

## **Area-specific program orientation CCAP**

### **Program Background**

## **The Clinical Child and Adolescent Psychology Program**

The Clinical Child and Adolescent Psychology (CCAP) Program's mission is to cultivate excellence in training highly skilled child clinical psychologists within a scientist-practitioner model who are well-equipped to serve diverse populations of children, adolescents, and families. The CCAP program stresses developmental processes as a foundation for understanding and addressing child and adolescent psychopathology and how to best foster well-being in an increasingly complex world. Children, adolescents, and their families face numerous challenges and also present with many strengths and resources to address these challenges and improve quality of life. Clinical Child and Adolescent Psychologists have much value to this end.

## **Philosophy and Training Model**

The Clinical Child and Adolescent Psychology Program is based on the scientist practitioner model. Our overriding programmatic goal is to prepare child clinical psychologists with an orientation that considers psychopathological processes and relevant diagnostic implications, while also incorporating a solid foundation in development, including the understanding of inherent strengths and resources that children, adolescents and families possess. Students are required to demonstrate thorough knowledge and skill with respect to research, clinical skills (assessment and diagnosis, intervention, clinical supervision), and ethics, standards, and professionalism. Explicit across all competency areas is the emphasis on enhancing students' awareness, knowledge, and skills with respect to the understanding of self and others, including the macro- (e.g., work, national norms, etc.) and micro-environments (e.g., personal differences, family, culture, gender) that impact all aspects of students' activities as psychologists in training.

A range of instructional experiences have been designed to operationalize our training model. Through formal courses and seminars, students are expected to acquire foundational knowledge and skills of the discipline. The relationship with the thesis supervisor and advisory committee serves to enhance their ability to undertake progressively independent research across the program. Topics in core clinical courses specifically address the developmental, academic, social, and emotional challenges that children and adolescents may face such that students are prepared to meet these challenges with relevant knowledge and skills on practica and internship. Equity, diversity, inclusion approaches, topics and assessments are integrated across CCAP courses and practica. Clinical skills are further developed within a broad array of structured training experiences, including ongoing open practica and a focused in-house Cognitive Behaviour Therapy (CBT) practicum, as well as external practicum placements, and predoctoral internship. Additional learning opportunities are available including monthly Clinical Program Meetings organized around clinical research, professional issues, and clinical issues, and special-topic workshops offered to the entire program. We purposefully cultivate a learning context to model and foster the highest professional standards in research, teaching, supervision, and clinical practice.

## Values

The CCAP program attempts to foster the following values in our students and faculty as they carry out their teaching, research, and professional responsibilities:

Excellence

Ethical behaviour

Integration of science, scholarship, and clinical practice

Inclusion and responsiveness to diversity

Affirming diverse identities

Reconciliation with Indigenous Peoples

Building Relationships with Local Indigenous and Métis Communities

Critical inquiry

Self-reflection

Compassion

Flexibility and creativity

Commitment to lifelong learning

Community engaged and impactful research

Engagement with and service to communities

Innovation

Advocacy

## CCAP Program Goals and Objectives

Within a competency framework, our program emphasizes four broad goals, each of which is associated with a number of more specific objectives:

1. The development of professional, interpersonal, and diversity-related knowledge and skills

2. The development of ethics and professional standards
3. The development of scholarly and research skills
4. The development of clinical skills

## **A Brief History of Our Program**

Our program began as a M.A. program in Applied Child Psychology not long after the official founding of the University of Guelph in 1965. The program evolved to include a PhD and was approved by the Ontario Council on Graduate Studies (OCGS) in the early 1990's. In 1996, an on-site clinic was established for the combined purpose of training students and providing a service to children, adolescents and families within the wider community. The Centre for Psychological Services became a valued cornerstone of the program. In the Fall of 2003, CCAP (then known as Clinical Psychology: Applied Developmental Emphasis) began the self-study process and received accreditation by the Canadian Psychological Association (CPA) in November 2005. The current program retains its CPA accreditation standing, reflecting external recognition of the high quality of the program offered. In 2018, the program adopted the CCAP name to reflect the explicit focus on training in clinical psychology within child and adolescent (rather than adult) populations. We have always been proud of the training provided in the program, the students within it, and of their accomplishments on internship and after graduation. In 2021 the Maplewoods Centre for Family Therapy and Child Psychology opened its doors, providing a state of the art and fully renovated clinic for the Guelph community. Maplewoods Centre now houses training clinics for both the Clinical Child and Adolescent Psychology graduate program (CCAP), and the new Master of Psychotherapy Program (MP), allowing for an exciting and synergistic training space for students across programs.

