

# Doctor of Psychology Practicum Manual

Clinical Psychology Practicum Placement Guidelines for Practicum Supervisors and Students

Updated September 2023

We acknowledge that the land on which we gather to study, learn, and serve is Epekwitk, the Mi'kmaq name for Prince Edward Island, and the unceded ancestral and traditional territory of the Mi'kmaq People of this region.

#### Doctor of Psychology Practicum Manual

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#### OBJECTIVES AND PHILOSOPHY OF CLINICAL PRACTICUM

The primary objective of the UPEI PsyD clinical psychology program is to provide doctoral-level training preparing students for careers as professional psychologists who will meet the needs of individuals, couples, and families, and also of broader communities and populations through the conscientious practice of the human art and science of clinical psychology. The training program is infused with a critical lens, and its practicum experiences are clinical settings in which the integration of theory, research, and practice across individual and cultural diversities come together. We explicitly focus on the unique social positions of practitioners of clinical psychology as well as their clients. Our training approach emphasizes the inherent role that systemic and structural-level influences play in shaping human experience and mental health, and in promoting or suppressing social justice; we engage with their potential as sites that might be acted upon in promoting healing and wellness. The program adopts a scholar-practitioner model with an emphasis on individualized training within a generalist educational framework. Direct clinical experience is considered an integral part of this professional training.

#### DESCRIPTION

All practicum placements work within the context of the Canadian Psychological Association (CPA), Association of Psychology Postdoctoral and Internship Centers (APPIC) accreditation criteria, and in accordance with the Prince Edward Island Psychologist Registration Board (PEIPRB). This requirement is commensurate with the expectations of the overall training goals of the PsyD program at UPEI for CPA accreditation.

Practicum and internship involve supervised field placements in a psychological services environment, in which students have contact with clinical populations. The purpose of practicum training is to provide the opportunity for students to apply theoretical knowledge, develop and implement clinical methodologies, and to encourage the development of professional and personal attitudes relevant to their identity as a psychologist. Practica are applied learning experiences that are sequential, graded in complexity, and designed to supplement and parallel the content of academic work. As a rule, a student's supervised practicum should never outpace or exceed their academic training.

The UPEI PsyD program requires two levels of clinical training prior to graduation: pre-internship practicum placement experience and a full-year pre-doctoral internship. As students near the end of their coursework and practicum requirement, they may apply for the pre-doctoral internship in accord with the policies and guidelines of APPIC and CPA (see "Requirements for Practicum & Eligibility for Internship Applications" for more details).

Clinical student trainees are required by our program and by CPA to acquire experiences in clinical settings to develop clinical skills that are central to careers as professional psychologists. Our students' first clinical training will be conducted at our in-house university psychology clinic, the UPEI Psychology Training Clinic (UPEI PTC; "internal practica"). This will allow our PsyD program clinical supervisors to train, closely monitor and evaluate our students' clinical skills and

ascertain that they have achieved the required theoretical, foundational and functional clinical competency levels to engage in clinical training at an External Practicum site.

External Practicum sites are agencies and sites pre-approved by the UPEI PsyD Program in which psychologists (both Doctoral and Master level) who are registered with the Prince Edward Island Psychologists Registration Board (PEIPRB), or, in the case of out-of-province practica, supervisors are registered in that jurisdiction, supervise clinical student trainees so that they may gain clinical experience outside of the internal practicum placements. This allows students to gain broader experiences with populations and with supervisors that they might not otherwise have exposure to within our on-campus clinic.

UPEI's clinical training program is intended to facilitate, through supervised direct client contact, the development of competent clinical psychologists who can develop basic, effective, culturally relevant intervention and assessment services.

#### DEFINITION OF ROLES AND RESPONSIBILITIES RELATED TO PRACTICA

<u>The Director of Clinical Training</u> (DCT) has overall responsibility for the integrity and policies of the PsyD program, including ensuring that the program meets training goals, and adheres to clinical training standards outlined in the CPA accreditation criteria. The DCT chairs the Clinical Program Committee (CPC) which is the main decision-making body in the PsyD program.

<u>The Practicum Coordinator</u> helps to manage the relationships between students and training sites. The Practicum Coordinator also maintains student records related to practica and practicum sites. Students are directed to submit all paperwork related to clinical practica to the Practicum Coordinator (training agreements, supervisor evaluations, etc.). The Practicum Coordinator provides regular updates to the DCT and the CPC pertaining to students' practicum training. The Practicum Coordinator may also be contacted for a variety of student needs, including the following:

- Advisement on practicum and internship placement
- Preparation for interviews
- Advocating for students in practicum
- Discussion of clinical training issues encountered in the field or elsewhere

The Practicum Coordinator is open to and welcomes queries from supervisors about any aspect of the PsyD program, and about any questions or observations they might have regarding student performance.

In the 2022-23 and 2023-24 academic years, the roles of Director of Clinical Training and Practicum Coordinator are carried out by the same person.

<u>Primary Clinical Supervisors</u> (henceforth described as "supervisors") are registered psychologists and are responsible for the training, supervision, and evaluation of the student's professional

performance for the duration of the practicum placement. Primary clinical supervisors meet regularly with the Student Trainees to provide clinical supervision.

<u>PsyD Student Trainees</u> are students enrolled at the UPEI Doctor of Psychology Program and formally enrolled in a practicum course, participating in the Knowledge Translation Fellowship or pre-approved clinical research activities. Students are expected to conduct themselves in a professional manner at all times according to the principles of the Canadian Code of Ethics for Psychologists and the standards of the PEI Psychologists Registration Board. If a student is in doubt at any time about a situation, they should consult with their supervisor. It is expected that students will be dependable, reliable, and punctual. Students are required to adhere to all clinical standards and policies of the organization in which the practicum site exists, whether internal or external. In particular, students are required to protect the integrity of the clients they work with, especially in relation to protection of privacy.

