Clinical Child and Adolescent Psychology Graduate Handbook - PHD

2026-2027 Handbook

Introductory remarks

Our CPA accredited graduate program in clinical child and adolescent psychology is based on the scientist-practitioner model. This model provides a balanced emphasis on science and practice such that our graduates have the training to become successful in multiple professional, research, and academic career paths. The PhD degree utilizes a range of instructional experiences including a developmental sequence of courses, independent research project(s) (doctoral dissertation), special-topics workshops and presentations, as well as hands-on clinical practice through practica within our training clinic, in community settings, and culminating in a one-year, full-time, clinical residency.

Detailed information about our program can be found by following the tabs within this comprehensive Handbook.

Area-specific Program Background

Clinical Child and Adolescent Psychology Program

The Clinical Child and Adolescent Psychology (CCAP) Program is firmly based on the scientist-practitioner model. It has as its main goal the training of graduate students to become professional psychologists who are proficient contributors to clinical science and competent providers of psychological services to children and adolescents through a prescribed set of courses, research experiences, and practica.

The program offers MA and PhD degrees in a sequenced course of studies. Students entering the MA program do so with the understanding that they are expected to pursue a doctoral degree having first successfully completed a MA degree, comprising course work, clinical work, and an empirical research thesis. If their performance has been satisfactory, then they apply to the PhD program and are admitted. Should students enter the PhD program from other universities, they do so with the understanding that they are required to complete all the required MA level courses for which they do not have equivalent coursework. In this way we ensure that all of our doctoral graduates are competent to practice as psychologists in clinical, school, academic, and research settings.

The 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 contribute 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, residency, and beyond. 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 residency. Additional learning opportunities are available including monthly Clinical Program Meetings organized around clinical research, professional issues, 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

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

All of these goals and objectives culminate in the defense of a PhD thesis and the successful completion of one year of residency in a CPA accredited clinical setting. At the end of their formal training, graduates of the CCAP program are prepared to undertake the professional life of a clinical psychologist (supervised practice) working with children and adolescents in clinical, clinician-scientist, and academic settings.

A Brief History of Our Program

Our program began as a MA program in Applied Child Psychology not long after the official founding of the University of Guelph in 1965. The program evolved to include a Ph.D. 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 (CPS) became a valued cornerstone of the program. In the Fall of 2003, CCAP (then known as the 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 residency 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-Wellington and broader community.

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 2024-25 through 2030-31 with a CPA site visit in December, 2025. Graduating from an accredited program has several advantages for our students as only students from accredited programs are eligible to participate in the Association of Psychology Postdoctoral and Internship Centers (APPIC) residency 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 residency programs

For more information on accreditation see: CPA Accreditation

CCAP Faculty

Faculty

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 Director of Clinical Training (DCT), the Clinic Director, and the Graduate Program Committee Representative.

The DCT is responsible for the overall operation of the program and ensuring that the accreditation standards of CPA are upheld. The DCT represents the program at meetings of CPA, Canadian Council of Professional Psychology Programs (CCPPP), and College of Psychologists and Behaviour Analysts of Ontario (CPBAO) 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 arise. Finally, the DCT is responsible for the writing of all documents representing the program as a whole (e.g., CPA annual accreditation reports, reaccreditation document, and residency 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 (GPC) representative coordinates with the departmental Graduate Coordinator and the representatives from the other graduate areas. The GPC representative 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 representatives for the department, carrying out required tasks as needed.

There are Graduate Student Representatives to the CCAP area. The representatives' primary function is to communicate between faculty and graduate students on issues regarding the CCAP area, and they aim to fairly represent the opinions and concerns of a varied student body to the faculty.

Cognates: Foundations of Psychology Courses

Consistent with CPA accreditation requirements, all CCAP students must demonstrate sufficient coverage of four foundational areas of psychology (biological bases of behaviour, cognitive-affective bases of behaviour, individual differences, and social bases of behaviour) before completion of the PhD program. Upon entering the program, the DCT will determine if students have sufficient coverage of all areas; this is represented by two upper-level undergraduate courses or one graduate course in each area. 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; and PSYC*6790 for the Cognitive-Affective Bases of Behaviour.

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).

Overview

Practica are an integral part of the CPA accredited Clinical Child and Adolescent Psychology (CCAP) program and involve supervised placements which take place both in the Department's in-house training facility, Maplewoods Centre, and externally in school boards, community mental health agencies, and hospitals. Practica provide opportunities for students to apply knowledge, clinical skills, and ethical decision-making gained in coursework in a clinical setting. While on practicum, students practice and develop the professional competencies that are an essential part of the training program. The PhD Qualifying Examination provides an evaluation of these clinical competencies to determine suitability for Doctoral candidacy. Moreover, documented skilled performance and experience in practica are essential preparation for the required year-long CPA accredited clinical residency (PSYC*8000). **Before applying for this residency year, students should have developed both breadth and depth of clinical skills through a minimum of 300 direct contact hours with clients and 200 hours of supervision.** Direct contact hours may include assessment, consultation, intervention, or other clinical activities with clients. Note that to be competitive for residency placement, most of our students will achieve greater than 300 direct contact hours (see recommended sequence of practicum experiences in subsequent section). The CCAP Practicum Coordinator, supported by the DCT, provides guidance to students regarding practica. The CCAP program is designed as a combined MA and PhD program in which clinical competencies are assessed continuously and cumulatively. Therefore, the sequence of both MA and PhD level practica is described below.

Broad Competency Areas Assessed Via Practicum Training

The following broad competency areas (comprised of numerous more specific competency facets) are developed and assessed on the integrated series of practicum experiences.

FOUNDATIONAL COMPETENCIES: Foundational competencies cut across each of the functional competencies of the practice of professional psychology on practica (i.e., assessment, intervention, consultation, and supervision).

Individual, Social, and Cultural Diversity*: Students demonstrate an awareness and understanding of the importance of addressing issues of human rights and ***social justice*** in all aspects of training.

Professionalism and Interpersonal Relationships: Students demonstrate knowledge and ability to establish, develop, and maintain effective interpersonal and professional relationships (e.g., with clients, supervisors, students, research participants, colleagues). 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) from myriad backgrounds and experiences.

Evidence-Informed Knowledge and Methods: Students demonstrate professional knowledge and skills that are based on the integration of research evidence, clinical expertise, and ***client*** values and contextual information.

Reflective Practice, Bias Evaluation: Students are able to reflect on their own biases, assumptions, beliefs, power, and privilege concerning professional practice and to be aware of cognitive biases in deriving and organizing information, as well as arriving at conclusions and recommendations (e.g., confirmation bias, recency effect).

Ethics and Standards: Students demonstrate knowledge and application of ethical principles, standards of professional conduct, and jurisprudence in relation to the practice of psychology.