## **Importance of Accreditation**

Accreditation by the Canadian Psychological Association (CPA) indicates that our program meets the standards seen as important by the broader psychology community for a professional psychology training program. Our doctoral program was initially accredited in 2005 and has been continuously accredited ever since. Most recently, we received accreditation for 2018-19 through 2024-25. Graduating from an accredited program has several advantages for our students as only students from accredited programs are eligible to participate in the APPIC internship matching program. As well, being from an accredited program facilitates your application for licensure or registration as a clinical psychologist and many employers prefer individuals who have graduated from accredited doctoral and internship programs.

For more information on accreditation see: [CPA Accreditation](#)

## **CCAP Faculty**

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Core Clinical Faculty: A listing of the core clinical faculty is provided below.  
Links are provided for additional information regarding faculty research interests.

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[Directory listing](#)

## Faculty roles and responsibilities in governing the CCAP Program (or Who to go to for what?)

The core CCAP faculty are responsible for the governance and operation of the program. As such, the faculty, through discussion, shape the curriculum of the program, agree on the policies and procedures that will govern its operation, and jointly evaluate the progress of our students over the course of their studies. The core faculty serve as the research advisors of most CCAP students and often serve as members of the advisory committees. Core faculty teach a majority of the courses in the program. Finally, some of the core faculty provide consultation and clinical supervision to our students at the Maplewoods Centre, our on-campus training clinic.

The major area portfolios are DCT, the Clinic Director, the Graduate Program Committee Representative and the Area Coordinator.

The DCT is responsible for the overall operation of the program and insuring that the accreditation standards of CPA are upheld. The DCT represents the program at meetings of CPA, CCPPP, and CPO and works closely with the Clinic Director to monitor the clinical training progress of all program students. The DCT maintains the record of cognates for each student. The DCT also meets regularly with students to address any questions or challenges they may be encountering within their training. Finally, the DCT is responsible for the writing of all documents representing the program as a whole (e.g., CPA annual accreditation reports, reaccreditation documents, and internship application letters).

The Clinic Director is responsible for assigning cases to students and clinical supervisors within Maplewoods Centre ensuring that the students are receiving the appropriate experiences over a range of supervisors and activities. The Clinic Director also typically coordinates the application of students to practicum sites for their external practica and completes regular evaluation of student clinical performance. The Clinic Director also writes the assessment of clinical progress used by the Qualifying Examination Committee to determine whether a student meets the levels of competence expected for the clinical component of the Qualifying Examination. Finally, the Clinic Director is responsible for keeping the DCT apprised of student progress throughout their practical clinical training.

The Graduate Program Committee representative coordinates with the departmental Graduate Coordinator and the representatives from the other graduate areas. The GPC rep also supports the DCT and the area in terms of progression through the program. More specifically, the GPC: represents the area in GPC meetings; coordinates with the Graduate Coordinator and other GPC reps for the department, carrying out required tasks as needed; maintains any differential program specifications which were identified at entry into the program for CCAP students and creates programs of study for already enrolled (i.e., post-entry) CCAP students who are not following the typical program of studies (e.g., students with leaves) consulting with the DCT, student, and advisor as needed. With respect to this last task, the GPC rep gains approval for these programs of studies, reviewing them with the relevant student and ensuring that these courses of study are brought to area review meetings to ensure appropriate evaluation of progress.

The Area Coordinator (AC) chairs the monthly area meetings, is responsible for the distribution of minutes, and prepares an action list to assist the area in meeting its goals. The AC is also responsible for the distribution of public information about the program including the brochure and the website.