#### **REQUIREMENTS FOR PRACTICUM & ELIGIBILITY FOR INTERNSHIP**

A <u>minimum</u> of 750 hours of pre-internship practicum hours, along with a full-time year-long predoctoral internship (see <u>www.appic.org</u> for more information), are required for graduation. All practicum hours must be finished prior to beginning internship. Practica are organized in a sequential fashion, following the developmental competencies acquired by the student and parallel academic coursework. Additional contact hours can be accrued through non-practicum clinical experiences, such as Knowledge Translation Fellowship, clinical research and other activities approved by the Clinical Program Committee (CPC).

Eligibility for internship requires that students have:

- Successfully completed all coursework
- Successfully defended their dissertation or demonstrated to the CPC sufficient progress toward dissertation completion
- Completed at least 750 hours of practicum, of which a minimum of 300 are direct contact hours; a minimum of 300 direct contact hours must be achieved to be eligible for APPIC internship application
- Approval from the Director of Clinical Training and the Clinical Program Committee.

#### TIMELINE

Clinical experience in the PsyD Program begins in the first semester and continues for a minimum of three years prior to internship to ensure that training is sequential, cumulative, and increasing in complexity. The practicum training begins formally with the Assessment Practicum at the Psychology Training Clinic. This allows students more closely supervised experiences that progress to external placements where students have greater opportunity to develop more advanced levels of competency under the supervision of registered psychologists working in the community.

#### The relevant practicum course numbers are:

- PSY 6501 Assessment Practicum
- PSY 7501 Intervention Practicum
- PSY 8501 Advanced Practicum I
- PSY 8502 Community Intervention Practicum
- PSY 8503 Advanced Practicum II (optional)

In the first semester of their first year, students are enrolled in Psychometrics and Assessment Practices with Adults (PSY 6204). This allows them to begin their Assessment Practicum (PSY 6501) during the winter semester, beginning with adult clients.. Students are enrolled in Psychometrics and Assessment Practices with Children and Adolescents (PSY 6205) during the winter semester, which allows them to begin additional assessments with children, typically during the summer portion of their Assessment Practicum.

Both Psychometrics and Assessment Practices with Adults (PSY 6204) and Psychometrics and Assessment Practices with Children and Adolescents (PSY 6205) courses have practical components that may be completed in class and in the Psychology Training Clinic. Concurrently during the first year, while students become oriented to working within the clinic, they are enrolled in Psychopathology and Diagnosis Across the Lifespan (PSY 6203), and Ethics and Professional Issues in Clinical Psychology (PSY 6201).

#### Clinical Psychology Practicum sequence:

The relevant practicum courses and general sequence of practicum placements are included in the table below. The program recognizes that some flexibility in this schedule may be needed to meet the needs of both students and practica sites.

	YEAR 1		YEAR 2		YEAR 3				
Semester	1	2	3	1	2	3	1	2	3
PSY 6501 Assessment Practicum		Х	Х						
PSY 7501 Intervention Practicum				Х	Х				
PSY 8501 Advanced Practicum I						Х	Х		
PSY 8502 Community Intervention Practicum (min 50								Х	
hours)									
PSY 8503 Advanced Practicum II—(optional)								(X)	(X)

Note: **PSY-8503 Advanced Practicum II (optional):** Students may complete a second, advanced practicum consisting of at least 200 practicum hours provided placement sites are available. The practicum setting may be one that has been previously established, or the student may seek out their own clinical placement, which must be approved by the Practicum Coordinator and the CPC.

#### ESTIMATED NUMBER OF HOURS AND DEFINITION OF ACTIVITIES

In order to apply for APPIC Internship, students must accumulate a *minimum* of 300 hours of direct face-to-face client contact service hours; earning more than 300 direct contact hours is important in maximizing success in the APPIC application process, and is a requirement for some placement sites. These hours include internal and external practica. CPA defines face-to-face hours as "time spent interviewing, assessing, or intervening with clients directly." We will offer opportunities for students to complete the minimum number of hours before making application for internship and are committed to ensuring that students are also exposed to a breadth of meaningful clinical experiences. It is our goal that students are competitive for the APPIC internship match in terms of both the quantity and quality of practicum experiences.

It is difficult to specify precisely the number of direct hours, cases, or support hours that will be available within each practicum as this may vary by service and the developmental expectations for the student trainee. Moreover, students differ in how long it might take them to write up case notes or a psychological report. Initially, such skills may be still developing, but such tasks become easier with experience and feedback.

Hours accumulated in practica and non-practicum clinical experiences (e.g., Knowledge Translation Fellowship, and Clinical Research) can be included in the pre-doctoral internship application. See relevant section on "recording hours" and "documentation of other clinical training experiences" for more information regarding this process. Each semester can be thought of as a 16-week (four-month unit) semester. Practicum Semesters are divided as follows:

- Semester 1: Fall (September to December)
- Semester 2: Winter (January to April)
- Semester 3: Summer (May to August)

#### TYPES OF ACTIVITIES

In general, possible areas for student involvement in which practicum hours may count towards the APPIC application include: psychological assessment, intervention, consultation and team meetings, co-leading groups, report preparation and case notes, shadowing and observation of interventions, research activities and directed readings, professional development and ethics, and other activities. Students should note that a 45-50-minute session with a client is considered a "practicum hour". These activities can be conceptualized into three categories:

• **Direct service**: Students should engage in at least 25% direct service activity, as defined by APPIC guidelines. Direct service activity hours are those that are face-to-face with clients and patients and include clinical work with individuals, groups, families, and couples; psychotherapy, co-therapy, interviewing to assess clients, administering psychodiagnostic assessments, test administrations, feedback to clients/patients, intake interviewing, telephone screens, crisis intervention, conducting structured interviews, milieu therapy, outreach programming, direct interventions in community settings,

supervision of more junior students, organizational consultation, and treatment planning with a client. They would also include students jointly and actively working (but not shadowing) with supervisors while engaged in any of these types of activities.