**Aligned with the new CPA accreditation standards, Indigenous Interculturalism need also form its own foundational competency area. As a program, we support this perspective and are moving towards this goal. Expect this competency area to be highlighted in future revisions of the handbook.*

FUNCTIONAL COMPETENCIES: The following functional competencies are common to all psychologists at the point of entry to practice; learning across each competency area is scaffolded across the MA and PhD programs.

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.

Supervision: Students value clinical supervision as central to their own development as a psychologist and come prepared and open to feedback as a supervisee. Students also demonstrate an understanding that to engage in the practice of clinical supervision has the simultaneous purpose of enhancing professional functioning and supporting the well-being of the more junior members of the profession, while monitoring the quality of services/research provided to individuals and groups.

Required Practicum Hours

Students often raise questions about how many practicum hours they need to accrue to be prepared and competitive for their residency. **Directors of residency sites repeatedly stress that it is the quality of the practicum**

experiences rather than the quantity of hours that is important in preparing for students for residency. 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" (Documentation of Professional Psychology Training Experiences, CCPPP 2021). CPA's recent update to the Accreditation Standards (approved June, 2023) also describe accruing 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.

Practicum Guidelines by Year of Program

Please note that hours in one particular practicum may vary between students and these hours are meant to serve as a guide rather than requirement (e.g., PhD external practica vary in proportion of assessment and intervention activities). The CCAP program is designed such that all students will have sufficient hours and experiences and competencies to engage in the predoctoral residency.

Year	Activities	Total Hours	Direct Contact Assessment	Direct Con Interventio	
MA1 FWS	**PSYC*7991** Phone intake, shadowing assessment, carry out one assessment in pairs		10	10	
MA2 F	**PSYC*7991** One assessment in pairs		10		
MA2 WS	**PSYC*7992 External Practicum** Approximately four to six assessments	200	65		
MA Total			**85**	**10**	
PhD1 FW	**PSYC*7994 CBT Practicum** One CBT client			10	

PhD1 WS	**PSYC*7991** At least one additional therapy client and one assessment		10	20	
PhD2 FW	**PSYC*7993 External Practicum** Typically hospital or community clinic based; therapy and assessment	400	20	90	
Total **before QE**			**115**	**130**	
PhD3 F	**PSYC*7991** At least two therapy clients and one assessment.		10	25	
PhD3 W	**PSYC*7991** At least two therapy clients **PSYC*7996** Supervise a junior student on one therapy client			25 10	+ Providin Supervision
PhD3 S	**PSYC*7991** – At least two therapy clients and complete or supervise one assessment		10	20	

Practicum Guidelines by Year of Program Cont'd.

Year	Activities	Total Hours	Direct Contact Assessment	Direct Con Interventio	
PhD4 F	**PSYC*7991** – At least two therapy clients and carry out or supervise at least one assessment if time allows			25	
TOTAL **(Planned Practica)**			**135**	**235**	
Additional Clinical Experiences	Students are expected to accrue additional hours throughout their degree in activities such as additional assessment and intervention, consults, program development, group therapy, ASD team, outreach, supervision of junior students, etc.				
GRAND TOTAL		**1000**	**200**	**250**	

Description of Practicum Courses

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

Faculty Instructor (Coordinator): Practicum Coordinator 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 clients and supervisory experiences. This includes experiences from shadowing clients and performing intake duties early in MA training, to handling complex assessment and eventually therapy clients 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 Assessment Practicum (PSYC*7992)

Approximately 200 hours (65 Direct; 40 Supervision)

Faculty Instructor (Coordinator): Practicum Coordinator or Clinical Faculty Member

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 be involved in all aspects of psychological assessment services. PSYC*7992 students gain exposure to a range of client populations and presenting problems. Typically, students take on between 4 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: Assigned to teach PSYC*7994

This practicum course is taken in the first year of the PhD at Maplewoods Centre. It is intended to provide extensive support for students working with their first psychotherapy clients. 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, be exposed to treatment manuals, and undertake at least one ongoing therapy case using a CBT approach.

Practicum III: PhD Level Practicum (PSYC*7993)

Approximately 400 hours (100 Direct; 50 Supervision)

Faculty Instructor (Coordinator): Practicum Coordinator

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.

Clinical Supervision, Consultation, and Program Evaluation Practicum: PhD Level Practicum (PSYC*7996)

Approximately 36 hours (10 Direct; 5 Supervision)

Faculty Instructor: Assigned to Teach PSYC*7996

The PSYC*7996 course is normally taken in PhD Year 3 or 4 at Maplewoods Centre. Because it is a practicum, it can be taken the same year as applying/interviewing for residency. This practicum is designed to introduce students to the theory, research, and practice of supervision, consultation, and program evaluation 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 Practicum Coordinator to identify training objectives and potential practicum sites. Together, the student and Practicum Coordinator will develop a rough plan of activities for the practicum to be finalized in consultation with the on-site practicum supervisor. When applying for external practica, students should have an up-to date curriculum vitae that includes coursework, clinical experience, and research.

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 lead psychologist and gain potential matches for students to follow-up on. If students are interested in placement with a school board or other agency that is part of the Toronto-Area Practicum Group, they will need to apply one year in advance.

For Practicum III (PSYC*7993), preparation begins in the Fall of the year before students begin the practicum. Students who are interested in completing a practicum in one of the Toronto Area Practicum settings are advised that this group of settings is 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 sites well in advance.

Registering in Practica

Registration in each practicum course requires the consent and signature of the faculty instructor or Practicum Coordinator (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 and supervisor complete the Practicum Agreement/Supervision Agreement Form.

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.

Students are expected to resolve issues in a professional manner and to seek prompt 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 Practicum Coordinator for discussion.

Hours Tracking

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 Practicum Coordinator. Information about how to track hours in Time2Track can be found in the

Tracking Hours folder on the Intake Drive.

Responsibilities of Clinical Supervisors

Clinical supervisors are expected to follow the College of Psychologists and Behaviour Analysts of Ontario's professional standards related to supervision. Clinical supervisors should provide students with information about the policies and procedures for the setting, highlighting particular professional and legislative standards that apply. Supervisors should provide students with ongoing feedback about their progress and development of clinical competencies throughout the practicum. In addition, as per the CPA Accreditation Standards, "supervision is quantified by the time the supervisor is available to provide the student with detailed and comprehensive feedback about the student's provision of psychological services to clients. Supervision shall be no less than 25% of the total time spent by the student in direct service-related activities with clients, and the ratio of supervision to direct service should follow a developmental trajectory in line with the student's competence". . 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 (e.g., on average in the program, students may require one hour of face-to-face supervision for every two hours of direct, face-to-face client work). Practicum students may also engage in other service-related activities such as report writing, scoring, progress notes, and classroom observations that require additional supervision. Students may count up to 25% of their "indirect" supervision (e.g., report reviewing/feedback, video viewing) as supervision hours.

Supervisors will need to tally and convey these hours to students for addition to their practicum evaluation forms and Time2Track accounts. 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 and/or the DCT.