## Cognates: Foundations of Psychology Courses

Consistent with CPA accreditation requirements, all CCAP students must demonstrate sufficient coverage of five foundational areas of psychology (biological bases of behaviour, cognitive-affective bases of behaviour, individual differences, social bases of behaviour, history and scientific foundations of general psychology) before completion of the PhD program. Upon entering the program, the DCT will determine if you have sufficient coverage of all areas; this is represented by two upper-level undergraduate courses or one graduate course in each area, except for the History of Psychology where one upper level undergraduate or graduate course is needed. Individual Differences is covered in the CCAP core program. The current University of Guelph graduate courses approved to meet these requirements include: PSYC\*6810 for the Biological Bases of Behaviour; PSYC\* 7040, OR PSYC\*6930, OR PSYC\*6910 for the Social Bases of Behaviour; PSYC\*6790 for the Cognitive-Affective Bases of Behaviour; and PSYC\*6900 History and Systems. At the Masters level, you may consider taking a course that will meet this requirement (optionally).

## Progress through the MA Degree

\*Important departmental milestones to achieve during the degree (full-time registration only): Students enrolled in the MA must have their thesis defended in their 6th semester. If this milestone is not met it will result in a "Some concerns" on the student's progress report.

### IMPORTANT TO NOTE:

A student cannot be in two programs at the same time. The expectation is that a continuing master's student with a doctoral offer for the semester following their last MA semester will defend by the middle of their last MA semester or earlier.

If you are unable to successfully finalize your master's thesis with the Office of Graduate Studies by one week before the start of your first PhD semester, the doctoral offer of admission may become null and void.

## Description of Practica

(Note: As the CCAP program is designed as a MA and PhD level program in which clinical competencies are assessed continuously and cumulatively across both degrees towards preparation for residency application, both MA and PhD level practica are described below).

Practica are an integral part of the CPA accredited Clinical Child and Adolescent Psychology (CCAP) program and involve supervised placements in school boards, community mental health agencies, hospitals, and the Department's in-house training facility, Maplewoods Centre. The sequence of practica provide opportunities for students to apply knowledge and clinical skills gained in coursework to develop and practice the professional competencies that are an essential part of the training program. Evaluated competencies on practica are also an important component of the PhD Qualifying Examination for determining suitability for Doctoral candidacy. Moreover, documented skilled performance and experience in practica are essential preparation for the required year-long CPA accredited clinical internship (PSYC\*8000). Before applying for this internship year, students should have developed both breadth and depth of clinical training through a minimum of 300 direct contact hours in interviewing, assessing or intervening with clients and 200 hours of supervision. Note that to be competitive for internship placement, most of our students will achieve greater than 300 direct contact hours (see recommended sequence of practicum experiences).

Guidance to students regarding practica is primarily provided by the Clinic Director, supported by the DCT. The typical sequence of clinical experiential training, course work, and other activities that students follow across their studies is included elsewhere in this document.

Note that students must carefully balance their coursework, practica and thesis/dissertation work to ensure that they make good progress on their research. The department has clear requirements regarding the deadlines for thesis and dissertation proposals and overall program timelines which must be considered while acquiring appropriate practicum experience. On a term-by-term basis, particularly in senior years, students must consult with their advisors and the DCT to ensure that they are appropriately balancing the clinical training and research components of graduate study.

### **Broad Learning Outcomes Assessed Via Practicum Training**

The following broad learning outcomes (comprised of numerous more specific competencies) are developed and assessed on our integrated series of practicum experiences.

**Professionalism and Interpersonal Relationships:** Demonstrates knowledge and ability to establish, develop, and maintain effective interpersonal and professional relationships (e.g., with clients, supervisors, students, research participants, colleagues) with consideration to diversity. This is a core competency that underlies all other competencies. Psychologists normally do their work in the context of interpersonal relationships. They must therefore be able to establish and maintain a constructive working alliance with clients and other professionals (e.g., colleagues, learners).

**Assessment and Evaluation:** Demonstrates knowledge about how and ability to assess, conceptualize, diagnose, and communicate the needs, challenges, and strengths of clients to inform practical plans of action. The primary purpose of psychological assessment is to provide an understanding that informs a practical plan of action. It may result in a diagnostic classification or in the identification of strengths or competencies. The skills required for assessment can and should be applied to many situations other than initial evaluation (e.g., treatment outcome, program evaluation, problems occurring in a broad spectrum of non-clinical settings).

**Intervention and Consultation:** Demonstrates knowledge about and ability to implement activities that promote, restore, sustain, and/or enhance positive functioning and a sense of wellbeing; this includes addressing clients' needs, concerns, distress, and impairment. A broad, comprehensive vision of the intervention competency should include explicit theory as well as knowledge and skills.