- Supervision: One hour of supervision must be provided for every four hours of direct service, as defined by the Association of Psychology Predoctoral Internship Centers (APPIC) guidelines. According to CPA, up to one-quarter of supervision hours may be completed in a group format. The expectation for supervision, including time commitment and nature of supervision (e.g., individual/group; use of video or audio tapes) will be documented at the beginning of a practicum placement within the Goals and Objectives of Supervision Form and the Practicum Agreement Form. The amount of supervision per week will be guided by the student's level of training and by their own particular strengths and weaknesses; dedicated supervision time might be augmented by brief and targeted communications.
- Support activities: These hours, important though they are, are not counted as face-toface or direct service activities but as hours of support. They may include: assessment report writing and scoring, case conferences, case management, chart review, writing progress notes and other clinical writing, coordinating with community resources and coordinating referrals, grand rounds, observation of other trained individuals while they perform therapeutic activities (shadowing), brief phone contact, professional consultation, leading psychoeducational groups or workshops, attending seminars and training, consulting the literature in relation to clinical cases, and reviewing any video or audio recordings.

The Canadian Council of Professional Psychology Programs (CCPPP) has created a guide for <u>Documentation of Professional Psychology Training Experiences</u> (2021), <u>https://ccppp.ca/resources/Documents/Member%20Resources/Documentation%20of%20Training%20Hours/1st%20Edition%20-</u> <u>%20CCPPP%20Guidelines%20for%20the%20Documentation%20of%20Professional%20Psychology</u> gy%20Training%20Hours.pdf.

Students can consult with this guide and their supervisors about how best to record their training experiences. However, the guide has not yet been updated to reflect modifications in the new CPA Accreditation Standards adopted in June, 2023, including modifications regarding supervision hours. These modifications aree reflected in this *Practicum Manual*, pp 15-16. Consultation with the Practicum Coordinator is welcomed if questions remain.

#### **RECORDING HOURS**

All doctoral students earning practicum credits must maintain records that document their clinical experiences so that their student departmental file is kept up to date and to meet application requirements of predoctoral internship sites and provincial and state psychology registration/license boards. The PsyD program provides all doctoral students with instruction in

tracking practicum hours using Time2Track software (currently provided by the program), and students also submit Semester Hour Summaries as part of their mid-year and end-of-year progress reports to the program.

The Practicum Coordinator will register and set the roles for students and supervisors for Time2Track. If there are any issues with the use of the software, please contact the Practicum Coordinator. Students submit their Time2Track hours to practicum supervisors who confirm their reported hours for each practicum. The Practicum Coordinator will review the Time2Track numbers for each student to ensure that they are correctly documenting their experiences. Students who accrue substantially less than the expected direct service hours (relative to peers and prior program experience) will meet with the Practicum Coordinator and work together to find strategies for a remediation plan.

<u>Clinical record-keeping should begin at the very beginning of one's clinical training. Internship</u> <u>sites will require extensive information from applicants; the better your records are, the easier</u> <u>the application process will be</u>. You should familiarize yourself with the APPIC predoctoral internship application and its requirements. It is recommended that the APPIC application be monitored (as it is an evolving application form) to ensure that records will facilitate future application; the APPIC application can be obtained at <u>www.appic.org</u>.

#### INTERNAL PRACTICA - PSYCHOLOGY TRAINING CLINIC (PTC)

The UPEI Psychology Training Clinic is the first site in which PsyD Student Trainees receive training in a clinical context. Work at the Psychology Training clinic begins during the first semester in the program with approved "pre-practicum" experiences which often include clinical work within courses.

To ensure that training is sequential, cumulative, and increasing in complexity, the Assessment Practicum and Intervention Practicum are both conducted at the Psychology Training Clinic. This allows students more closely supervised experiences in our department's Psychology Training Clinic. As students attain more expertise and experience, they progress to external placements within the community. To participate in the Psychology Training Clinic, course enrollment with designated faculty or Clinic Staff Psychologist supervision is mandatory.

All documentation for practica related to the PTC should be submitted to the Practicum Coordinator for inclusion in the student's official file.

#### Assessment Practicum (PSY 6501)

During the Assessment practicum, students are required to complete eight integrated assessment reports, or seven reports if a case is especially complex, and 200 practicum hours focusing on assessment activities at the UPEI Psychology Training Clinic, working with adult and child/adolescent clients. Students are expected to attend individual supervision meetings, group supervision meetings, and clinical teaching sessions relevant to specific issues to psychology practice within the UPEI Psychology Training Clinic. Students enrolled in Assessment Practicum have successfully completed course pre-requisites and co-requisites in psychometric and assessment practices (PSY 6204 & PSY 6205) as well as foundational courses in psychopathology and diagnosis, and professional ethics.

During the Assessment Practicum, students are expected to acquire assessment skills that allow them to respond meaningfully to referral questions, while also achieving the integration of assessment, conceptual-interpretive, and expressive (oral and written) skills. The model of assessment that we teach and train is an *ecological model of assessment* which is integrative, involves gathering information from multiple methods (e.g., interview, semi-structured diagnostic interviews, developmental history, standardized measures) and from multiple sources. Clinical formulation is a key process that guides the assessment, allows for meaningful feedback with clients, and forms the basis for a discussion about recommendations, including intervention options and/or next steps. Assessment Practicum students may be introduced to therapy approaches through observation of advanced level student trainees, Clinic Staff Psychologists, and/or PsyD Faculty at the UPEI PTC.

Students who accrue substantially less than the expected direct service hours will not be able to enroll in PSY 7501, Intervention Practicum, and will be required to meet with appropriate faculty and PTC psychologists to find strategies for a remediation plan.

The Assessment Practicum is conducted at the UPEI PTC during the winter and summer semesters.