Responsibilities of the Course Instructor

Often, the Practicum Coordinator acts as instructor for PSYC*7991, and PSYC*7993 whereas a clinical faculty member acts as instructor for PSYC*7992, PSYC*7994, and PSYC*7996. The instructor assists students in locating and setting up practica.

The instructor is responsible for coordination and evaluation of students' progress and experiences 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 Programs and Internships (residencies), 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 and in some cases may involve the DCT directly.

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 provided to the Practicum Coordinator, who will place it in the student's practicum file. This file may be periodically reviewed by the DCT and Practicum Coordinator.

The PhD Qualifying Exam takes place following completion of PSYC*7993. At this time, the Practicum Coordinator writes a summary and recommendation as to whether the student demonstrates clinical competency commensurate with a senior PhD student based on information in the student practicum file. 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 Practicum Coordinator 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 followed.

Competency Benchmark Challenges: Remediation and Action Plans

During practica, students will receive regular written and oral feedback about their developing clinical competencies. A detailed written Practicum Evaluation will be completed by the student's direct clinical supervisor and become part of the student's clinical training record. In the interest of ensuring optimal student development, the DCT, practicum committee, and Maplewoods clinical supervisors meet regularly to discuss student progress in clinical competence, performance and behavior, as well as to plan appropriate clinical experiences. These discussions may include review of the student's clinical training record, communications from clinical supervisors, and Time 2 Track hours accrued.

Student overall performance in the CCAP program, including but not limited to clinical competence, performance, and behavior in clinical settings, is also discussed by CCAP Faculty in each semesterly Student Review meeting. Regardless of grade attained in a practicum course, a student may be identified in the Student Review as needing remediation in one or more of clinical competence, performance and/or behavior in clinical settings. If the need for remediation is identified, an Action Plan will be created to meet these needs. To support ongoing competency development, information about students' clinical competencies (including any remediation plans) may be shared with the student's clinical supervisor(s) in upcoming clinical practica. Whether the practicum takes place at the Maplewoods Centre, or at an external site, there is ongoing communication between external practicum supervisors, the Practicum Coordinator, Course Instructor (as relevant), and the DCT regarding development of clinical competencies.

Practicum Credit

Evaluation

Students are graded on a pass/fail basis by the instructor based on written evaluation and verbal feedback from the clinical supervisor. Practicum evaluations are reviewed by the Practicum Coordinator 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. Should a student fail a practicum, the CCAP area will review to determine a recommendation that may range from remedial work to withdrawal from the program.

Incomplete Practica

Practicum experiences that continue from semester to semester may be given a grade of Incomplete (INC) at the end of the first semester. Automatically, the student carries the practicum into the next registered semester and **should not re-register for the practicum**.

In the following registered semester, with the exception of extraordinary circumstances, the practicum must be completed, and the appropriate paperwork submitted to the instructor as per Practicum Responsibilities above. An evaluation of satisfactory or unsatisfactory will be assigned by the faculty instructor, replacing the INC on the student's transcript.

Funding

While most practica are unpaid positions, students may occasionally be provided compensation by an external practicum site. In such situations, care must be taken to manage the inherent dual relationship between student and supervisor to make sure that the focus remains on the development of the student's competencies. As with any external practicum experience, these placements must be reviewed and approved by the Practicum Committee.

Clinical Training Sequence - PhD

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

PhD first year

In the first semester of the PhD program, students are introduced to psychotherapy by taking Foundations in Child and Adolescent Psychotherapy (PSYC*6580). This course emphasizes major systems of psychotherapy including cognitive, behavioural, psychodynamic, client-centred play therapy,

group therapy and family systems therapy. Students are also introduced to and practice basic therapy skills. In the first year of the PhD, students also take a two semester CBT Practicum (PSYC*7994) with didactic, practice, and supervision components within the Maplewoods Centre. Students are expected to have engaged with a minimum of one therapy case by course cessation. Students also enroll in PSYC*7991 at Maplewoods Centre at some point during their PhD 1 year and carry at least one additional therapy case as well as have substantive involvement in one assessment across the year.

PhD second year

Advanced Child and Adolescent Psychotherapy, PSYC*6610 builds on basic intervention skills in PSYC*6580 with an emphasis on intervention in complex circumstances (e.g., developmental trauma, continued discussion of diversity considerations) and a broadened introduction to third wave cognitive therapies (e.g., DBT and ACT) as well as other systems of intervention (e.g., Emotion Focused Family Therapy). In this year, students are also typically enrolled in PSYC*7993, a two-day per week, 400-hour external practicum in a child and adolescent mental health facility (typically hospital or community clinic based). Typically, this practicum will have a mixed intervention and assessment focus. In the Spring/Summer term, students complete the written and oral components of the PhD Qualifying Exam, one goal of which is to establish clinical competence commensurate with the PhD.

PhD third year

In the third year of the PhD program, students complete the Clinical Supervision, Consultation and Program Evaluation course (PSYC*7996) with a focus on the Supervisory Relationship, Models of Supervision, Supervision Skills as well as broader focus on professional development at this stage of training including a focus on consultation, preparation for residency and eventual registration as a psychologist. 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. Senior PhD students also return to Maplewoods Centre for PSYC*7991. Students are expected to carry 1-2 therapy cases and have involvement in at least one assessment case per year.

The unique balance of assessment and therapy activities will vary depending on the given student’s training goals/gaps/needs which are closely monitored by the Clinic Director and DCT. Additional practicum activities at Maplewoods Centre are an expectation during PhD 3 and/or 4 such as involvement in supervised supervision of junior colleagues in assessment, intake or therapy; developing or running groups; or outreach activities. Professional skills by the end of PhD 3 or 4 should be rated as, “ready for residency”. Students who do not achieve this level of competence will be required to complete remedial clinical work until this level of professional competency is acquired.

PhD fourth/fifth year

Clinical Residency (PSYC*8000) is completed in the fourth or fifth year of the PhD program; to be determined ready to apply for residency, a student must consult with the DCT to ensure that they have the necessary clinical and academic preparation and are in good standing in the program. Also, students are expected to have completed all required academic courses and have their dissertation data collected by the end of October in the Fall application semester.

CCAP students are required to seek a residency accredited by the Canadian Psychological Association (CPA). Only in exceptional circumstances will a non-accredited residency be considered. CPA Accreditation provides an ongoing external quality review of a residency site’s training model, supervision practices, evaluation processes, and trainee protections (e.g., due process in evaluation). In addition to these important quality indicators, students who complete accredited residencies may encounter fewer barriers when pursuing licensure or registration, postdoctoral training, hospital privileges, or employment, particularly when moving between jurisdictions.

All CCAP students are expected to apply for residency via the AAPIC match process, even if their

circumstances highly limit the number and scope of sites to which they will apply. Applying through the APPIC match is important for students' professional development, and this process promotes consolidation and integration of the six plus years of training that applicants bring with them into residency application. The residency is a 1600-hour commitment, which is full-time over the course of 1 year or, rarely, half-time over the course of 2 years.

