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.

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