#### Intervention Practicum (PSY 7501)

During the Intervention practicum, students are required to complete a *minimum* of 200 practicum hours focused on intervention activities at the UPEI Psychology Training Clinic working with adult and child/adolescent clients. Students are expected to attend individual supervision meetings, weekly team meetings if appropriate, and clinical teaching sessions relevant to specific issues to psychology practice within the UPEI Psychology Training Clinic. Students enrolled in Intervention Practicum have successfully completed course pre- or co-requisites in Intervention with Adults (PSY 7201) and Intervention with Children and Adolescents (7202) as well as foundational courses in psychotherapy.

The two-semester Intervention Practicum is conducted at the UPEI Psychology Training Clinic. Students are typically involved in psychotherapy, consultation, and other intervention activities. The goals of this practicum are for students to develop treatment skills for short-term interventions and psychotherapy.

The Intervention Practicum is conducted at the UPEI PTC during the fall and winter semesters.

#### **EXTERNAL PRACTICA**

External practicum placements are available, upon application, for student trainees who successfully complete the initial Assessment and Intervention Practicum courses and who have met all foundational and functional clinical competency benchmarks as reflected by coursework and practicum evaluations.

Assignments of students to external practica are carried out by the Practicum Coordinator in consultation with the DCT. Assigning external practica is a delicate balancing act in trying to meet the needs of students, the PsyD Program, and external practicum sites. The students' needs are reflected in (a) their readiness to provide professional services in an external placement, and (b) their needs/interests in developing particular clinical skills. The needs of the practicum sites are often both specific and diverse and relate to the provision of clinical services to meet the needs of particular populations.

Students placed in external practicum sites must be enrolled in PSY-8501 Advanced Practicum I or PSY-8503 Advanced Practicum II. Students who attend external practica during the academic year when graduate courses are in session are likely to be present for external practica for 2 full days/week, and the class schedule for third-year students is designed to enable such external placements. It is also possible that more intensive external practica occur during times of the year when the graduate course load is lighter.

#### Advanced Practicum I PSY-8501

Students placed in external practicum sites are enrolled in PSY-8501, Advanced Practicum I, and are required to complete a minimum of 300 practicum hours in a pre-authorized practicum setting. Clinical work is generally conducted with children, adolescents, adults, and/or older adults, depending on the practicum site. This practicum offers student trainees the opportunity to gain significant exposure to clinical work with a particular population and/or clinical issue. Program approved practicum placements are available and students may also propose new external clinical practica. New external clinical practicum arrangements must be proposed to the Practicum Coordinator for a feasibility assessment. These guidelines are outlined below.

#### Advanced Practicum II PSY-8503

Students may apply to complete a second, advanced practicum consisting of a minimum of 200 practicum hours, pending availability of placement sites. The practicum setting may be one that has been previously established, or the student may seek out their own clinical placement, which must be approved by the Practicum Coordinator and the CPC. Depending on a student's other programme responsibilities, Advanced Practicum II placement sites outside of Prince Edward Island may be feasible.

#### The Process of Applying for External Practicum

Students are eligible proceed to external practicum placements pending readiness confirmed by the CPC. The CPC considers a variety of factors, including past evaluations, the use of supervision and consultation with other professionals, ethical decision-making, and the ability to maintain record-keeping/administrative tasks.

Students deemed sufficiently prepared for external practicum may proceed with the application process. Application deadlines for Advanced Practicum I vary somewhat year to year, but the intent is for application packages to be available to students early in January of second year and due later the same month. Applications include:

- i) A completed <u>application form</u> (see 2023 version in appendix),
- ii) letter of intent,
- iii) names of two referees,
- iv) unofficial transcript,
- v) CV,
- vi) and a ranking of preferred placement sites.

After preliminary matching by the Practicum Coordinator, advanced practicum supervisors hold confirmation interviews with students to ensure an appropriate fit before the match is finalized. Starting the Advanced Practicum I placement assumes acceptable progress in the program between time of practicum application and its start date.

#### **External Practicum Sites**

In addition to external practicum sites that are already established by the program, student initiative in proposing additional external practicum sites is welcome. However, students should meet with the Practicum Coordinator prior to formally contacting any external sites and complete a Training Site Proposal Form. If a new practicum site is approved, students who put forward the initiative will be given first priority.

#### Guidelines for External Clinical Practicum Placement Feasibility

All new external clinical practicum arrangements must be proposed to the Practicum Coordinator for a feasibility assessment. If it is determined that the practicum site is a feasible external practicum site, a proposal and justification are forwarded for approval to the CPC. The following guidelines are used to determine the appropriateness of potential practicum placements. The quantitative supervisory guidelines are based on a two-day-per-week practicum placement.

#### 1. The primary supervisor must be a registered psychologist in their jurisdiction.

• The primary supervisor must be at the same site as the practicum unless a secondary supervisory arrangement is made

- One hour of supervision must be provided for every four hours of direct service. The primary supervisor must agree to provide at least one hour of direct, face-to-face individual supervision per week, regardless of any secondary supervisory relationships arranged.
- The primary supervisor must also agree to provide a written evaluation of the practicum student's experience near the end of each semester (Evaluation of Student Clinical Competencies Form).

## 2. Secondary supervisory arrangements may be established with appropriately- credentialed practitioners in addition to the primary supervisory relationship.

- Beyond the minimum hour per week with the primary supervisor, the balance of supervision may be provided by a licensed/registered mental health professional from another mental health discipline. This is the "secondary supervisor," who must hold certification as a licensed/registered clinical social worker, board certified/registered psychiatrist, or other approved regulated professional.
- The primary supervisor assumes responsibility for the quality and quantity of such secondary supervision, ensuring its appropriateness concerning the training level of the student and the practical experiences being required.
- Secondary supervision may not take the place of the minimum one hour per week of direct supervision by the primary supervisor.
- All secondary supervisory relationships must be approved by the Practicum Coordinator.

# 3. The primary functions of the practicum must be "clinical" in nature, such as psychotherapy, clinical evaluation/assessment, intervention, and consultation.

