and services, including the Anxiety Disorders Programme, the Mood Disorders Programme, the Bariatric Surgery Consultation service, the Complex Care Psychotherapy service, and the Epilepsy Unit Consultation Service. Interns can also gain experience working with hospital inpatients in services such as Consultation Liaison and the Psychiatric Emergency Department. Interns learn skills in diagnostic assessment, case conceptualization, treatment planning, individual and group psychotherapy, case presentation, clinical consultation, progress note preparation, and report writing, while working in a rich interdisciplinary tertiary care environment. This rotation is available half-time or full-time.
- **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 interviews 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 prepare written reports based on the assessments and provide feedback to patients, families, and treatment teams. This rotation is available half-time or full-time.
- **Personality Disorders Programme** offers full-year clinical internships to interns wishing to develop the skills necessary to perform assessments, formulate case conceptualizations, and treat tertiary-care patients suffering from the complex symptomatology of personality pathology. Potential candidates should expect to follow individual patients in the short-term and extended-care clinics, as well as to co-facilitate various groups based on principles of dialectical-behaviour therapy and psychodynamics. Change-oriented, process-based psychotherapy involving the exploration of patients' psychological dynamics will be emphasized. Specifically, students will become familiar with the theoretical underpinnings of (1) dialectical-behaviour therapy, (2) mentalization-based therapy, and (3) transference-focused therapy, all of which are gold standards in the treatment of Borderline Personality Disorder, the modal personality disorder treated at the Personality Disorders Programme. This rotation is available half-time or full-time.
- **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 programmes 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 MUHC Alan Edwards Pain Management Unit offers a multidisciplinary approach for the treatment of patients with chronic pain. The clinical team that includes physicians, nurses, psychologists, a physiotherapist, and a social worker work collaboratively for the treatment of patients' pain and suffering.

The patient population is comprised of adult outpatients with chronic pain as well as inpatients with complex pain conditions. Psychology interns participate in formulating patients' biopsychosocial case conceptualizations and contribute to their multidisciplinary treatment plans. They also conduct individual and group psychotherapy. Individual psychological follow-up is designed to address challenges like pain adaptation and comorbid psychological difficulties related to pain, such as depression, anxiety, post-traumatic stress, anger, and grief. We share an integrative treatment approach that includes cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT), motivational interviewing (MI), mindfulness and relaxation, hypnosis, positive psychology, humanistic approaches and other validated and empirical approaches that can be useful for patients.

Interns also obtain training in psychotropic medications, medical treatments, and medications for different types of pain problems. Interns participate in weekly seminar series, weekly multidisciplinary clinical rounds, psychology rounds, and medical rounds. The Centre is also mandated to teach and to conduct research. The Rotation Group Director is Dr. Marie-Andrée Lahaie. Internships are only available half-time. Breadth requirements necessitate that interns complete the 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 programme is part of the Neuropsychology/Cognitive Neuroscience Unit, housed in the Department of Neurology and Neurosurgery. The Rotation Group Director is Dr. Viviane Sziklas. 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 programme, located at the Glen Site, consists of a multidisciplinary team that addresses the psychological distress of cancer patients and their family members. Training opportunities include psychological assessment and diagnosis, treatment conceptualization, and different types of psychological interventions (CBT, ACT, existential, psychodynamic). Interns will have exposure to a diverse adult population of patients with different cancer types and at different points along the cancer trajectory (from diagnosis to survivorship, to end of life care), as well as support of family members and the bereaved. The Rotation Group Director is Dr. Pasqualina Di Dio; 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. CUPIP is a captive internship programme only available to students within the Concordia University doctoral programme in Clinical Psychology. Prior to the CUPIP application deadline (December 4), the Concordia University Director of Clinical Training (DCT) reviews student readiness for internship, including with respect to thesis progress promising timely completion. Eligible students must have completed all clinical programme 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 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. CUPIP interns generally complete a full-time internship over one year. All students must receive the permission of the DCT to apply.

Application Materials

Students apply through the **Association of Psychology Postdoctoral and Internship Centres (APPIC) Online Match** to the Chair of the CUPIP Training Committee, the DPaC. Prospective interns do NOT send materials directly to CUPIP Rotation Groups. To submit an application, students must register with the National Matching Service (NMS; <https://natmatch.com/psychint/applicants/index.html>). Please follow all NMS instructions regarding application submission procedures and fees. Applications for the 2021-22 internship year are due December 4. 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 University Clinical Psychology students in Ph.D. III or later are invited to apply. Applicants must submit the standard APPIC application which includes a cover letter; curriculum vitae; four essays; official 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, in which 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 Rotation Groups they wish to be considered for: Montreal Children's Hospital Rotation Group, MUHC Adult Psychology Rotation Group, Alan Edwards Pain Management Unit Rotation Group, Montreal Neurological Institute Rotation Group, or Psychosocial Oncology Rotation Group. More than one Rotation Group may be indicated. If applying for the MUHC Adult Psychology Rotation Group, applicants may wish to indicate the specific rotations that they are interested in. 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 applicants 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 to be taken lightly or reneged upon. Consistent with APPIC procedures, any CUPIP applicant not receiving an internship offer on Match Day may speak to the Concordia University DCT for assistance and advice and can follow Phase II procedures.