**Ethics and Standards:** Demonstrates knowledge and application of ethical principles, standards of professional conduct, and jurisprudence in relation to psychology.

### **Required Practicum Hours**

Students are often focused on how many practicum hours they need to accrue to be prepared and competitive for their internship. Directors of internship sites repeatedly stress that it is the quality of the practicum experiences rather than the sheer quantity of hours that sets the applicants for internship in the best stead. The expectations in our accredited program are informed by practicum hours guidelines set by both the Canadian Psychological Association (CPA) and recommendations from the Canadian Council of Professional Psychology Programs (CCPPP).

In their recent document outlining the documentation of practicum hours, CCPPP (2021) notes “typically 1000 hours (400-600 direct service hours) of wisely chosen practicum experience is required to attain sufficient breadth and depth. This would include an appropriate balance of direct service, supervision, and support hours. Students and programs should strive in their practica for experience with cases varying in complexity in different service delivery settings, with a variety of populations, presenting questions, assessment and therapeutic models and methods, case conferences, and supervisors to acquire competencies for a successful residency year. The quality of training is more important than the number of hours recorded.” from *Documentation of Professional Psychology Training Experiences*, CCPPP (2021). CPA’s recent update to the Accreditation Standards also describes 1000 practicum hours, requiring at least 300 direct or face-to-face hours at the time of application for residency.

In keeping with these recommendations, the following table details the practicum experiences and hours that are expected throughout the program.

### MA 1

PSYC\*7991 Internal practicum which includes policies and procedures of Maplewoods Centre, Maplewoods Centre intake line, risk assessment training, and one assessment (intensively supervised).

### MA 2

PSYC\*7991 Internal practicum which includes completing one full assessment at Maplewoods Centre.

### PSYC\*7992

External practicum which involves completion of approximately five to six cognitive, social/personality and learning disabilities assessments; Consulting with teachers, school administrators, parents.

Hours required: 200

Direct contact hours: 65

Supervision hours: 40

### PhD1

PSYC\*7994 CBT practicum course with didactic, practice and supervision components within the Maplewoods Centre (1 therapy case min); Within PSYC\*7991 carry one additional therapy case at minimum and complete a minimum of one assessment case at Maplewoods Centre.

### PhD2

PSYC\*7993 is a two-day per week, 400 hour external practicum (typically hospital or community clinic based; therapy and assessment).

### PhD 3

PSYC\*7991 - Students are expected to carry at least 2 therapy cases throughout, and complete at least two assessment cases.

PSYC\*7996 - Students are expected to supervise a junior student on one therapy case.

### PhD 4

PSYC\*7991 - Students are expected to carry at least 2 therapy cases and carry out or supervise at least one assessment case

### Description of Practicum Courses

## **Clinical Psychology Practicum I: (PSYC\*7991) taken in most semesters of the graduate program**

Faculty Instructor (Coordinator): Clinic Director or Clinical Faculty Member

Throughout their MA and PhD studies, students are required to undertake ongoing supervised clinical work with children, adolescents and their families at the Maplewoods Centre. This practicum is undertaken in multiple semesters to permit a broad variety of case and supervisory experiences. This includes experiences from shadowing cases and performing intake duties early in MA training, to



handling complex assessment and eventually therapy cases during PhD training. Senior PhD students will also participate in supervised supervision activities. Supervision of clinical work at Maplewoods Centre is provided by the Clinic Director and several clinical faculty.

Note: In senior PhD years, some students elect to take PSYC\*7991 as an external practicum (i.e., outside Maplewoods Centre). If a student would like to complete an additional PSYC\*7991 in a setting other than the Maplewoods Centre, the student must obtain approval from the Practicum Approval Committee. It must be clear that the potential site offers sufficient quality clinical training and supervision and that the particular experience is not readily available at Maplewoods Centre within the same timeframe.