- This requirement does not constrain the type of "site" that is feasible; for instance, appropriate clinical practica could take place in schools as well as in the more traditional in-patient and out-patient mental health facilities.
- In general, practicum sites should provide training consistent with the scholarpractitioner model of training graduate-level students of clinical psychology. These characteristics should include an emphasis on training within an evidence-based practice, the acquisition of clinical psychology skills, and working with a clinically relevant treatment population. Sites must have properly registered clinical staff on-site.

4. **Placement sites will be public settings, rather than private practices.** Exceptions may be considered for sites with an existing track-record of APPIC-approved internship supervision.

A final note on practicum sites and selection: The UPEI PsyD program is committed to a policy of non-discrimination against students and mental health consumers with regard to race, religion, age, ethnic background, or sexual orientation. Practicum sites approved by UPEI are expected to conduct their selection and training in a non-discriminatory manner. Sites are expected to select student applicants without regard to race, religion, age, ethnic background, or sexual orientation.

#### COMMUNITY INTERVENTION PRACTICUM (PSY 8502)

Students are required to complete a minimum of 50 practicum hours involving intervention at the group or community level. This work may involve an intervention focused on improving mental health or an intervention aimed at preventing a mental health problem or at health promotion. Students may collaborate with other students, under the direction of a core faculty member, to work toward community engagement, which will allow some form of clinically relevant and empirically supported intervention.

#### OUT OF PROVINCE PRACTICUM

Students may wish to consider part of advanced practicum I or the optional advanced practicum II outside of the province. This would be applicable for the summer semester (May-August) only, when any required course work could be done virtually. This can be a valuable opportunity to obtain training in an area of clinical expertise not currently available on PEI. It is the student's responsibility to identify possible practicum locations. As a starting point, students may want to review internship sites as these training facilities often accept practicum students as well. A list of Canadian internships can be viewed on the CCPPP website at https://ccppp.ca/Directory. Students are encouraged to identify non-internship sites (e.g., a community mental health clinic in their home town). Once a student has identified a possible site of interest, they should request a meeting with the Practicum Coordinator, who will work with them to evaluate its feasibility (if necessary) and assist in securing the out-of-province placement, including contact with potential supervisors for locations that do not have formal application processes in place.

#### DOCUMENTATION OF OTHER CLINICAL TRAINING EXPERIENCES

Some students gain additional clinical training experience over and above their practicum hours through their Knowledge Translation Fellowship, applied research, and other activities. Such activities must include direct service activities as defined by CCPPP and APPIC guidelines.

These activities might include outreach to various campus sectors and the broader community, administering an assessment instrument as part of a departmental research project, conducting clinical interviews, or implementing an intervention as part of their research, among other clinically relevant activities. As Knowledge Translation projects are approved by CPC, their eligibility for clinical training hours is noted. The potential for accumulation of clinical training hours as part of dissertation research can also be noted as dissertation projects are approved. In both cases, clinical psychologists involved in supervision of the work will be responsible for

approving hours in Time2Track. The Practicum Coordinator is available for consultation to determine what might be deemed as an appropriate clinical training experience that falls outside of practica.

The experience must involve the required level of supervision that is generally expected for practicum, be focused on training, and be clinical in nature.

#### SUPERVISION

At each practicum, student trainees are assigned to a specific primary clinical supervisor, who meets regularly with the student to discuss their client caseload. Discussion of clients may occur between a student trainee and a supervisor individually or in small groups of clinicians for whom the supervisor also has responsibility. The nature of supervision will vary depending on the theoretical orientation of the supervisor, the training and experience of the supervisee, and the duration of the supervisory relationship.

In addition, supervisors use direct observations, audiovisual, or audio recordings to provide appropriate supervision of student trainees' activities with clients. Audio recordings, audiovisual recordings, client supplied information such as behavioral ratings, and one-way mirror observations are also appropriate when deemed useful. However accomplished, supervision shall include some direct observation of the supervisee's work. Primary supervision should be set at a regular, uninterrupted time each week.

The preferred mode of supervision is a face-to-face discussion between supervisor and student trainee. If supervision is provided by distance technology it must be delivered n compliance with guidelines from regulatory and professional bodies, including the PEI Psychologists Registration Board and CPA. Supervisors must ensure that supervision provided via distance is essentially equivalent in quality to in-person supervision.

Supervisors are expected to communicate clear expectations to students at the beginning of the practicum and to provide clear feedback regarding progress throughout the year. Supervision should be immediate enough that the student receives the feedback and training necessary not only to review past interventions but to prepare for future sessions.

The logistics of how to accomplish this varies from one supervisor/supervisee/orientation/client combination to another. However, certain minimum standards apply:

- 1. Each student trainee receives a minimum one hour of individual supervision for every four hours of direct intervention or assessment hours with clients.
- 2. Individual supervision of a student's work can occur in group meetings involving other students when that student's work with clients is being discussed and the supervisor is providing that student with specific feedback. The other students in the meeting would be considered to be receiving group supervision. Group supervision using collaborative or reflective models can be counted as individual supervision for more than one student;

however, the amount of individual supervision recorded must be commensurate with the time allotted to each student's case in the discussion.

- 3. Up to 25% of individual supervision can be asynchronous, meaning that the supervisor reviews the student's work and provides detailed and comprehensive feedback that is later reviewed by the student. This is most likely applicable in services involving comprehensive assessments and report writing where the supervisor provides detailed responses to the student's written or recorded work. This counts as individual supervision.
- 4. Supervisors' direct observation and co-leading of client work can be counted either as direct student contact with clients or as supervision, or could be split between direct contact and supervision. It cannot be double counted.
- 5. Any time a student observes or participates in the supervision of another student's work with clients is group supervision. Group supervision is not required and all a student's supervision could be individual.