Non-accredited Residency: Only if the traditional APPIC route has not yielded a match, will the program consider an application for a non-accredited residency. Should exceptional circumstances apply, the CCAP program has guidelines designed to assist students in setting up an appropriate 1600-hour non-accredited residency. A detailed application form with further guidance is available on the Maplewoods Drive. Students are also encouraged to reach out to the DCT for further discussion of their unique circumstances.

Typical Progress Sequence PHD CCAP

PhD year 1
Semester 1 (7) Fall

Courses
- PSYC*6580 [.50] Foundations in Child and Adolescent Psychotherapy
- PSYC*7994 Practicum IV: CBT Practicum (continues in Winter semester) PhD thesis
- Draft ideas for proposals

Scholarships
- Apply for OGS
- Apply for SSHRC or other Tri council scholarship
- Other options may also available depending on your research topic search the web and discuss with your supervisor

Semester 2 (8) Winter Courses
- One of the Cognate courses (as needed and available if not already completed)

For the Social Bases of Behaviour (chose 1 of the following courses)

- PSYC*6910 [0.50] Critical Approaches to Applied Social Psychology
- PSYC*6930 [0.50] Community, Culture and Global Citizenship
- PSYC*7040 [.50] Social Processes in the Workplace

For the Biological Bases of Behaviour

- PSYC*6810 [0.50] Neuropsychology

For the Cognitive-Affective Bases of Behaviour

- PSYC*6790 [0.50] Memory and Cognition

Practicum
- Apply for Practicum III PSYC*7993 (to begin in the following Fall semester)

- PSYC*7994 Practicum IV CBT Practicum (continues from the Fall semester and continues throughout the Winter semester)

PhD thesis
- PhD thesis proposal draft submitted to advisor (see PhD Thesis proposal section for more information)
- Form PhD thesis committee (no later than the 20th day of the 2nd semester)
- Initial PhD committee meeting (as applicable)

Scholarships
- None

Semester 3 (9) Summer Courses
- One of the Cognate courses (as needed and available if not already completed)

Practicum
- PSYC*7991 (open hours)

PhD thesis
- PhD thesis proposal approved by advisory committee (see PhD Thesis proposal section for more information)

Scholarships
- Revise OGS, SSHRC and any other grant application

*Important departmental milestones to achieve during the degree (full-time registration only): PhD must have their approved thesis proposal: 3rd semester. If the milestone is not met it will result in a “Some concerns” on the student’s progress report.

PhD year 2
Semester 4 (10) Fall

Courses
- PSYC*6610 [0.50] Advanced Child and Adolescent Psychotherapy
- One of the Cognate courses (as needed and available if not already completed)

Practicum
- Practicum III PSYC*7993 (a total of 400 hours to be completed over the Fall and Winter terms)

PhD dissertation
- Ethics for PhD research (if applicable; note the REB review process typically takes 6 to 8 weeks or longer)

Scholarships
- Apply for OGS
- Apply for SSHRC or other Tri council scholarship
- Other options may also be available depending on your research topic search the web and discuss with your supervisor

Semester 5 (11) Winter Courses
- PSYC*6890 [0.25] Legislation and Professional Practice (or take in PhD 3 depending on when planning to apply for residency)
- One of the Cognate courses (as needed and available if not already completed)

Practicum

- Practicum III PSYC*7993 continued (a total of 400 hours to be completed over the Fall and Winter terms)

PhD thesis
- PhD data collection /analysis
- And elaboration of follow-up research (if applicable)
- Continue non-dissertation research opportunities with other faculty members than primary advisor(s) (if applicable, recommended for those wanting to pursue research-related employment, discuss with your primary advisor(s))

Scholarships
- None

Semester 6 (12) Summer

Practicum
- PSYC*7991 (open hours)

Qualifying Exam (see QE examination section for more details) PhD dissertation
- PhD data collection /analysis
- And elaboration or pursuit of follow-up research (if applicable)

Scholarships
- Revise OGS, SSHRC and any other grant application

PhD year 3
Semester 7 (13) Fall

Courses
- Typically are completed

Practicum
- PSYC*7991 (open hours)

PhD Thesis
- Completion of follow up research (if applicable)
- PhD data collection/analysis

Thesis writing Apply for Residency through the APPIC standardized application portal if approved by DCT (PhD data are collected and all courses other than PSYC*7996 are completed)

Scholarships (if applicable):
- Revise OGS, Tri-council (typically SSHRC), and any other grant application

Semester 8 (14) Winter Courses
- PSYC*7996 [.50] Clinical Supervision, Consultation and Program Evaluation
- PSYC*6890 [0.25] Legislation and Professional Practice (if not already taken)

Practicum
- PSYC*7991 (open hours – optional as needed)

PhD dissertation
- Completion of follow up research (if applicable)
- PhD data analysis
- Dissertation writing

Semester 9 (15) Summer Courses

- Typically course requirements are completed at this time.

Practicum
- Practica are not required but participation in PSYC*7991 practicum is allowed

PhD dissertation
- Dissertation writing
- PhD thesis examination/defense

Semester 10 (16) Fall Residency
- Begin full time residency – PSYC*8000

PhD Thesis
- If not already defended, continue to finalize thesis for defense

Semester 11 (17) Winter Residency
- Continue full time residency – PSYC*8000

PhD Thesis
- If not already defended, continue to finalize thesis for defense

Semester 12 (18) Summer Residency
- Continue and complete full-time residency – PSYC*8000

PhD dissertation
- If not already defended, continue to finalize thesis for defense

*Important departmental milestones to achieve during the degree (full-time registration only): PhD must have defended their dissertation: 15th semester.

Advisory Committee Membership

See Chapter II, heading Student Programs, subheading Establishment of the Advisory Committee

See also Chapter IV, heading Doctor of Philosophy, subheading Advising

See also Chapter IV, heading Doctor of Philosophy, subheading Program Regulations

Look for "Area-specific advisory committee membership" below CONTENTS for area-specific guidance if it exists.

Area-specific Additional regulations specific to the CCAP

PhD program

Typically, the advisory committee must consist of a minimum of three graduate faculty members. Often, at least one committee member beyond the advisor will be from the University of Guelph CCAP graduate faculty. This committee should be formed no later than the 20th class day of the student's second registered semester.

After the committee is formed, it is recommended that the student, their Advisor, and the committee members discuss the expectations for that particular committee (e.g., does the committee plan to have regular meetings, when does the student expect to have a proposal meeting?).

Conflict with Advisor or Advisory Committee

See chapter III General information, heading Policy on Responsibilities of Advisors, Advisory Committees and Graduate Students and Graduate Student-Advisor Mediation Procedures, subheading Dispute Resolution Mechanisms (with flowchart)

See also Chapter IV, heading Doctor of Philosophy, subheading Program Regulations

Look for "Area-specific conflict with Advisor or Advisory Committee" below CONTENTS for area-specific guidance if it exists.

