**Doctoral Programme in Clinical Psychology**

# Department of Psychology University of British Columbia

**Practicum and Internship Policies and Procedures Handbook**

## Revised by I. Söchting & C. Johnston

## updated June 2021

## Introduction

This manual is designed to acquaint students with program policies and procedures relating to practicum and internship training. Students working in the UBC Psychology Clinic should also acquaint themselves with the Clinic Policies and Procedures Manual found on the Practicum Support Website ([www.practiumsupport.psych.ubc.ca](http://www.practiumsupport.psych.ubc.ca)). This website will be referred to throughout this Handbook.

The sequence of practicum training begins with the first year of graduate school, when students take several courses to provide them with foundational knowledge necessary for ethical and effective clinical practice. First year students take Introduction to Psychotherapy (PSYC 541) and Ethics and Professional Issues (PSYC 537) as well as a two-course series on Assessment (PSYC 530 and 531).

Clinical case formulation presentations, integrated into PSYC 537, provide second year students with the opportunity to prepare and deliver case presentations from their practica, as well as providing an opportunity for first year students to learn from more senior students.

In the second and third years, students are carefully supervised by clinical faculty in internal practica (PSYC 534) based in the Psychology Clinic.

In addition, a community-based, external, practicum is required of all students and is best undertaken after the second or third year or during the third year of graduate school. Students then do additional advanced practicum training in subsequent years of the doctoral programme to develop further competencies in readiness for internship.

**From the very beginning of graduate school**, students are encouraged to keep a detailed log of their clinical training experiences. The Association of Psychology Postdoctoral and Internship Centers (APPIC) provides a tracking system for the number of hours and kinds of clinical activities, Time2Track, which students are encouraged to use. The Clinic Assistant helps students with setting up their accounts. The Clinic pays for this tracking service. As part of the application for internship, students will be asked to provide very detailed information about their practicum training. For example, students should be able to state how many hours they have engaged in individual, group, or family therapy; how many patients they have seen in total; characteristics of the patients they have seen; how many assessments they have completed; total number of reports written, and how many hours of supervision received.

Accordingly, students need to keep careful track of the hours accrued during each practicum training experience and have these hours certified by the practicum supervisor. The certification (generally on the practicum evaluation form) will be kept on file for future reference when the Director of Clinical Training is asked to certify a student’s training for internship applications or application for registration or licensure. Information about Time2Track or an equivalent template for keeping a detailed log suitable for preparation for internship applications is available from the Clinic Director or the Director of Clinical Training.

## Academic Requirements

Students are required to take 3 credits of Clinical Practicum (Psychology 534) in both the second and third year of graduate studies.

A community-based practicum experience (minimum 450-hour placement) is required of all students. This practicum takes place in a community agency and is taken either as a full-time experience during the summer after Years 2 or 3 or as a part-time experience during the 3rd or 4th academic years. Given the decline in full-time external practicum opportunities, it is now common for students to complete three to four part-time practica. Practica must be approved in advance in writing by the student’s faculty advisor and the clinical program; a form is provided for making requests for this approval (see Appendix A or the Practicum Support Website).

One of the requirements for the PhD in Clinical Psychology is a year-long internship. This is to be completed at a health or mental health agency accredited by the Canadian Psychological Association or the American Psychological Association. Students must be approved by the clinical program as ready for internship before they are eligible to apply. In addition to completing all required courses, the comprehensive exam, the life span and history requirements, dissertation proposal defense, and all data collection for their dissertation, students must also demonstrate broad-based competencies in relation to program objectives for clinical, professional, and scientific knowledge and skills.

## Practica

Internal Practica

Students are assigned to an internal practicum team (PSYC 534) during both their second and third years in the program. The assignment is done by the Clinic Director and Director of Clinical Training. Students can express a preference for their practicum placement, but ultimately the program decides. Each team usually consists of two students who are supervised by a clinical faculty member or a contracted senior psychologist in the community, typically with adjunct status in the Department of Psychology. A typical caseload for the practica is 1-2 cases at a time, for a total of 3 to 4 cases per academic year. Students are not permitted to repeat the same practicum team for both years in order to begin to establish some breadth of clinical skills. Faculty members are closely involved in supervising students during these initial practicum experiences, directly observing students’ sessions during co-therapy sessions, live observation (behind an observation window), or recordings of sessions using the Department’s OwnCloud system.

The Canadian Psychological Association’s principles regarding practicum training for clinical psychology graduate students include the following statements, which guide the program’s approach to practicum training:

*Practicum training should facilitate the development of the following important capacities:*

1. an understanding of a commitment to professional and social responsibility as defined by the statutes of the ethical code of the profession (CPA’s Canadian Code of Ethics; College of Psychologists of BC’s Code of Conduct);
2. the capability to conceptualize human problems;
3. awareness of the full range of human variability and diversity;
4. an understanding of one’s own characteristics, strengths and biases and the impact these have upon professional functioning;
5. skill in psychological assessment, intervention, and consultation, which includes more than one type of assessment (e.g., intelligence testing, behavioural assessment, personality testing, neuropsychological assessment) as well as more than one type (e.g., cognitive-behavioural, interpersonal) and mode (e.g., individual, group, family) of intervention;
6. skill in writing reports and progress/session notes, and
7. the use of research to inform practice and the ability to use practice experiences to inform and direct research.