The Clinical Supervisor assumes clinical responsibility for Student Trainee's client's treatment and the responsibility for maximizing the student's training at the practicum site. Therefore, it is imperative that the student trainee and the Clinical Supervisor work transparently, and meet regularly, and that supervisees maintain Clinical Supervisors informed of all aspects of a case. When supervisors will be out of town and/or otherwise difficult to contact, they are expected to designate a back-up supervisor and apprise them of any foreseeable reasons why supervisees or clients may need attention during the primary supervisor's absence.

#### **Requirements for Clinical Supervisors**

Primary Clinical Supervisors are required to:

- Be currently registered with the PEIPRB or a registered psychologist in their jurisdiction if the training experience occurs out of province
- Hold individual liability insurance
- Complete a <u>Supervision Agreement Form</u>, either from their own site or using the UPEI form (see appendix), with the student and return to the Practicum Coordinator
- Provide the student with orientation to the placement site .
- Overview the suggested Supervisor Guidance or prepare their own guidance, informed consent for supervision, or syllabus.
- Keep progress notes of supervision and maintain a log of supervision hours and meeting times

- Be updated and knowledgeable of the current clinical psychology evidence base, ethical, legislative, and other standards.
- Complete an <u>Evaluation of Student Clinical Competence Form</u>, either from their own site or using the UPEI form (see appendix), with the student and return to the Practicum Coordinator at the end of a four-month placement or, in the case of an eight-month placement both mid-way and at the end of the placement.

#### Liability

Students must inform the Practicum Coordinator of all clinical activities. Students should be aware that clinical activities are covered under the University's liability insurance policies only when the student is engaging in approved activities that take place within the scope of the UPEI PsyD Training Program. Students should be aware that they will purchase additional liability insurance, such as through the CPA partnership program. Additional liability insurance may be necessary when conducting out-of-province practica.

#### CHANGES IN TRAINING STATUS

Students should inform the Practicum Coordinator immediately of any difficulties encountered at the practicum, or of any substantive changes in the practicum experience. This would include reporting any changes related to, but not limited to:

- Leaving a training site
- Change in supervisor
- Substantial increase or decrease in the number of hours worked
- Unplanned changes

#### RESTRICTIONS

- No credit will be given for any practicum experience which has not been approved by the Practicum Coordinator and, in the case of placement sites and supervisors new to the program, approved by the CPC.
- There is no provision for obtaining practicum hours for training experiences that were not pre-approved.
- Students may not have a proprietary interest in the business of a primary or delegated supervisor and may not serve in any capacity which would hold influence over any supervisor's judgment in providing supervision.
- Practicum credit for pre-existing paid employment is ordinarily prohibited.
- Practicum in a solo private practice is disallowed. Practicum in larger group practices may be approved pending disclosure of the training plan, and if the group shows a history of APPIC-approved internship training.
- Students are generally not paid for their practicum work and are not normally permitted to complete a practicum in a setting in which they earn payment for work completed.

This is to ensure "job responsibilities" do not displace a student's or supervisor's focus from the goal of maximizing the student's training opportunities.

• Practicum credit will not be awarded to students working under a license or credential of a different discipline (psychiatry, medicine, nursing, social work, psychotherapy, marriage and family therapy, pastoral care, counseling, etc.). Students may not use a private practice operated under a different mental health certification or credential to satisfy practicum requirements.

#### EVALUATIONS OF CLINICAL COMPETENCIES

The Practicum Coordinator and the DCT, in conjunction with faculty, clinic staff psychologists, external practica supervisors, and other clinical supervisors, monitor the clinical development of students throughout the graduate program.

In addition to the quantitative requirements (i.e., practicum hours) for each year of practicum, clinical students also are evaluated each semester on their qualitative performance. Clinical competencies addressed will include most or all of the following, as appropriate to the particular practicum placement:

- Professional responsibility and integrity.
- Understanding of individual and cultural diversity.
- Social justice.
- Capacity of relate effectively and meaningfully; interdisciplinary dialogue and collaboration.
- Ethical principles and practices.
- Case conceptualization skills, formulation, and diagnosis.
- Assessment skills.
- Intervention skills.
- Supervision.

Students must satisfy both qualitative and quantitative requirements before advancing to the next practicum level. Students receive a <u>standard UPEI evaluation form</u> (see appendix) or one particular to their external site and are provided with feedback at the end of each semester of practicum, which is retained in their student file. The purpose is to formally and explicitly highlight strengths and specify areas for future development. Practicum evaluations may also be used to target areas in need of improvement and in the design of a remediation plan if there is a need for formal remediation. See the UPEI PsyD Program Manual regarding the remediation process.

#### APPENDICIES

Sample Supervision Agreement Form	20
Evaluation of Student Clinical Competency Form	24
Advanced Practicum Application Form (2023)	29

#### UPEI PSYD SUPERVISION AGREEMENT FORM

Student name:	
Year:	Academic term(s): (Fall/Winter/Summer):
Year in Program (circle):	Start Date:
1 2 3 4	End Date:
Placement:	
Primary Supervisor:	
Secondary Supervisor(s) (if applicable):	
Type of Training Activity (check/circle):	
<ul> <li>Knowledge Translation Fellowship</li> <li>Pre-Practicum Clinical Activities</li> <li>Assessment Practicum</li> </ul>	<ul> <li>Intervention Practicum</li> <li>Advanced Practicum</li> <li>Pre-approved non-practicum clinical activity (applied research, etc)</li> </ul>

#### The responsibilities of the Clinical Supervisor are as follows:

- Provide clear guidelines of the types of expectations, commitments, and responsibilities that fall within a supervisory relationship.
- The Clinical Supervisor will provide the student with ongoing oral feedback during the course of the practicum, in the form of regular supervision meetings.
- One hour of supervision must be provided for every four hours of direct service, as defined by the Association of Psychology Predoctoral Internship Centers (APPIC) guidelines.
- The Clinical Supervisor will provide both midterm and final written evaluations of the student's performance in the case of eight-month placements, and a written

final evaluation in the case of four-month placements. These will be reviewed and signed by both the Clinical Supervisor and the student, before being forwarded to the Practicum Coordinator. The purpose of these evaluations is not only to monitor the clinical development of students, but to also highlight a student's areas of strengths, and to identify any issues, challenges, or problems that might be addressed informally with the clinical supervisor. If a formal remediation plan is required, it is overseen by the Practicum Coordinator and the Clinical Program Committee. See the UPEI Program Manual for more information.