Area-specific conflict with advisor or advisory committee PHD CCAP

As a reminder, in the case of conflict with the Advisor or Advisory Committee that has not been able to be addressed by direct communication with the individuals in question, students can inform either the CCAP representative to the Graduate Program Committee, Graduate Program Coordinator, or, if needed, the Department Chair, of the situation.

Transfer of advisors PHD CCAP

See Chapter IV, heading Doctor of Philosophy, subheading Program Regulations

Look for "area-specific transfer of advisors" below CONTENTS for area-specific guidance if it exists.

Area-specific transfer of advisors CCAP PHD

CCAP: Additional PhD regulations

Students are assigned a primary Advisor (or co-advisors) upon admission. In rare cases a student may wish to change their primary advisor (or co-advisors). If a student wishes to change their primary advisor (or co-advisors), the student must notify the Graduate Program Committee (GPC) representative. The GPC rep will provide assistance to the student who seeks to transfer. In those cases where the advisor is also the GPC representative, the student should contact the departmental Graduate Program Coordinator.

Please note that transfers will be at the discretion of the faculty member(s) being asked to become the student's primary advisor (or co-advisors).

If a faculty member agrees to become the student's new primary advisor (or co-advisor), then typically a new advisory committee will be constituted under the direction of the newly appointed advisor. Normally, at least one of the members of the existing advisory committee will continue as a member of the new advisory committee. The decision to continue as an advisory committee member is at the discretion of the faculty member.

Examination Committee Membership PHD CCAP

Look for "Area-specific examination committee membership" below CONTENTS for area-specific guidance if it exists.

Area-specific examination committee membership PHD CCAP

The Final Oral Examination Committee will consist of five members:

1. A member of the regular graduate faculty who is not a member of the advisory committee appointed to act as chair by the department chair on behalf of the Assistant Vice-President (Graduate Studies)

2. The external examiner

3. A member of the regular graduate faculty, who is not a member of the Advisory Committee

4. Two members of the student's Advisory Committee, selected by the Advisory Committee. The candidate's Advisor may be one of the two members that join the Examination Committee. If the Advisor does not join the Examination Committee, the Advisor should be present (in a non-voting capacity) during the Examination Committee's deliberations following the PhD Thesis Examination.

External PhD Examiner

1. The Department Chair appoints an External Examiner from outside the university for each PhD Thesis, on behalf of the Dean of Graduate Studies, and in consultation with the Advisor. The External Examiner must be a recognized expert in the subject of the thesis.

2. The External Examiner must not have been involved in joint projects with the Advisor, student, or other committee members in the last 5 years, must not have served as an Advisor of the student's Advisor, must not have been a student or a member of the graduate faculty at the university in the last

5 years, and must not have served as an External Examiner at the university within the last 3 years. The External Examiner must also have had no direct connection with the student or the student's research project. The Board of Graduate Studies takes assurance of the independence of the External Examiner as a very serious matter.

3. The External Examiner is required to submit a written appraisal of the PhD Thesis to the Chair of the Department at least seven days before the Final Oral Examination. The External Examiner is expected to attend the oral examination (in person or by video/phone conference) and assist in evaluating all aspects of the candidate’s performance.

Examination Committee Creation PHD CCAP

See Chapter IV, heading Doctor of Philosophy, subheading Program Regulations

The student’s Advisor is responsible for establishing the Examination Committee. It is important that the student does not directly contact the External Examiner. Once the student has an initial draft of the thesis ready for evaluation by their Advisory Committee, the advisor should begin establishing the Examination Committee.

1. They should forward a list of three potential External Examiners to the Graduate Program Assistant who will verify that the examiners are not currently on record with graduate studies (i.e., are not already taking part in the University of Guelph committees).

2. Provided that the Graduate Program Assistant and Advisor cannot identify any conflicts of interest, the Advisor will informally contact externals, verifying with them their availability, and that they are not planning to be serve on any other University of Guelph committees before the Final Oral Examination.

3. The Advisor will then identify the remaining committee members, verifying that each does not have any joint projects with the External Examiner.

4. The full list of proposed Examination Committee members should then be forwarded to the Department Chair (CC’ing the Graduate Program Assistant), for formal approval.

5. Once the External Examiner has been formally approved, the Advisor will obtain the examiners address, phone number, email address, availability for the defense over several weeks, and whether they are planning to attend the Final Oral Examination in person or by video conference.

**All members of the Examination Committee must receive a copy of the final draft of the PhD Thesis (i.e., which include the corrections requested by the Advisory Committee) at least one month (four weeks) before the date of the PhD Thesis Public Lecture & Examination.

Look for "Area-specific examination committee creation" below CONTENTS for area-specific guidance if it exists.

Area-specific examination committee creation PHD CCAP

No specific CCAP regulations.

Qualifying Exam

See Chapter IV, heading Doctor of Philosophy, subheading Qualifying exam

See Chapter IV, heading Doctor of Philosophy, subheading Program Regulations

Once the examination/defense has been setup by the Graduate Program Assistant, the Chair is responsible for following each program's specific process for the complete examination experience (e.g. questioning process from public attendees and examining committee, avoidance of asking own questions, following the time requirements, etc.). This process needs to be followed as precisely as possible to ensure fairness across all students within the program.

However, it is possible for the student and/or advisor to request a modification or accommodation to the process. All requests must be made to the Examination/Defense Chair who is responsible for ensuring that the process is fair to all students. Accommodations are possible as long as these are managed by the Defense/Examination Chair. If you have a defense/examination coming up and would like to discuss an issue related to the process, please discuss this with your Defense/Examination Chair with as much advance notice as possible to allow this person to discuss with relevant others if necessary (e.g. Department Chair, Grad Studies) and/or to arrange the modifications.

Look for "Area-specific qualifying exam" below CONTENTS for area-specific guidance if it exists.

Area-specific qualifying exam PHD CCAP

Components of the Qualifying Exam

The CCAP PhD Qualifying Examination will take place no later than the 6th semester following the MA degree (typically completed between May and June). Within the QE, students are assessed on their independent competence in two domains: clinical competency and research competency.

Competence Domains

Clinical Competency

Clinical Competency is assessed via two components: 1) A written examination, and, 2) A letter composed by the Clinic Director in consultation with the DCT providing a summary of the student’s clinical training to date.

Written Examination

Format: the written, closed-book exam is completed in a single 3-hour period around mid-May of PhD semester 6.