## **Clinical Psychology Practicum II: Masters Level Practicum (PSYC\*7992)**

Approximately 200 hours (65 Direct; 40 Supervision) Faculty Instructor (Coordinator): Clinic Director or Clinical Faculty

This practicum is intended to provide students with a broad range of experience in psychological assessment and typically occurs in the psychological services department of a school board. Under supervision, students are expected to conduct initial interviews, plan assessments, administer a range of tests, score and integrate assessment data, generate preliminary formulations, consider differential diagnoses, and write integrated, informative psychological assessment reports. Although the breadth and complexity of cases and level of involvement of students will vary depending on the abilities of the individual student, the client population, and the practicum setting itself, PSYC\*7992 students have exposure to a range of presenting problems, including learning, attention, behaviour, social-emotional, developmental, and/or other mental health concerns. Typically, students take on between 5 and 6 assessments over the course of a semester depending on the complexity of the cases and depth of the assessments. Students may also be involved in consultation or other in-service work.

CBT Practicum: PhD Level Practicum (PSYC\*7994) Approximately 100 hours (20 Direct; 20 Supervision)

Faculty Instructor (Coordinator): Instructor/Faculty Member Assigned to Teach PSYC\*7994

This practicum course is taken in the first year of the PhD and is intended to provide extensive support for first psychotherapy cases. The course will foster graduate student training in early therapy skills with a focus on cognitive behaviour therapy (CBT) and will include didactic and experiential components.

Students will gain competency with the practice of CBT for child and adolescent mental health challenges within the Maplewoods Centre, be exposed to treatment manuals, and undertake at least one ongoing therapy case utilizing a CBT approach.

Practicum III: PhD Level Practicum (PSYC\*7993) Approximately 400 hours (100 Direct; 50 Supervision) Faculty Instructor (Coordinator): Clinic Director

This practicum is intended to provide students with in-depth experience in the assessment of and intervention for complex social-emotional and mental health problems. Often this practicum takes place in a hospital or community mental health setting. On this practicum, students continue to develop assessment, therapy and consultation competencies. Most students apply to sites that comprise the Toronto Area Practicum Group.

## **Supervision Practicum: PhD Level Practicum (PSYC\*7996) Approximately 36 hours (10 Direct; 5 Supervision)**

Faculty Instructor (Coordinator): Instructor/Faculty Member Assigned to Teach PSYC\*7994

The 7996 course is normally taken in PhD Year 3 or 4 and because it is a practicum it can be taken the same year as applying/interviewing for internship. This practicum is designed to introduce students to the theory, research, and practice of supervision and consultation in the field of clinical psychology. Students will become familiar with the professional literature relevant to supervision, gain competency with ethical, culturally-competent clinical supervision, and explore their own development as a supervisor.

## Selecting a Site

For all practica, students should meet with the Clinic Director to identify training objectives and potential practicum sites and to develop a rough plan of activities for the practicum to be finalized in consultation with the on-site practicum supervisor. When applying for practica, students should have ready an up-to date curriculum vitae that includes coursework, clinical experience, and research completed and planned for before the practicum begins.

For Practicum II (PSYC\*7992), students need to meet with the faculty instructor for this course 4-5 months in advance of placement to review possibilities for placements at different school boards. Students should supply a recent CV to the instructor who will initiate contact with the chief psychologist and gain potential matches for students to follow-up on. If students are interested in placement with school boards (or other assessment placements) that are part of the Toronto-Area Practicum Group, they will need to apply one year in advance.

For Practicum III (PSYC\*7993), preparation should begin at least a year in advance, as considerable lead-time is required for some settings. Students who are interested in completing a practicum in one of the popular Toronto Area Practicum settings including, CAMH, SickKids, Bloorview Kids Rehabilitation Hospital, Reach Out Centre for Kids, Hamilton Health Sciences, among many other sites, are advised that this group of settings has organized into a Toronto Area Practicum Group with a coordinated application date (usually early February), notification date (usually March), and procedure. Reference letters, transcripts and cover letters will be requested when applying for Practicum III.

### Insurance

Work completed as part of required studies is covered under the Canadian Universities Reciprocal Insurance Exchange insurance policy. Practicum settings may request proof of this Insurance Certificate. This documentation can be arranged through the faculty instructor or the DCT.

### Police Checks, Vaccination Coverage, and Tuberculosis Clearance

Many practicum settings require that all regular and visiting personnel have a criminal record check with a vulnerable sector screen, proof of vaccination coverage/history, and certificate of being free of tuberculosis. Policies vary from setting to setting and may change from one year to the next. Students must determine what the policies are at the setting and ensure that appropriate documentation is submitted in advance of beginning the practicum. Sometimes the processing of this and other paperwork involves substantial time; thus, students should organize themselves and coordinate with the sties well in advance.