Financial Remuneration

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 (2019-2020)

Director of Practica and CUPIP (DPaC) – *Dr. Dale Stack*

Room PY 170-13; 514-848-2424 ext. 7565; Dale.Stack@Concordia.ca

The DPaC oversees CUPIP, a CPA-accredited internship programme. The DPaC serves as the Chair of the CUPIP Training Committee. The DPaC coordinates the administration of CUPIP, including maintaining established support from the host institutions (Concordia University and MUHC), 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 and procedures, or otherwise, please bring them to the attention of the DPaC. By expressing concerns or questions through the CUPIP personnel CUPIP will be able to respond or change. Opportunities for feedback are also offered in scheduled meetings with the DPaC that occur two times a year.

Director of Clinical Training (DCT) – *Dr. Adam Radomsky*

Room PY 101-4; 514-848-2424 ext. 2202; Adam.Radomsky@Concordia.ca

The DCT oversees the clinical training programme of Concordia University. The DCT, as the Chair of the Clinical Steering Committee, works to ensure that programme training goals are met, that professional competence is attained by all students, and that the clinical programme continues to meet or exceed accreditation standards.

Director of the Applied Psychology Centre (DAPC) – *Dr. Constantina Giannopoulos*

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

The DPAC has overall responsibility for the functioning of the Applied Psychology Centre and the training of graduate students within the Centre. The DAPC is responsible to and works in close association with the DCT and the DPaC.

Intern Representative – Elliott Morrice, 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 – *Dr. Yves Beaulieu*

McGill University Health Centre Adult Psychology – *Dr. Lisa Koski*

Alan Edwards Pain Management – *Dr. Marie-Andrée Lahaie*

Montreal Neurological Institute – *Dr. Viviane Sziklas*

Psychosocial Oncology Site – *Dr. Pasqualina Di Dio*

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 and/or some group 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 practicum students. Any supervision provided by an intern is itself supervised by the clinical supervisor.

Evaluation

Supervisors provide feedback to their intern(s) on an ongoing basis (formative and summative), as well as provide the intern with the opportunity to provide their own feedback about the rotations. Evaluation is primarily to provide constructive feedback, as well as to guarantee the provision of quality psychological service and training. CUPIP rotation supervisors complete the mid-year and final **SUPERVISOR EVALUATION FORM** from the Clinical Psychology Programme at Concordia University for each of their CUPIP interns, review these evaluations with the intern, and forward these to the 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 the following 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 interpersonal 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 programme evaluation;

- 6) Sensitivity, knowledge and skills with respect to diversity and individual differences;
- 7) Knowledge, judgment and skills with respect to ethics and ethical practice.

Interns cumulatively track their internship experiences using the **CLINICAL CASE LOGSHEET** or other tracking systems (e.g., Time2Track) and **CLINICAL HOURS SUMMARY**. The Clinical Hours Summary is submitted by the intern to the 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 Programme 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 programme 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 CPA Code of Ethics for Psychologists (4th 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 Association **CODE OF ETHICS FOR PSYCHOLOGISTS** (4th ed.)
- Canadian Psychological Association (2017) **PRACTICE GUIDELINES FOR PROVIDERS OF PSYCHOLOGICAL SERVICE**
- Ordre des Psychologues du Québec. (2008) **CODE OF ETHICS**

Procedures for Inadequacies and Grievances

Interns who are experiencing problems in their rotations should first approach their individual supervisor, the Rotation Group Director, the Chief Psychologist or the Professional Practice Leader. 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 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 programme documents which need to be completed in accordance with CPA Programme 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 Psychologist posts and positions. All of the forms below are requirements of CUPIP. All forms are also available on the CUPIP website. Hardcopies can also be downloaded and/or printed.

FORM	WHO	WHEN	INFORMATION
Internship Position Confirmation (NO FORM)	Intern	Match Day	<ul style="list-style-type: none"> • Individuals who agree to an internship offer should provide a written letter of acceptance to the 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 the DPaC
Individualized Training Plan	Intern and 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 Case Logsheet or other Tracking System (e.g., Time2Track)	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 (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 (Part 1) Supervisor (Part 2)	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 • Submit to DPaC • <i>Need to submit for internship completion</i>
Internship Addendum	Intern (Parts 1 & 3) Rotation Group Director (Part 2)	August (final)	<ul style="list-style-type: none"> • Complete this form IN ADDITION to forms above • Submit to DPaC

Academic Year/Cohort	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Positions	4	4	3	4	4	5	5
Applications	4	4	3	5	6	9	15
Interviewed/Short-Listed	3	4	3	5	6	9	11
Ranked	3	4	3	5	4	8	11
Matched	3	4	3	4	2	5	5
Matched as % Applications (Automatically Calculated)	75%	100%	100%	80%	33%	56%	33%
<i>Of those who Matched:</i>							
Males	0	2	0	1	0	3	3
Self-Identify as Diverse (ie, minority, disability, LGBTQ)	1	1	0	0	0	0	2
From Outside of Province	2	0	0	1	0	0	0
From Outside of Canada	0	0	0	0	0	0	0
Mean Practicum Hours on AAPI -->Assessment & Intervention	632	596	540	668.5	696.5	577.8	649.8
-->Supervision	271	440	335	322	446	366	404
-->Support/Indirect	520	889	910	1,081	1,277	1,260	1,510
Mean Total Hours (Automatic)	1,423	1,925	1,785	2,072	2,420	2,204	2,564
Internship Stipend	\$20,000	\$20,000	\$20,000	\$25,000	\$25,000	\$25,000	\$25,000

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.