Content Overview: A single, clinically-focused question makes up the Written Examination. This question is based on readings and content of the courses taken to date and covers the areas of development, assessment, diagnosis, case formulation, psychopathology, risk and resilience, intervention, ethics, and legislation. Specifically, students are given a case study and asked to respond to the following:

1. Diagnostic Formulation: Based on the information provided in the case study, provide a potential diagnosis consistent with the symptom presentation. Note that there may be more than one possible diagnosis for the symptom presentation. If more than one diagnosis appears appropriate, limit your answer to no more than three possible diagnoses. For each potential diagnosis, clearly indicate why the diagnosis is consistent with the individual's symptom presentation as well as any other further information you would need to confirm or rule out the diagnosis.
2. Case Formulation: Now imagine that you are meeting with your clinical supervisor. How would you explain the client's symptom cluster/presentation?
3. Other Issues: Clearly identify any ethical or legal concerns, or other issues needing further assessment.
4. Treatment Plan: Accounting for the three components above (your diagnosis, case formulation, and other issues), what would be your initial treatment plan? Should there be multiple diagnoses (up to three maximum) which are divergent, in the interests of time you may wish to focus on one or possibly two diagnoses for the treatment.

Feedback: Within 2 weeks of the written exam, the 3 members of the QEC who are competent to evaluate the written exam, complete the "Marker Report for the PhD Qualifying Examination Committee," and return the report to the QEC chair. The student's response is to be assigned either a "satisfactory" or a "some concerns" designation. Markers are to indicate in the report the nature of their concerns and/or any questions they have.

Within 2.5 weeks of the written exam, the chair of the QEC is to contact the student to inform them whether a "satisfactory" or "some concerns" was given for the written exam. The QEC chair does not share with the student any of the stated concerns or questions at that time. The students are allowed to review the exam in the QEC chair's office, but are not allowed to take away the exam.

If the majority of the markers (i.e., 2+ out of 3) indicated that the student satisfactorily passed the exam: No further consideration of the written exam takes place.

If the majority of the markers (i.e., 2+ out of 3) indicated that they had "some concerns" with the student's response: Follow up questioning by the 3 markers regarding the student's response and understanding of the case occurs at the oral exam meeting in mid-June (at which all QEC members are present). It is the student's choice regarding which component to complete first at the June meeting: oral research presentation and questioning, followed by further questioning on the written exam OR vice versa.

Committee members who indicated a "some concerns" on their marker report are asked to submit to the QEC chair a prepared line of Socratic questioning that would aid the student in demonstrating clinical competence. The QEC Chair appoints one of the QEC members who receive Committee members' questions and initiates the questioning. Questions are posed in the identified area(s) of concern to determine whether the student's performance has improved sufficiently to warrant an overall pass on the written portion of the qualifying exam.

Clinical Training Letter

Format: The Clinic Director, in consultation with the Director of Clinical Training, provides a written assessment of all the student's clinical work. The assessment of the candidate's clinical performance notes both areas of strength and areas where improvement is needed. At the beginning of the letter, the assessment includes a clear statement indicating whether the student has passed the standard of performance expected for the level of training to that point in the program.

This letter is submitted to the Chair of the QEC by early June of the 6th semester of the PhD. The letter

is reviewed with the committee at the end of the oral exam in June (see overall evaluation below).

Research Competency

Research competency is assessed via three components: 1) the oral presentation and exam, 2) student submission of scholarly activity, and, 3) the supervisor's letter detailing the student's research track record.

When assessing research competency, students' active engagement in their field of study as well as their demonstration of independent thought, conceptual competence, and critical thinking are considered.

Student research record

Format: The student is to submit their current CV which should list publication, oral presentation, and poster presentation activity to date. The student may also submit copies of published papers and/or papers under review or in press as desired. These materials should be submitted to the QE Chair by early June of PhD semester 6.

Student oral presentation and exam

Note: The purpose of this oral presentation and exam is to demonstrate the student's conceptual competence in their area of research. Thus, the student should not be consulting with their supervisor in preparing for the oral presentation and exam (e.g., content of presentation, types of questions). Rather, this document is intended to provide all of the information necessary for students to prepare. If needed, consultation with the chair of the QE can be sought.

Format: Each exam and presentation takes take place around mid-June over a designated 1-2 day period.

a. Presentation: The student gives a 15 minute oral presentation (maximum) to the QEC regarding their general research area of study. The student can choose to use Powerpoint/other slide show program or use hard copy handouts. The purpose is not to defend the dissertation proposal (which should have been completed), nor to get into methodological details. Rather, this presentation should contain the following components related to their own work at a general level:

1. The state of the science (e.g., what are the 5 high-level take home messages that people should know about this area?)
2. Important theoretical gaps and their implications (e.g., what don't we know? why is that information important?)
3. Translation of this work into the real world (e.g., clinical practice, education, policy, advocacy, ethical implications).

Students are expected to address each of the 3 areas above, but the amount of time spent talking about each component is up to the student. Please note that the presentations are only allowed to last 15 minutes – students who try to go beyond this time are cut off by the QE chair.

b. Examination: The QEC then engages in 30 minutes of structured questioning of the student on the broad theoretical context, assumptions, connections with extant literature, and general implications of this work. This questioning is not to include very specific methodological queries more suitable to discussions with the PhD Advisory committee.

Deliberation: Following the student presentation (15 minutes) and committee questioning (30 minutes), the student withdraws from the room and the QEC meets in camera to deliberate regarding the student's performance. See further details in Overall Evaluation.

Thesis supervisor's written letter

Format: The student's PhD supervisor is asked to write a letter summarizing the student's research competence, by outlining the research accomplishments, strengths and weaknesses of the student. Should the student have completed their Master's under a different supervisor, the current supervisor is also expected to gather feedback/information from the Master's supervisor. This letter is to be submitted to the QE Chair by early June in the 6th semester of the PhD.

Overall Evaluation

At the oral presentation and examination meeting (in mid-June of PhD semester 6), the QEC deliberates on the following items:

1. Research presentation and oral exam.
2. Supervisor letter regarding research performance to date.
3. Performance on the written exam (i.e., whether it was passed or not).
   Note: if the written exam was not passed at the original marking stage, the student's performance in fielding the following up questions at the oral exam is assessed.
4. Letter from the Director of the Centre for Psychological Services (in consultation with the DCT) summarizing practicum performance to date.

The QEC makes the final determination as to whether the student has successfully passed the qualifying examination. To be granted PhD candidacy, the student must have passed all components of the QE as outlined above and had their PhD proposal approved.

If the Committee decides, following the voting procedures of Graduate Studies, that the student has not passed one or more of the components of the qualifying examination, the examination is considered to be failed and a report of unsatisfactory is forwarded to the Dean of Graduate Studies.

Following the in camera deliberations at the end of the oral exam and meeting aroundmid-June, the student is brought back into the room and informed of the outcome of their qualifying exam. In addition, within one week of the meeting, the QE chair provides the student with a letter similarly indicating the outcome of the exam.

Composition of each student's Qualifying Examination Committee

The QEC for each student consists of five members:

1) Chair (CCAP QE Portfolio Chair unless they are the supervisor or on the advisory committee of the student)

2) Advisor

3) One of the other Advisory Committee members

4) An additional member

5) An additional member

One member of the QEC must be external to the Department (this can be a member of the Advisory Committee), and at least three members must be able to mark the clinical question on the written exam.