### Registering in Practica

Registration in each practicum course requires the consent and initials of the faculty instructor or Clinic Director (depending on the course). It is the student's responsibility to supply the instructor of these courses with the appropriate Add Form. Once a practicum setting and supervisor has been determined,

the student completes three copies of the Practicum Agreement Form: one for the onsite supervisor, one for the Clinic Director/Faculty Instructor, and one to keep for their records.

Students must register for a practicum before undertaking any clinical work. Clinical work undertaken while the student is not registered for practicum will not count as program sanctioned hours. This is to ensure that appropriate experiences and a suitable supervisor are in place for optimal clinical training.

## Practicum Responsibilities

### Responsibilities of the Student

Students are responsible for establishing training goals and objectives and monitoring their experience in conjunction with their supervisors. At minimum, progress toward these goals should be discussed with the supervisor at the mid-point and at the end of the practicum. Students must also keep a record of their hours and activities and submit these to their practicum supervisor for approval and signature. The Department also subscribes to the software program Time2Track to facilitate tracking practicum experiences and students are required to use it for their benefit and also so that their clinical training hours can be cumulatively tracked by the DCT and Clinic Director. Students are expected to resolve issues in a professional manner and to seek advice from their supervisors should any difficulties arise. Students are also able to bring any issues related to their clinical training to the Faculty Instructor, DCT, and/or Clinic Director for discussion.

### Responsibilities of Onsite Clinical Supervisors

Clinical supervisors should provide students with information on the policies and procedures for the setting, as well as identify particular professional and legislative standards that apply. Ongoing feedback should be provided to the student through scheduled supervision. In addition, as per the CPA Accreditation Standards, on average, one hour of face-to-face supervision is to be provided for every two hours of direct, face-to-face client work. Supervision is expected to follow the student's level of competency. Typically, more supervision is required when students undertake new or more complex tasks. For example, students at earlier stages of training or undertaking new responsibilities on practica may require more intensive supervision ratios. Client work may also result in other service-related activities such as report writing, scoring, progress notes, and classroom observations that also require supervision. In addition, supervisors should expect to be contacted one or two times by the faculty member responsible for evaluating the training experience to discuss the student's progress.

The supervisor completes (an) evaluation form(s) regarding the student's competencies, recommends future training goals, discusses this with the student, and verifies that the documentation of hours and experiences compiled by the student is accurate; this occurs at the mid and/or end-point of the practicum depending on practicum length (i.e., shorter practica may only have an evaluation at the end). At any point during the practicum, supervisors are to convey any serious or immediate concerns regarding the student's practicum work to the faculty instructor identified on the Practicum Agreement Form or the DCT.

### Responsibilities of the Course Instructor

Often, the Clinic Director is responsible for coordination and evaluation of PSYC\*7991 and PSYC\*7993 whereas a clinical faculty member is responsible for PSYC\*7992, PSYC\*7994, and PSYC\*7996. The instructor assists students in locating and setting up practica.

The faculty instructor is also responsible for monitoring the progress and experiences of students while on practica and helping to resolve any problems that might arise. Monitoring is typically handled through a combination of scheduled cohort meetings and one-to-one consultation. Following the Guidelines of Council of Chairs for Training Councils Voluntary Guidelines for Communication between

Graduate Program and Internships, the faculty instructor should make 1-2 informal (telephone or email) contacts with the site supervisor to elaborate on or answer any questions on the nature of the program and expectations for supervision and accountability and to monitor student progress. In cases in which a site supervisor expresses concerns over a student, the instructor is to document these concerns as they are conveyed, address them with the student, and follow-up with the on-site supervisor accordingly. These communications should be brought to DCT's attention.

At the end of the practicum, the instructor ensures that all practicum documentation for each student is complete and signed and that the final grade is submitted. Practicum documentation for each student is to be collated, provided to the graduate secretary for entry into the database, and then placed in the student's practicum file. This file may be periodically reviewed by the DCT and Clinic Director. The PhD Qualifying Exam takes place following completion of PSYC\*7993. At this time, the Clinic Director utilizes the information in the student practicum file to write a summary and recommendation as to whether the student demonstrates clinical competency commensurate with a senior PhD student. This letter will be weighed when making overall decisions about student PhD candidature.