*Achievement of these objectives in the practicum setting will require a high degree of access to professional psychologists who will serve as appropriate role models. Such contact is intended to facilitate the student’s development of a professional identification and skills as a practicing psychologist.*

Guidelines for internal practica are:

1. Each practicum lasts for a full academic year (September – April).The Psychology 534 internal clinical practica provide in-depth, high quality supervision. In addition, Psych 534 provides important learning and experience in foundational clinical skills. Mastery of these skills will prepare the student to make the most of their external practicum placements. Therefore, the program encourages students to be fully involved in Psych 534 during the academic year and to complete the training obtained in Psych 534 before beginning community-based practica.
2. Students will not be permitted to take an external practicum (including practica offered by external faculty in the clinic) during the regular academic year before two years of PSYC 534 have been completed. Students with exceptional circumstances may apply for a waiver to this policy, but generally we expect students to be fully engaged in PSYC 534 when they are enrolled in this course.
3. A standard amount of time should be allotted to face-to-face client contact (recommended minimum 1 hour/week) and to regular direct face- to-face supervision of practicum students (recommended minimum 1 hour/week). This supervision shall include discussion of clinical theory and methods as well as provide opportunities for professional and therapist role development.
4. Each supervisor and student will agree upon a practicum contract at the beginning of the placement, and the supervisor will provide and review with the student a written evaluation on each practicum student at the conclusion of the practica. Standard forms are used for these purposes (see Appendix C and Practicum Support Website. Second and third year students will be responsible for presenting a minimum of one case at a case conference each year in the PSYC 534 course.
5. Students must prepare timely intake and discharge summaries and progress notes for each client session. These notes must be read and signed by the supervisor. All charting including signatures are now done on the electronic platform Owl and all charts since September 2020 are stored on Owl only. Student therapists and supervisors receive tutorials in this system from the Clinic Assistant.
6. Students and supervisors wishing to establish practica that do not comply with the above guidelines require approval by the area for their individual arrangements.
7. In the event of problems, the student should first consult their practicum supervisor. If the problem cannot be resolved, the student should contact the Clinic Director or the Director of Clinical Training.
8. There are additional opportunities for clinical work within the Clinic that students have the option of pursuing to further their clinical skills and training. These include (a) additional psych 534 practica after the required two have been completed with a focus on individual treatment, (b) group treatment, or (c) a paid position as a graduate clinic assistant (GCA). Regarding (c), two such positions rotate on a biannual basis. As for (a) and (b) students are encouraged to approach individual clinical faculty or adjunct supervisors or express their interests to the Clinic Director. Many factors guide the decisions made regarding which students are offered which opportunities, including stage of training, input from the student’s primary supervisor, and the clinical area more broadly. It is not possible to guarantee that each student will be offered the position they express interest in, at the same time, student interest and training needs are considered when making decision about these opportunities. For any additional Psych 534, the same process as for the required Psych 534 applies and students will complete a practicum approval form (Blue) and a practicum contract.

Community-Based, external Practica

The minimum requirement for community-based practica is a 450-hour placement in an agency where the student will be supervised by a psychologist who is registered in the jurisdiction in which the placement occurs. This practicum ideally occurs as a full-time placement during the summer after the second or third academic year of the program, but most commonly consists of two or more part-time practica during the third and fourth academic year. Practica should occur in psychological service settings that have as part of the organizational mission a goal of training professional psychologists.

Community-Supervisor Internal-External Practica

Included in the external practicum list are various treatment practica involving clients from the UBC Psychology Clinic but supervisors who are based in their community psychology practices. These practica and supervisors are referred to as internal-external.

Available practica sites vary from year to year. Practicum sites our current students have attended include:

Adult Practica:

Back in Motion

Burnaby General Hospital - Neuropsychology

Correctional Service of Canada Regional Risk Assessment Centre

Chuck Jung and Associates

Dialectical Behaviour Therapy Centre of Vancouver

Fraser Valley Regional Clinic and Forensic Psychiatry

Headwise Rehabilitation

Royal Columbian Hospital Psychiatric Inpatient Unit

Royal Columbian Hospital Neuropsychology

UBC Psychology Clinic: CBT for Anxiety Disorders

UBC Psychology Clinic: Psychodynamic Psychotherapy

UBC Hospital: Severe Mental Illness

Vancouver Anxiety Centre

Vancouver Psychotherapy Centre (VanPsych)

West Coast Centre for Sex Therapy

Wise Mind Centre

Child/Adolescent Practica:

BC Children’s Hospital

Royal Columbian Hospital Neuropsychology

VCH – Early Childhood Mental Health

Royal Columbian Hospital Neuropsychology

DBT Centre of Vancouver

Maples Adolescent Treatment Centre

Ministry of Children and Family Development (Delta, Surrey-Newton, Langley, Burnaby sites)

Vancouver Psychotherapy Centre (VanPsych)