The Chair of the QEC is the Chair of the CCAP QE Portfolio and thus is the same across all QE for that year (except in the case of being the supervisor, co-supervisor, or on the advisory committee of the student).

Roles and Responsibilities

Faculty Advisors

The Faculty Advisor of the student is responsible for meeting with the student in the fall semester of PhD 2 (PhD semester 4) to determine which members of the Advisory Committee move forward to the QEC (usually advisor + one other).

If one of the Advisory Committee members is external to the department, there are advantages for that person moving forward to the QEC but this is the decision of the student and Advisor. If a person external to the department is still needed after determining who is moving forward from the Advisory Committee, the Advisor in consultation with the student, is responsible for identifying and reaching out to that person to see if they are willing to serve in that role. This document can be used to explain the process and identify the time frames when availability is needed.

Given that a student's QEC is to be in place by the end of the PhD semester 4, the aforementioned tasks should be completed before the winter break.

Students

Students should speak with their Advisor starting in the fall semester of the second year of the PhD (PhD semester 4).

If students have any concerns about their ability to complete the QE successfully or are on an individualized plan of study, they should seek guidance from the DCT, the GPC, and QE Chair as soon as possible in the fall semester.

Students should begin to think about who could move forward from their Advisory Committee and who might be a good person to approach who is external to their committee.

Students should review the timeline in the main policy document and be proactive about ensuring various components are scheduled, materials are prepared, and schedules are booked.

Thesis Proposal CCAP PHD

See Chapter IV, heading Doctor of Philosophy, subheading Program Regulations

Department of Psychology Form: Approval of PhD Thesis Proposal

Look for "Area-specific thesis proposal" below CONTENTS for area-specific guidance if it exists.

Area-specific thesis proposal PHD CCAP

CCAP: Additional PhD regulations

All PhD students of the CCAP program are expected to submit a Thesis research proposal to their Advisory Committee and get the committee's approval before proceeding with their thesis research work. The proposal must be approved by the Advisory Committee no later than the end of the 3rd semester in the PhD degree.

There are many steps in developing your proposed program of work for your PhD. These will vary with the project, the student and the Advisor. Students will need to work out an individual timeline with their Advisor regarding the steps needed to complete their proposal.

The proposal should include the following: Introduction, Method and Materials/Procedure, Proposed Analyses, and a short discussion of feasibility. Proposal length will vary and should be determined together with the student and Advisor. Proposals must follow the most recent APA formatting guidelines.

Typically, students will submit multiple drafts of their proposals to their Advisor prior to submitting it to their committee.

A minimum of two weeks will be allowed for any Advisory Committee member, including the Advisor, to evaluate any work submitted to them.

When the PhD student's Advisor has deemed that the proposal is ready to be circulated to the committee the student will send an electronic copy to members of the Advisory Committee.

Students are encouraged to review the Department of Psychology Statistical Methods in Theses: Guidelines and Explanations with their committee (if applicable).

Once the committee has read the proposal, a meeting of the Advisory Committee can be scheduled to hold a proposal meeting. Typically, such a meeting consists of feedback and questions from the Advisory Committee based on the research proposal. It may also include a brief presentation by the student of the proposed research. Evaluation of the proposal will be done holistically. Numeric grades are not required; instead, the work is reported as either satisfactory or unsatisfactory.

Advisory Committee Approval of the Thesis and Submission to Examination Committee

See Chapter IV, heading Doctor of Philosophy, subheading Thesis

See Chapter IV, heading Doctor of Philosophy, subheading Program Regulations

Once you are close to having a draft of your thesis prepared, you should follow the procedures below.

1. When the PhD candidate's Advisor has deemed that the candidate's full thesis draft is satisfactory, the Advisor will provide an email to the student indicating that the thesis is satisfactory and ready for

submission to the Advisory Committee members for evaluation. At this point:

a. The advisor will notify the Graduate Program Assistant that the thesis is being evaluated by the advisory committee, allowing the Graduate Program Assistant to prepare necessary forms and provide additional instructions to all.
b. The advisor will begin the process of forming the examination committee (see detailed instructions below in the section titled PhD Examination Committee Creation). Note that the student must NOT have any contact with the External Examiner.
c. The student shall provide an electronic copy of the thesis to each member of the Advisory Committee and request email receipt to ensure that the Advisory committee members have received the thesis in a timely fashion. A minimum of two weeks will be allowed for Advisory Committee members to evaluate the thesis.
d. The student will review and implement the Electronic Formatting Requirements for theses provided on the Graduate & Postdoctoral Studies website.

2. When an Advisory Committee member has read the draft of the thesis, they provide feedback on the thesis and indicate whether or not the thesis is ready for defense. This feedback should also indicate whether edits are requested pre-defense or post. Normally, this feedback includes a number of changes designed to improve the thesis prior to the defense. The student then considers the recommendations, and, in consultation with the Advisor, makes changes specified by the committee members. Note that these changes may be done quickly or take a substantial amount of time (e.g., days or weeks). Consequently, students should remember to budget sufficient time for these revisions.

3. If necessary, the student will submit an electronic copy of the corrected thesis to each Advisory Committee member. The Advisory Committee members will typically review the revised draft within two weeks.

4. Following this, the Advisory Committee members will indicate whether the thesis is ready for defense by signing the Summary of Advice to Student form (a Graduate & Postdoctoral Studies form) and submitting it to the Graduate Program Assistant (who makes a copy for the student). All members should sign the same Summary of Advice form.

5. Once required edits have been addressed as per the committee members' feedback, the student should immediately send an electronic copy (PDF) of the thesis to the Graduate Program Assistant for distribution to the Final Oral Examination Committee members. If any member requires a hard copy, the student should also provide hard copies to the Graduate Program Assistant. The External Examiner must have a copy of the final thesis at least one month prior to the date of the Final Oral Examination.

6. Regardless of the recommendation of the PhD Advisory Committee, a student may submit a request for an examination. Requesting an examination without the approval of all of the members of the PhD Advisory committee is not recommended.

Also see the detailed guidelines on Graduate and Postdoctoral Studies website.

Look for "Area-specific approval of thesis and submission to committee" below CONTENTS for area-specific guidance if it exists.

Thesis Preparation CCAP PHD

See Chapter IV, heading Doctor of Philosophy, subheading Thesis

See Chapter IV, heading Doctor of Philosophy, subheading Program Regulations

Look for "Area-specific thesis preparation" below CONTENTS for area-specific guidance if it exists.

Area-specific thesis preparation PHD CCAP

CCAP: Additional PhD regulations

Typically, a PhD thesis will contain the following sections: Introduction, Method and Materials/Procedure, Results, Discussion, Conclusions, and Implications (followed by Appendices, as relevant).

During the preparation of the written thesis the student should be receiving feedback from the Advisor as well as the Advisory Committee. What form that takes (e.g., drafts, meetings) will be up to each committee to determine. Students are encouraged to have a carefully planned timeline for this process in order to support timely completion of milestones and the final thesis document.