#### The responsibilities of the Student Trainee are as follows:

- To uphold the professional standards of the practicum site, including, but not restricted to punctuality, appropriate professional attire, comportment, and attitude.
- To take responsibility for learning and to seek clarification where necessary, especially with regard to the practicum site's policies, rules, regulations, and client services.
- To follow codes of ethical conduct for the profession of Psychology.
- To meet the time requirements for the Practicum.
- Unforeseen circumstances will be reported to the Practicum Coordinator who may bring the matter to the CPC.
- To direct any complaints or grievances to their individual Clinical Supervisors. If the student and Clinical Supervisor are unable to resolve the issue to their mutual satisfaction, the issue will be brought to the joint attention of the Practicum Coordinator and the CPC. See the program manual for more information.
- To keep the Practicum Coordinator apprised of any changes to the information in the practicum work, or any other changes that affect the practicum experience in a substantive way.

#### Individualized agreement regarding practicum and supervision:

1. Anticipated activities:

\_\_\_\_ Assessment

\_\_\_\_\_ Treatment/Intervention

\_\_\_\_ Consultation

Other:

2. Anticipated primary population(s)/clients that will be served:

- \_\_\_\_ Adults
- \_\_\_\_ Children
- \_\_\_\_ Older Adults
- \_\_\_\_ Families
- \_\_\_\_ Couples
- \_\_\_\_ Group

Other:

- 3. What types of supervisory resources are anticipated to be used during the semester? \_\_\_\_\_ Direct/Live Observation
- \_\_\_\_\_ Audio-visual recording

\_\_\_\_\_ Audio recording

\_\_\_\_\_ Co-therapy

\_\_\_\_\_ Self-report & Written reports

Comments:

- 4. What type of supervision is anticipated?
- \_\_\_\_ Individual
- \_\_\_\_ Group

\_\_\_\_ Other (describe):

5. Please use the following section to **describe specific goals and objectives of training** in this practicum:

#### Goal 1\*:

Objective 1:

Related clinical activities (any numerical values are estimates):

Objective 2:

Related clinical activities (any numerical values are estimates):

\*NB: As many goals, with as many objectives and related clinical activities as appropriate are listed.

#### **Statement of Agreement**

\_\_\_\_\_ (Student initial) The Clinical Supervisor has reviewed and clarified any specific expectations, commitments, and responsibilities that fall within a supervisory relationship for this placement. These expectations were either discussed by using the prepared guidance attached or through a written document prepared by the supervisor (in the form of a supervisor's own supervision guidance or syllabus).

\_\_\_\_ (Student initial) I have read and understand the information contained in this document; I have been provided a copy (\*) of the document and agree to participate in supervision according to these guidelines.

Signature of Supervisor	Date
Signature of Student	Date

(\*) The student and supervisor should keep a copy for their files.

This form, or its substitute, is to be submitted to the Practicum Coordinator at the beginning of each practicum with a new supervisor. Please email to smithp@upei.ca.

### **EVALUATION OF STUDENT CLINICAL COMPETENCY BY SUPERVISOR**

Student name:	
Year in Program (circle):	Academic term: (Fall/Winter/Summer):
1 2 3 4	
Name of Practicum type:	Start Date:
(check/circle/highlight)	
PSY 6501 Assessment Practicum	
PSY 7501 Intervention Practicum	End Date
PSY 8501 Advanced Practicum I	
PSY 8502 Community Practicum	
PSY 8503 Advanced Practicum II	
Supervisor:	

1. Primary population(s)/clients served:					
Adults	Older Adults	Couples			
Children	Families	Group			
Other:					
2. Please describe the activitie are being evaluated (e.g., asso		een involved and for which they er interventions):			

Keeping in mind a student's expected skill level at this point in training, please rate the items below using this rating scale:

<b>Rating</b>	Description of Progress:
1	<b>POOR</b> : Student is deficient in skill or principle, and there needs to be significant
	remediation in order to bring it up to an acceptable level.
	MARGINAL: Requires some further training to meet expectations. Student has
	shown some acceptable evidence of the skill or principle, but performance is
2	inconsistent or there may be some examples of poor motivation or minor
	irresponsibility. It is anticipated that the rating will improve with student effort.
	Formal remediation is not required but may be desirable.
	<b><u>SATISFACTORY</u></b> : Meets expectations for this point in training. Student has shown
	basic mastery of the skill or principle. There are apt to be one or two instances of
3	marginal performance balanced by a nearly equal number of praiseworthy
	performances. A rating of 3 falls in the range of good practice and should not be
	seen as unworthy.
	<b><u>GOOD</u></b> : Meets expectations for this point in training and very good performance.
4	Student has shown basic mastery of the skill or principle with many performances
	that are praiseworthy.
	<b>EXCELLENT</b> : Exceeds expectations for this point in training. Student's performances
	are consistently praiseworthy and clearly stand out as being of very high quality. A
5	rating of 5 is not given just for good work but signifies exceptional performance.
	Its absence on any part of the evaluation will not be considered negative in any
	aspect.
N/A	<b>NOT APPLICABLE</b> or not observed to this supervisory relationship/not enough
	information