Wise Mind Centre

Funding is sometimes available for practica in the form of a percentage of the client fee usually about $25/client session, but most practica remain unpaid, as they are training experiences rather than jobs. Advance planning is required to secure a practicum placement in the community. Each fall, the UBC and SFU clinical psychology programs jointly host a Practicum/Internship Night to facilitate an exchange of information between students and agencies. Updated information about available and approved practica sites is on the Practicum Support Website. Practicum choices require formal area approval as mentioned above under *Academic* *Requirements.*

At the Practicum/Internship Night, practicum site directors decide on local uniform application and notification dates for each year. The application date is usually sometime in mid-February with the notification date set approximately one month following the application date (i.e., mid-March). UBC and SFU training directors strongly encourage sites to use specific dates, but we have no control over what they actually do. Therefore, students may receive an offer from one site before decisions have been made at other sites to which they have applied, and they should be prepared to deal with this possibility. Students must be available to take phone calls with practicum offers by 9 a.m. on Notification Day and accept that the deadline for offers is 12 noon, but could be earlier depending on the site.

Guidelines for community-based practica are:

1. Requirements for the Required 450-Hour Practicum
   1. The practicum is a full-time experience of at least 3 months duration, during the summer after the second or third academic year, or the equivalent number of hours (450) as a part-time experience of equivalent duration during the third or fourth academic year.
   2. Beyond these required placements, students typically continue with additional advanced external and internal practica in order to accrue sufficient hours and types of clinical training experiences to make them competitive for internship.
   3. Students may find their own community psychologist who is willing to supervise them in their practice. Any new supervisor will have a conversation with the Clinic Director to ensure their training and supervision approach meet our standards.

Approval of Graduate Training Program

Students are required to obtain formal approval by the Clinic Director PRIOR to applying to community-based practicum sites no later than one month prior to commencing the practicum, and no later than February 1 for practica following the uniform dates for application (mid-February). Blue forms must be signed by both the research supervisor and the Clinic Director before students apply to practicum sites. When students apply to several practica, they can simply list the names of all sites to be considered for approval, so long as all sites can be found on the practicum support website.

Beginning in January 2018, practicum hours will be counted toward the formal clinical hours total (required by APPIC) only after the blue forms are approved. Any hours obtained prior to the blue forms being signed by the research supervisor and Clinic Director will not count.

Note: The Clinic Director serves as a communications liaison between community sites and students so you know what to expect and how to prepare (e.g., advance readings). Students are strongly encouraged to consult with the Clinic Director prior to applying for community practica. The Clinic Director can provide information about any unstated expectations of various sites and help guide your clinical planning.

When beginning a practicum, students and supervisors complete a practica contract (see below) and following each practice, students must be evaluated on practicum work if they choose to claim these hours as training relevant to their application for pre-doctoral internship. The supervising psychologist’s name, address and contact information should be listed on the practicum contract so that the Clinic Assistant can send an evaluation form. Standard forms are used for these purposes (see Appendix C and Practicum Support Website.

### This rule, and all other guidelines below, apply to all community-based practica.

1. Training Plan

The overall sequence of practicum training outlined by the program aims to first provide a foundation of knowledge in psychopathology, ethics, and assessment as well as basic interviewing and assessment skills before students begin formal therapy training. Students should consult with program faculty, including the Clinic Director, when planning their community-based practica to aim for experiences that are appropriate in complexity in light of previous academic preparation, previous practicum training, and the individual student’s identified areas for development. During practicum training, ethical practice requires that students provide services at a level that is appropriate to their prior education and experience.

There shall be a written training plan (or “practicum contract”) that delineates various aspects of the practicum experience and outlines what the student can expect from the supervisor and what the supervisor will expect of the student. This training plan, or contract, is developed collaboratively by the supervisor and student at the beginning of the practicum. The training plan is signed by the supervisor, the student, and the Clinic Director and is subsequently stored in the student’s clinical file (located in the Clinic Assistant’s office and to be move to an internal online platform with the Department of Psychology by late 2021). The training plan for each practicum experience describes how the trainee’s time is allotted and aims to assure the quality, breadth, and depth of the training experience by specifying the goals and objectives of the practicum and the methods of evaluation of the student’s performance. Practicum training plans also describe the nature of supervision, the identities of supervisors, and the form and frequency of feedback from the practicum supervisor to the student. Templates and examples of practicum contracts are available from the UBC Psychology Clinic and the Practicum Support Website. Appendix C also offers an example of a template for a contract.

1. Practicum Activities

In order to be approved by the program, a practicum training plan must involve service-related activities appropriate for learning knowledge, skills, roles, and responsibilities of a professional psychologist and must involve appropriate levels of supervision. At least half of the student's time in the practicum should be in direct service-related activities, including psychotherapy or other intervention, assessment, interviews, report-writing, case presentations, and consultations. Direct (face-to-face) contact with clients is expected to be the most frequent service-related activity, accounting for at least 25% of the student’s time in the practicum. The remaining time in practicum settings is typically devoted to activities such as supervision (discussed below), learning new assessment instruments, observing the clinical work of others, reading about relevant issues (e.g., treatment interventions, specific medical or diversity issues), and attending didactic seminars.

EXAMPLE: A student completing a practicum placement with 16 hours (2 days) of experience in each week would spend at least 4 hours in face-to-face contact with clients and an additional 4 hours in other service-related activities as described above.