Responsibilities of the Director of Clinical Training:

It is the responsibility of the DCT to consult with the Clinic Director and/or Faculty Instructor who coordinates PSYC\*7991, PSYC\*7992, PSYC\*7993, PSYC\*7994, and PSYC\*7996 to be aware of the progress made by students in the various practica. The DCT meets with individual students as needed to address any questions/concerns about progression in the program including practica. The DCT will also be available for consultation about professional and ethical matters pertaining to the practica and to ensure that the accreditation standards of CPA are adhered to.

## Practicum Credit

### Evaluation

The faculty instructor in conjunction with the clinical supervisor decides whether the regular practicum evaluation form or the short practicum evaluation form should be used, depending on the nature of the student's involvement on practicum. Students are graded on a pass/fail basis by the faculty instructor based on written evaluation and verbal feedback from the clinical on-site supervisor. Practicum evaluations are reviewed by the Clinic Director at various times to gain an overview of student progress and provide guidance for future training experiences, as well as to provide a summary of clinical competence as part of the PhD Qualifying Examination. Unethical, irresponsible, incompetent and/or unprofessional behaviour in practicum activities that is egregious and/or which continues after explicit corrective feedback to the student would likely be grounds for failure in a practicum course. Should a student fail a practicum, the CCAP area will review the case to determine a recommendation that may range from remedial work to withdrawal from the program.

## CCAP Clinical Training Sequence - MA

The CCAP sequence of clinical training follows a developmental trajectory aimed intentionally to increase core clinical competencies from basic to advanced levels throughout the program. For information on the full sequences of courses and activities, see Area-Specific Typical Progress Sequences MA CCAP.

### MA first year

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In the Fall semester of the first year, Cognitive Assessment of Children and Adolescents (PSYC\*6690) is taken. Students are expected to accurately administer, score and interpret the WISC-V by the completion of this course. Students are to achieve a sufficient level of competence in this course to proceed to engaging with assessments with clients at Maplewoods Centre for PSYC\*7991. On practicum, students also complete Maplewoods orientation sessions that include intake line protocol, risk assessment training, and policies and procedures of Maplewoods. Students will participate in training at Maplewoods Centre for completing phone intakes overseen by Clinic Director and a senior graduate student. Students will also take either PSYC\*6630, or PSYC\*6000 (with each alternating for Fall of the MA1 and MA2 years) during the fall semester, providing integration of developmental theory and/or knowledge of developmental psychopathology.

In the Winter semester of the first year, students take Ethical Issues in Psychology (PSYC\*6680) to emphasize major ethical considerations and guidelines that must be followed when undertaking research and clinical work. Students are given early scaffolded practice in ethical decision making. Integrated Child and Adolescent Assessment (PSYC\*6010) extends the knowledge and skills in assessment introduced in PSYC\*6690 and takes a problem-solving approach to comprehensive cognitive assessment of children and adolescents across multiple areas (e.g., academic achievement and related skills, attention, language, screening of emotional functioning and adaptive behaviour). This course is taken concurrently (and intentionally coordinated) with PSYC\*7991 at Maplewoods Centre in which the clinical faculty supervisors provide supervised exposure to first assessment cases. Students will also participate on the intake line, conducting phone screen interviews with potential Maplewoods Centre clients.

## MA second year

The Fall Semester of MA2 is comprised of two courses: Developmental Psychopathology (PSYC\*6000) OR Developmental Psychology (PSYC\*6630; see MA first year) and Clinical Diagnostic and Interviewing Skills (PSYC\*6020). These courses are aimed to expand on basic knowledge of typical development by examining the variety of ways that development can go awry in childhood and adolescence and broadening assessment and clinical interviewing skills to assess and understand these complex challenges. Practice of clinical formulation and diagnosis is directly targeted in PSYC\*6020. Students are also expected to substantially contribute to a minimum of one full assessment at Maplewoods Centre by the end of this semester.

In the Winter semester of the second year of the MA, students take their first external practicum with an assessment focus, Practicum II (PSYC\*7992). The majority of these placements are in a school board psychological services department. Clinical tasks to be undertaken include cognitive, social/personality and learning disabilities assessments. The student will also consult with teachers, school administrators, parents and community agencies, as required by the practicum setting. Many students' placements may be extended into spring semester, ending in June. The program provides opportunities for these students to meet regularly with the course instructor.

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