The thesis length can be highly variable depending on the nature of the PhD thesis project. Students are strongly encouraged to discuss a plan of the structure of their thesis (including approximate length of the different sections) with their Advisor prior to writing their thesis.

The style of the thesis (e.g., based on chapters; similar to a manuscript) should be confirmed with the Advisory Committee. The committee is encouraged to consider thesis styles and format amenable to scholarly publications, when appropriate. Theses must adhere to the most recent APA formatting guidelines as well as the Atrium formatting requirements (see here for formatting requirements and here for submission guidelines.

The thesis should strive to evince critical and creative thinking skills, literacy skills and communication skills and a global understanding. The thesis and the work it includes must be professional and adhere to the highest ethical standards. The thesis must also demonstrate the candidate's capacity for original and independent work, and should include a critical evaluation of work which has previously been done in the candidate's field of research. The thesis should emphasize any new conclusions which may be drawn from the candidate's own research.

As stated in the graduate calendar, “The thesis is expected to be a significant contribution to knowledge in its field and the candidate must indicate in what ways it is a contribution. The thesis must demonstrate mature scholarship and critical judgement on the part of the candidate and it must indicate an ability to express oneself in a satisfactory literary style. Approval of the thesis is taken to imply that it is judged to be sufficiently meritorious to warrant publication in reputable scholarly media in the field.”

Typically, students will submit multiple drafts of their thesis to their Advisor prior to submitting it to their committee.

A minimum of two weeks will be allowed for any Advisory Committee member, including the Advisor, to evaluate any work submitted to them.

Thesis Public Lecture and Examination

See Chapter IV, heading Doctor of Philosophy, subheading Thesis

See Chapter IV, heading Doctor of Philosophy, subheading Program Regulations

Maximum Duration of Oral Examination
PhD Examination: 3.5 hours

PhD Examination Procedure

Introduction by the Chair - 5 minutes
Presentation of research findings/scholarly work by candidate - 30 minutes (maximum)
Public Question Period - Audience - 10 minutes
Break - 5 minutes (members of the public are free to leave)
Examination Period (questions only from examiners) - 1 hour and 40 minutes

The Chair

The chair of the examination committee is the official representative of the Assistant Vice- President (Graduate Studies). The chair serves to administer the examination according to the approved format of the program. The chair does not serve as an additional examiner.

It is the responsibility of the Chair to ensure that the oral examination is conducted in a professional manner. The Chair must ensure that proper forms from the Office of Graduate Studies are available and duly completed and signed by the Examination Committee. The Chair should ensure that adequate time is allotted to the candidate for presentation of research findings, and to the examiners for questions. The details on the time allocation to the candidate and examiners are given in the following paragraphs. It is also the responsibility of the Chair to ensure that examiners should adhere to the allocated time.

In unforeseen circumstances where a Committee member is unable to attend the examination (e.g., due to sickness) either in person or by video/teleconference, the Chair will attempt to receive questions to ask on behalf of the absent member, to be answered by the student to the satisfaction of the examiners present. If this absent member is the External Examiner of a PhD thesis examination, and the written thesis Appraisal and/or questions to ask have not been received, the examination should be postponed.

If during the examination the behaviour of either the candidate or the examiner(s) is unprofessional, the Chair should provide a warning. If the unprofessional behaviour continues, the Chair should stop the examination and report to the Graduate Coordinator.

The Chair should ensure recommendations for revision of the thesis are completed, and should withhold their endorsement of the examination (through signing the Recommendation Form) until such time.

Role of the Examiners

The examiners have the responsibility to review the thesis as outlined in the University Guidelines for thesis evaluation. If an examiner feels that there is a major problem with the thesis, the examiner should inform the candidate in writing with a confidential copy only to the advisor and Graduate Coordinator. If the candidate and the examiner cannot resolve the problem before the oral examination, the Graduate Coordinator will act as facilitator. If there is no agreement, the examination can go forward at the student's request, or postponed on the advice of the Graduate Coordinator.

Ordering of Questions by the Examination Committee:

There will be two rounds of questions by the Committee. The questioning by the Committee will be in the following order:

1) External Examiner
2) Member of the Graduate Faculty (not on the Advisory Committee)
3) Member of the Advisory Committee
4) Advisor or second member of the Advisory Committee

Suggested time allotted to examination committee members:
External Examiner (Round 1: 25 minutes, Round 2: 10 minutes)
Graduate Faculty (Round 1: 20 minutes, Round 2: 10 minutes)
Advisory Committee Member (Round 1: 20 minutes, Round 2: 10 minutes)
Advisor/Advisory Committee Member (Round 1: 20 minutes, Round 2: 10 minutes)

Deliberation (in camera) - 35 minutes

Evaluation of Thesis

As stated in the graduate calendar, “The thesis is expected to be a significant contribution to knowledge in its field and the candidate must indicate in what ways it is a contribution. The thesis must demonstrate mature scholarship and critical judgement on the part of the candidate and it must indicate an ability to express oneself in a satisfactory literary style. Approval of the thesis is taken to imply that it is judged to be sufficiently meritorious to warrant publication in reputable scholarly media in the field.” The thesis should strive to evince critical and creative thinking skills, literacy skills and communication skills and a global understanding. Theses and student must be professional and adhere to the highest ethical standards. Evaluation of the thesis and oral examination will be done holistically. Numeric grades are not required; instead the work is reported as either satisfactory or unsatisfactory.

The candidate is deemed to have passed if a simple majority of Examination Committee members vote to pass the student. An abstention is regarded as a negative vote. If the Examination Committee decides thesis and oral exam are unsatisfactory, the candidate may be given the opportunity for a second attempt. A second unsatisfactory report constitutes a recommendation to the Board of Graduate Studies that the student be asked to withdraw.

In addition to determining whether the candidate passes the exam, the Examination Committee members will also discuss the recommended and required changes to the thesis. After each committee member recommends changes, the committee will come to a consensus about which changes the student is required to make. In the rare event of a disagreement, the Chair will decide if a requested change by a committee member can be overruled.

Following deliberations of the committee, the Examination Chair calls the student back to the examination room and verbally informs the candidate of the outcome of the Examination. If the defense is successful, changes will frequently be required. These changes may be minor or substantial.

Students should be prepared to make changes based on feedback received during the defense and must allocate sufficient time before final submission for this process. As noted above, those changes should be submitted to the Examination Chair for approval.

Following completion of the thesis revisions, the Examination Chair then submits the signed forms (i.e., Certificate of Approval, Report of the Examination Committee) to the Graduate Program Assistant, their Examination Chair report, and the Report of the External Examiner. The Graduate Secretary then contacts the student to complete graduation paperwork (as applicable) with the Department Chair. Once completed the student is responsible for the delivery of this paperwork along with the approved

copies (2) of the thesis in its final form (following revisions) to Graduate Program Services.

Look for "Area-specific thesis public lecture and examination" below CONTENTS for area-specific guidance if it exists.

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