**Tele-Health Practica**

Students are increasingly interested in gaining experience with telehealth clinical activities. We clarified the status of these activities with APPIC and with the Canadian Council of Professional Psychology Programs (CCPPP). The program will adhere to the APPIC policy.

Students are permitted to take telehealth practica that are offered by an accredited organization (e.g., practicum offered in a setting that is part of an accredited internship). If they want to take a telehealth practicum that is not in an accredited site, then the site will be expected to monitor outcomes of the efficacy of the training model they are implementing. In all cases, students must count the telehealth hours consistent with the APPIC approach (e.g., only face-to-face simultaneous intervention counts as face-to-face training hours). Please monitor the APPIC website for changes in this policy.

1. Supervision

Supervision is probably the most important element of a practicum. Supervision needs to be of sufficient quality and quantity for the student’s level of training. Over the course of the student’s training, the number of supervision hours should be at least 25% of the number of service-related activity hours (i.e., maximum 4:1 ratio of service : supervision time). At times, a smaller ratio will be required, such as for students who are earlier in their training, learning a completely new area of practice, or encountering personal challenges. Supervision in community-based practica is generally expected to be in individual face-to-face format, but some group supervision is also acceptable as part of the overall experience.

EXAMPLE: The student in the above example who has completed 8 hours of service-related activities during the week would engage in at least 2 hours of individual, face-to-face supervision each week. Note: this leaves about 6 hours for other activities such as preparation, background reading, or seminars.

Please note: Clinical positions that do not provide this level of supervision are not appropriate training opportunities for pre-internship students and will not be approved as practica. This is an important consideration for students who are deciding whether or not to pursue a paid clinical employment position.

Although employment hours can be counted on the application for internship, such hours are recorded in a separate section from practicum hours and are typically given less weight by internship sites. Students should consider carefully whether these positions are the best way to spend their time.

1. Supervisor Qualifications

A doctoral level psychologist registered or licensed in the jurisdiction of the practicum shall be responsible for maintaining the integrity and quality of the experience for each student. This person has primary supervisory responsibility for the entire practicum experience and must be on the staff of the setting in which the practicum takes place. Up to 25% of the time spent in supervision may be provided by a licensed mental health professional from another discipline (e.g., social worker, psychiatrist). Supervision from interns or more advanced students is acceptable only if the supervising psychologist is present at all times to supervise the more advanced student in a vertical team model; independent “supervision” by non-licensed professionals is more properly regarded as “consultation” rather than supervision.

1. Evaluation of the Practicum

Student’s performance in the practicum must be formally evaluated by their supervisors at the end of each practicum. A standard evaluation form (see Appendix D and the Practicum Support Website) is to be completed by the supervisor, reviewed with the student and signed by both. The form is returned to the Clinic Director for review, and any concerns regarding the student’s performance are discussed at the next Clinical Area meeting. Identification of areas for student development is an important function of these evaluations and is not necessarily cause for concern. Students who are concerned about any aspect of their evaluation should discuss their concerns with the supervisor (if possible) as well as the Clinic Director or Director of Clinical Training.

Supervisors are also formally evaluated by students at the end of each practicum. A standard evaluation form (see Appendix E and Practicum Support Website) must be completed by the student. To alleviate student concerns about the power imbalance involved in evaluating a supervisor, the program has taken several steps to protect students’ anonymity. The evaluation itself is completed anonymously, of course, but the extremely small size of most supervision groups can leave students feeling vulnerable when evaluating their supervisor.

Two further steps are taken to preserve the anonymity and confidentiality of evaluations that students complete. First, students placed in a setting with more than one supervisor can choose to rate either the overall quality of supervision at that site or individual ratings for each supervisor. Second, the student’s evaluation will initially be available only to the Clinic Director or Director of Clinical Training (in the case of evaluations of the Clinic Director’s supervision). The actual supervisor will only receive aggregate feedback offered by multiple students over multiple years (at least 4 students over at least 2 years). This is why it is so important that every student complete one of these evaluations – otherwise the feedback to supervisors is seriously delayed. In addition to these written evaluations, students are encouraged to share their comments directly with their supervisors whenever they feel comfortable doing so.

Students are also encouraged to speak with the Clinic Director or Director of Clinical Training if they have concerns about being identified by this evaluation, as alternate ways to keep the information confidential may be possible.

### New practicum opportunities need to be consistent with these guidelines, and students should inform the Clinic Director if their practicum site seems to be falling short of these guidelines.

**Internship**

One of the requirements for the Ph.D. in clinical psychology is a year-long internship at a site that is accredited by APA or CPA. Accredited internships carry a stipend for the student. Students must obtain approval from the clinical program for sites to which they are applying. Approval forms (Appendix B) are available from the Clinic Assistant or the Practicum Support Website.

Internship sites have informative websites, which are the best source of current information about each site. In addition, the Association of Psychology Postdoctoral and Internship Centers (APPIC) directory of pre-doctoral internships is a helpful resource. It is available online at [http://www.appic.org/directory/4\_1\_directory\_online.asp.](http://www.appic.org/directory/4_1_directory_online.asp)

The Canadian Council of Professional Psychology Programs (CCPPP) has a similar directory for Canadian internship sites. Some sites listed in the APPIC directory are not listed in the CCPPP directory (and vice versa). Thus, any student interested in Canadian sites should consult both. The CCPPP directory can also be accessed online at [http://www.ccppp.ca.](http://www.ccppp.ca/)

The Director of Clinical Training meets with each student as they enter the second year of their PhD program to discuss preparation for internship. In addition, in the spring and fall of each year, the Clinic Director and Director of Clinical Training organize an informal meeting with prospective internship applicants to discuss issues related to applications and interviews, department requirements, match and APPIC guidelines. Junior students are also welcome to attend these meetings. Finally, the faculty organizes mock interviews in December to assist students in preparing for this stage of the application process. Students are encouraged to speak with faculty and with more senior students about their internship application and interviewing experiences.

Specific guidelines for internship are:

1. Students are required to successfully complete an **APA- or CPA- accredited** internship. Note: an internship’s membership in APPIC or CCPPP is separate and distinct from accreditation.

Application to accredited programs is important both for our program (it is a requirement of the program to have students complete accredited internships) and more importantly, for the students who [a] will be funded at accredited internship, [b] will have a standardized quality training experience, and [c] will have a much easier time in completing documents and meeting criteria for future career steps (e.g., registration, jobs).

However, if a student does not match the first time they apply, in subsequent application years they must continue to apply to accredited internships. However, they may also seek approval from the clinical area to apply to internships that are APPIC members but not accredited. In seeking this area approval prior to applying, the student must provide the area with documentation clearly outlining how the nonaccredited internship maps onto the standards of an accredited internship. These standards are available on CPA’s website and can be used as a template to document how the internship fulfills these standards – i.e., is equivalent to an accredited internship.

1. In general, CPA and APA criteria for accredited internships establish reasonable standards upon which to evaluate an internship setting. Some of these criteria include:
   * The internship requires a full-time experience for one year (or half-time over two years), comprising a minimum of 1600 hours. The structure of the internship can be arranged according to the needs of the student and the internship setting, but the internship must be a continuous experience over 1 or 2 years.
   * The student’s primary role should be that of a trainee. Service demands should promote intern training and must not erode training goals. Individual supervision should occur at least 2-4 hours per week.
   * The internship should be embedded in a formal administrative organization of professional psychologists reporting to a chief psychologist. Supervisors should be registered/licensed, have completed an internship, and possess a doctoral degree.
   * The internship should have at least two interns at a given time.
   * It is desirable that interns collaborate in training with members of other disciplines.
   * The internship should provide breadth of training (e.g., assessment, treatment, diagnosis) and exposure to diverse clientele (e.g., various ethnocultural groups).
   * A standard time should be allotted to the regular supervision of interns by a registered psychologist. The placement should also provide for discussion of clinical theory and methods, as well as opportunities for professional and role development.
   * Each agency will provide a written report at the end of each internship student’s placement. Standard forms are used for this purpose, and letters from supervisors may supplement these.
2. In order to be eligible to apply for internship, students must have met the following requirements.
   * Each student must seek formal approval from the clinical area before applying to internship. The student has the responsibility for completing the Internship Approval form (See Appendix B or Practicum Support Website) and submitting this form to the Clinic Director well in advance of the application deadlines. In addition to attending the yearly meetings that provide students with information about preparing for internship, students are encouraged to discuss internship plans with their supervisors and/or with the Director of Clinical Training.
   * To approve a student as eligible to apply for internship, the clinical faculty must agree that the student is ready for internship-level clinical training. In evaluating the acceptability of internship plans, the clinical area will consider the breadth of experience available in the internship as well as the student’s past clinical training.
   * Students must have completed a minimum of 400 hours of direct client contact in approved practica, with a minimum of 150 hours of supervision. The training should show a diversity and depth of experiences consistent with the student’s professional goals. To be eligible to apply for internship, students must also demonstrate broad-based competencies in relation to program objectives for clinical, professional, and scientific knowledge and skills.
   * Students must have completed all required course work, passed their comprehensive examination, completed the history and lifespan developmental requirements, and completed data collection for their dissertation before applying to internship. This final requirement permits a reasonable expectation that the student will complete the dissertation before beginning the internship.
   * In exceptional circumstances with strong justification, the clinical area will consider exceptions to the above requirements.
3. Students cannot be certified as having met requirements for graduation from UBC until the internship has provided written confirmation of the student’s successful completion of the internship.

## Clinical Training Calendar

Below is a description of a typical yearly clinical training cycle. Note that specific dates shift each year for things such as internship notification day or Practicum/Internship Night, so please be mindful of any announcements circulated by the Clinic Director or Director of Clinical Training regarding these issues.

Practicum contracts for academic-year practica are developed and signed by student and supervisor before being sent to the Clinic Director.

September

* Internships send evaluation of student performance to program for internships ending August 31.
* Internship applicants: get feedback from Director of Clinical training and their faculty advisor on updated draft of c.v. and drafts of essays, make sure clinic file is up-to-date with evaluations from recent supervisors, contact potential references, meet with other applicants Clinic Director and DCT to discuss list of sites and questions about the application. Submit form for approval for internship applications.

October

* Practicum/Internship Night (hosted by UBC or SFU Clinical Program)
* Internship applications are finalized and sent to the DCT for completion; packets are distributed for letter- writers.

November

* Fall congregation – PhD students typically receive their degree during this ceremony.

December

* Many practica and internships provide mid-year evaluations of student progress and the overall training experience.

January

* Internship applicants typically engage in interviews.

February

* 2nd or 3rd year students submit approval form for summer practicum applications and apply to sites once approval is granted.
* Internship match results are announced.
* 2nd and 3rd year students present at the case conferences that are part of PSYC 537.

March

* Most local sites announce decisions for summer practica placements.

April

* In-house practica conclude.
* Practicum evaluations are completed by in-house faculty, reviewed and signed by student.

May

* Summer practica contracts are developed and signed by student and supervisor and returned to the Clinic Director.
* Most summer practica begin.
* Assignments are made for in-house practica for next September.
* Students who are considering applying for internship in the fall discuss this possibility with their faculty advisor and also meet with the Clinic Director and DCT for an information session.

June

* Prospective internship applicants begin to identify potential sites.

July

* Internships send evaluation of student performance to the program for internships ending June 30.

August

* Practicum evaluations are completed by summer practicum supervisors, reviewed and signed by student, and returned to the program.
* Prospective internship applicants update and polish their c.v. and begin the process of completing the APPI.

**Appendix A**

(NOTE: These are printed on **BLUE** paper)



### Practicum Approval

To be completed and returned to the Practicum/Internship coordinator (Dr. Ingrid Söchting) well in advance of the start of the practicum. Note that practica/internships will not be credited unless approved in advance by the clinical area. You will be notified in writing of this approval.

### Date:

**Student:**

**Faculty Supervisor:**

**Practicum will begin: End:**

**Practicum is: Full time**

**Part time (Expected hours/week: )**

**(If you are planning to combine placements you must present the entire plan for approval.)**

**Agency (give complete address):**

**Site Supervisor:** Phone Number: /E -mail: Is this a paid position? Y / N

Approval may be sought for applications to more than one practicum placement. Please list additional agency names on this form so long as they are all found on the Practicum Support Website. Use a separate Approval Form for any agency not listed on the website.

### Student signature Faculty Supervisor signature

**Appendix B**

(NOTE: These are printed on **YELLOW** paper)

### 

### Internship Approval

To be completed and returned to the Clinic Director well in advance of submitting your internship applications. Note that practica/internships will not be credited unless approved in advance by the clinical area. You will be notified in writing of this approval.

Date:

Student:

Faculty Supervisor:

Internship will begin:

Internship is: Full time

Half time

Agency (give complete address):

Site Supervisor:

Phone Number:

e-mail:

Is the internship CPA accredited? Yes Is the internship APA accredited? Yes

No No

Approval may be sought for applications to more than one internship placement. Append additional addresses and indication of CPA/APA accreditation.

Student signature Faculty Supervisor signature

**Appendix C**

## (NOTE: The following is an example or template NOT A FORM; supervisors and students should collaboratively modify the language to suit their particular needs).

### IN-HOUSE PRACTICUM CONTRACT

STUDENT:

YEAR IN PROGRAM:

DATES OF PRACTICUM:

TEAM:

SUPERVISOR:

SUPERVISOR ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following contract delineates the guidelines agreed upon by the student and the supervisor listed above.

*Goals: Knowledge:*

Knowledge of diagnostic issues related to the population served by that practicum team.

Ability to formulate a case based on the theoretical approach of that practicum. Understanding of ethical principles outlined in the CPA Code of Ethics.

*Assessment:*

Familiarity with a clinical assessment interview.

Ability to administer, score and interpret relevant psychometric tests.

*Treatment:*

Familiarity with creating and implementing a treatment plan. Ability to conduct a therapy session alone.

Ability to evaluate client progress as therapy proceeds.

Ability to develop a therapeutic alliance and an appropriate professional stance for that form of therapy.

*Administrative:*

Experience in integrating interview and test material in an assessment report. Ability to summarize weekly progress in a summary note.

Ability to effectively terminate a therapy case (i.e., determining need for other referrals, making new referrals, closing a file).

*Supervision:*

Ability to conceptualize and summarize weekly sessions for supervision.

Development of skills necessary to make effective use of supervision for personal development (e.g., openness to discussing difficult therapy experiences, willingness to try new approaches, openness to feedback, etc.)

*Clinical Activities:*

1. To complete a minimum of assessments including clinical interview and relevant psychometric tests. Reports will be written within 2 weeks of each assessment.
2. Review of relevant literature supplied by supervisor.
3. treatment (*list type of treatment, e.g., CBT, interpersonal, behavioural*) of a minimum of clients over the course of the year.
4. Completion of weekly summary notes within one week of each session.
5. Completion of termination process (referral, termination note, file closure) within two weeks of therapy termination.
6. Participation in weekly supervision sessions. (individual & team?)
7. Presentation of one case during the annual Spring case conference sessions.

*Supervision:*

1. Supervision will be provided by .
2. Supervision sessions will be for (time) on a weekly basis.
3. During these sessions, (student) will provide:
   * a summary of the session
   * a description of any difficulties during the session
   * suggestions of future directions
   * any questions
4. Dr. will review sessions by audio tape/video tape/observation (*please circle*) for at least ( cases, sessions, hours).
5. Feedback will be provided by Dr. in the form of (*e-mail, review during supervision sessions, notes*).
6. All notes will be reviewed and signed by Dr. within one week of being submitted by the student.

SIGNATURES:

Practicum Student Practicum Supervisor Clinic Director

**Appendix D**

**UNIVERSITY OF BRITISH COLUMBIA**

**CLINICAL PSYCHOLOGY PROGRAMME**

**PRACTICUM STUDENT EVALUATION FORM**

Instructions to supervisors:

The evaluation process is an important part of clinical training and we appreciate your time and effort in providing us with your observations. The information that your provide will be used to help guide the student’s training trajectory. Thank you again for your time.

### SECTION A

Date:

Student’s name:

Supervisor’s name:

Location of practicum:

Full-time Practicum

Part-time Practicum

Summary of Activities

Total number of practicum hours completed

* Sum of A+B+C below

1. Number of hours in service-related activities
   * + Sum of i+ii
   1. *Number of hours in face-to-face client contact*
      * Treatment/intervention, assessment interviews, testing
   2. *Number of hours in other service-related activities*
      * Report-writing, case presentations, and consultations
2. Number of hours in supervision
3. Number of indirect hours

* Prep time, background reading, observing other students

### SECTION B

Please rate the student’s performance by placing a check mark on the rating scale indicated in the table.

**Not Applicable:** Given to students who did not have the opportunity to obtain experience or demonstrate skill in the defined area.

**Below Expectations:** Given to students whose knowledge or skill performance was below the level expected based in his/her level of education, training, and experience. Suggests that a remediation plan needs to be developed.

**Emerging:** Given to students whose knowledge or skill is nascent in the defined area.

Suggests that this is an area in which the student should focus attention in the coming year.

**Demonstrating Good Progress:** Given to students whose knowledge or skill in the defined area is developing well given his/her level of education, training, and experience.

Suggests that the student should continue to acquire experience and hone skills, but that this area need not be a major focus of attention.

**Ready for Internship:** Given to students whose knowledge or skill in the defined area well- developed. Suggests that the student is ready for internship.

Evidence-Based Practice

Progress

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | Below Expectations | Emerging | Demonstrating Good Progress | Ready for Internship |
| Articulate a rationale for decisions and psychological services that relies on supporting data (e.g., research results, base rates, epidemiological data) |  |  |  |  |  |
| Apply evidence-based criteria in selection and adaptation of assessment methods (e.g., psychometric properties, cost effectiveness, relevance, norms) |  |  |  |  |  |
| Administer and score assessment instruments for children or adults |  |  |  |  |  |
| Interpret and synthesize results from multiple sources (e.g., multiple methods of assessment, multiple informants) |  |  |  |  |  |
| Formulate a diagnosis, recommendation, and/or professional opinion using multi-axial diagnostic criteria using multiple methods |  |  |  |  |  |

Progress

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | Below Expectations | Emerging | Demonstrating Good Progress | Ready for Internship |
| Communicate assessment results in an integrative manner (e.g., psychological evaluation reports, feedback to clients) |  |  |  |  |  |
| Select, apply, and modify interventions to treat specific disorders or functional concerns based on available research evidence and contextual factors |  |  |  |  |  |
| Engage in collaborative intervention planning with client(s) and stakeholders |  |  |  |  |  |
| Evaluate effectiveness of psychological services (e.g., individual therapy outcomes, program evaluation) |  |  |  |  |  |
| Engage in consultation and collaboration across professions. |  |  |  |  |  |
| Other (please specify): |  |  |  |  |  |

Ethics and Professionalism

Progress

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | Below Expectations | Emerging | Demonstrating Good Progress | Ready for Internship |
| Perform ethically in all areas of clinical practice (e.g., informed consent, confidentiality, relationships, maintenance of records, assessment procedures, limits on practice) |  |  |  |  |  |
| Identify and observe boundaries of competence in all areas of professional practice |  |  |  |  |  |
| Demonstrate respect for others in all areas of professional functioning |  |  |  |  |  |
| Accurately represent and document work performed in scholarship and professional practice |  |  |  |  |  |
| Use specific skills related to ethical issues that commonly arise in the practicum setting |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | Below Expectations | Emerging | Demonstrating Good Progress | Ready for Internship |
| Other (please specify): |  |  |  |  |  |

Supervision

Progress

Progress

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | Below Expectations | Emerging | Demonstrating good progress | Ready for Internship |
| ***Student as Supervisee*** | | | | | |
| Collaboratively develop a training plan with supervisor |  |  |  |  |  |
| Communicate openly about concerns/preferences for supervision format |  |  |  |  |  |
| Prepare for supervision meetings (e.g., questions, session summary, written work, assigned readings) |  |  |  |  |  |
| Admit errors and respond to supervisor feedback |  |  |  |  |  |
| Participate actively in group/team meetings |  |  |  |  |  |
| Critically evaluate own competence through self- assessment and feedback from others |  |  |  |  |  |
| Identify the impact of aspects of self in therapy and supervision |  |  |  |  |  |
| ***Student as Supervisor*** | | | | | |
| Develop a basic training plan for trainees |  |  |  |  |  |
| Develop and communicate formative and summative evaluations of supervisees’ work |  |  |  |  |  |
| Provide specific feedback regarding therapeutic technique |  |  |  |  |  |
| Match supervision style and content to the individual needs of supervisee and context |  |  |  |  |  |
| Other (please specify): |  |  |  |  |  |

Progress

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | Below Expectations | Emerging | Demonstrating Good Progress | Ready for Internship |
|  |  |  |  |  |  |

Interpersonal Competence and Communication

Progress

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Applicable | Below Expectations | Emerging | Demonstratin g Good Progress | Ready for Internship |
| Integrate and apply theory, research, and professional guidelines to work effectively with individuals, families, and groups with diverse social and cultural contexts |  |  |  |  |  |
| Communicate effectively in oral and written format in scholarly and practice settings |  |  |  |  |  |
| Identify and manage interpersonal conflict |  |  |  |  |  |
| Develop warm and constructive working alliance with clients and relevant stakeholders |  |  |  |  |  |
| Other (please specify): |  |  |  |  |  |

Descriptive Evaluation and Recommendations

Please take a moment to briefly describe the student’s specific strengths and areas for development:

Strengths:

Areas for Development:

If you have any recommendations as to the specific types of activities that you think would be useful for this student in helping them to progress in his/her training trajectory, please list them here:

Achievement of Supervisor/Supervisee Goals

Please rate the degree to which the goals outlined in the Practicum Training Contract were achieved, using the following scale:

1. Strongly Disagree
2. Disagree
3. Neither Agree or Disagree
4. Agree
5. Strongly Agree

|  |  |
| --- | --- |
| Goal | Rating (1-5) |
| The clinical activity goals outlined in the contract were met by the end of the practicum |  |
| The supervision plan outlined in the contract (e.g., format, frequency, etc.) was upheld throughout the practicum |  |
| The contract’s assessment and therapy training goals were met by the end of the practicum |  |

Signature of Supervisor Signature of Student

Date: Date:

**Appendix E**

# Supervisor Evaluation Form

### Supervisor(s):

**Practicum Site:**

Supervision is an interactive process in which the supervisor also learns and improves. Learning and improving result from validation as well as from highlighting areas needing attention. This evaluation tool is designed to allow constructive feedback along that spectrum.

In completing this evaluation, you may find it useful to review the contract you signed with the practicum supervisor prior to beginning the practicum.

Your feedback will be kept confidential in the following ways. First, if there was more than one supervisor, you can rate either the overall quality of supervision at that site, or you can complete ratings for each supervisor individually. Second, your evaluation will initially be available only to the Director of Clinical Training (or to the Clinic Director in the case of the evaluations made for the DCT). However, in order to provide constructive feedback to supervisors and external practicum sites, the DCT (or Clinic Director, as appropriate) will aggregate the feedback offered by multiple students over multiple years (at least 4 students over at least 2 years) and provide this to the supervisors/sites. Again, you are of course free to share your comments directly with supervisors at any time. You also are encouraged to speak with the Director of Clinical Training if you have concerns about being identified by this evaluation, as alternate ways to keep the information confidential may be possible.

Please rate your agreement with each of the following statements. If you had multiple supervisors you may choose to evaluate them collectively or complete separate evaluations for each of your primary supervisors. Your narrative commentary is also welcomed and can be included on the final page. Such comments are very useful, as item-based lists do not adequately cover all facets of supervision.

1. The supervisor assisted me in meeting the goals we agreed upon in the practicum contract (e.g., regarding assessment, therapy, administration, supervision).

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor was dependable and accessible (e.g., kept appointments and adhered to schedule, could be reached if needed).

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor read and commented on my reports and progress notes in a timely and useful fashion.

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor gave useful pointers about techniques – helped me with what to say/do in assessments/therapy.

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor suggested resources or readings appropriate for my cases, or provided additional learning experiences when possible (e.g., opportunities to observe therapy).

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor related clinical work to research and/or theory and was knowledgeable about treatments and/or assessment, and for which presenting problems the treatments are most effective.

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor assisted with my understanding of ethical and legal issues.

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor assisted with my understanding of issues related to diversity.

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor supported my voicing of differences of opinion regarding his/her suggestions.

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor was open and non-judgmental. We could discuss both the strengths and weaknesses of my skills.

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor increased my awareness of my therapeutic style and the impact on the client/therapy while at the same time allowing for difference in style of therapist.

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. The supervisor offered criticism and suggestions in a constructive, supportive way, and feedback was appropriate to my level of training.

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

1. In group supervision settings, the supervisor encouraged participation from all students and treated students equally.

1 2 3 4 5 6 7

Strongly Disagree

Neutral Strongly

Agree

### My overall evaluation of the supervisor:

1-------------2-------------3-------------4-------------5-------------6-------------7 -------------N/A

Negative Neutral Positive

**The best thing about my supervisor/supervision was:**

**The thing most needing improvement in my supervisor/supervision was:**

**Any recommendations regarding what level or type of student this practicum experience would be most useful for?**

**Other comments?**