	COMPETENCY OBSERVED	RATING
Pro	fessional responsibility and integrity.	
	1	1
1	Demonstrates ability to be on time, prepared, displays a professional	
	appearance, and actively participate in all clinic-related meetings while	
	maintaining an appropriate caseload of clients	
2	Demonstrates ability to be appropriately prepared for all client sessions.	
	(Description: if available, audiovisual recordings are set up. Sessions are started	
	on time. Has session plans. Sessions end on time.), as well as complete all	
	necessary documentation in a thorough, accurate, and timely manner	
3	Demonstrates ability to appropriately and effectively communicate with clients,	
	as well as communicate and comply with clinic policies and procedures.	
4	Practices within the boundaries of competencies, a commitment to lifelong	
	learning, engagement with scholarship, critical thinking, and a commitment to	
	the development of the profession	
	·	

Und	derstanding of individual and cultural diversity.	
1	Open to exploring a client's cultural and diverse background	
2	Demonstrates a position of cultural humility and an openness to seeing issues	
	from multiple perspectives and appears genuinely interested and in learning	
	about the individual and cultural and diversity of clients	
3	Demonstrates awareness and sensitivity in working professionally with diverse	
	individuals, groups, and communities who represent various cultural and	
	personal background and characteristics	
Soc	ial Justice.	
1	Is knowledgeable about nature and impact of diversity (e.g., of others' attitude	
	and values) and implications for clinical work, as well as their own attitudes and	
	values and implications	L
Сар	acity to relate effectively and meaningfully; Interdisciplinary dialogue and collabo	pration.
1	Shows a capacity to relate effectively and meaningfully with individuals, groups,	
	and/or communities as well as professionals in related disciplines.	
2	Ability to form meaningful interpersonal relationships with adult clients,	
	including a respectful approach and a strong working alliance	
3	Ability to form meaningful interpersonal relationships with child and	
	adolescent clients, including a respectful approach and a strong working alliance	
4	Ability to form meaningful interpersonal relationships with colleagues,	
	including support, communication, and providing and receiving feedback	
Eth	ical principles and practices.	
1	Demonstrates awareness and valuing of ethical behavior	
2	Acts in an ethical manner (e.g., avoids dual relationships, maintains boundaries,	
	seeks appropriate consultation, and demonstrates appropriate decision making)	
3	Has knowledge of ethical professional codes, standards of practice, guidelines,	
	statutes, rules, and regulations relevant to practice in psychology	
4	Demonstrates knowledge of consent policies and practices with clients	
Ref	lective and reflexive practice.	
1	Demonstrates freedom from behavioral problems that significantly limit or	
	interfere with effective functioning, and takes appropriate action when necessary	
2	Demonstrates increasingly autonomous functioning	
3	Recognizes personal biases and subjective impressions	
4	Functions well under stress; is flexible and copes appropriately with the	
	unexpected	
For	mulation, assessment, and diagnosis; Clinical intervention and evaluation.	

	CASE CONCEPTUALIZATION SKILLS, FORMULATION, AND DIAGNOSIS	
1	Demonstrates knowledge of theories, techniques, and research relevant to case	
	conceptualization, understanding pathology, and conducting therapy.	
2	Integrates pertinent findings of research into their conceptualization of a given	
	case	
3	Understands strengths and limitations of current diagnostic techniques and uses	
	the DSM-5 effectively	
4	Writes formulations in Intake Reports and elsewhere that are clear, thorough,	
	concise, and understandable, as well as communicates effectively to clients	
	ASSESSMENT SKILLS	
1	Demonstrates knowledge and understanding of assessment measures, tests,	
	and instruments including strengths and weaknesses	
2	Demonstrates ability to administer assessment measures, instruments, and	
	tests in a standardized fashion and score accurately	
3	Demonstrates the ability to interpret assessment data and integrate assessment	
	data from different sources for case formulation and / or diagnostic purposes	
4	Demonstrates the ability to write a report that is accurate, well organized, well	
	written, and understood by the intended reader (e.g., the client, other	
	professionals, parents etc.)	
5	Demonstrates the ability to provide accurate and specific feedback regarding	
	test performance in a sensitive, respectful, and concise manner	
	INTERVENTION SKILLS	
1	Implements treatment plans as formulated	
2	Accurately assesses client progress, and reviews or modifies treatment plans as	
	necessary	
3	Able to keep therapeutic work on track and focused on attainment of treatment	
	goals	
4	Is attuned to clients' emotional states over the course of treatment	
5	Accurately assesses client readiness for termination	
Sup	pervision.	
1	Demonstrates ability to appropriately and effectively utilize supervision	
2	Participates in supervision with an openness to receive feedback and willingness	
	to implement recommendations	
3	Prepares for supervision and actively sets the agenda	
4	Seeks supervision as needed	

If a rating of "1" or "2" is given, please attach a written supplement outlining the area(s) of difficulty and a suggested plan for remediation.

Please list the clinical trainees' major assets:
· · · · · · · · · · · · · · · · · · ·
Areas for further development:
Other comments:

Primary Supervisor's signature			Date:	
Student Response to this Evaluation: Please rate your response to this evaluation using the following rating scale:				
1 Not at all	2 Mod. inaccurately	3 Neutral	4 Mod. Accurately	5 Highly Accurate
<ul> <li>Evaluation accurately represents my abilities</li> <li>Evaluation accurately identifies my strengths</li> <li>Evaluation accurately identifies areas for improvement</li> <li>I am satisfied with the way my supervisor and I have discussed this evaluation.</li> </ul>				
Your signature below indicates that you have read and discussed this information together and that you have been provided a copy of this evaluation.				
Student Trainee sign	ature		Date:	

This form is to be submitted to the Practicum Coordinator via email (<u>smithp@upei.ca</u>) by the supervisor. A copy will be retained in the student's file. Students should keep a copy for their own files.

Thank you for taking the time to complete this evaluation.

## **UPEI PsyD Advanced Practicum Placement Application, 2023**

STUDENT INFORMATION		
Full Name:		
Address:		
Phone:		
E-mail:		

EDUCATION	
CURRENT EDUCATION	
When did you begin the UPEI PsyD program?	/ / (dd /mm/yyyy)

PREVIOUS UNIVERSITY EDUCATION				
Please list in chronological order				
Degree	Dates of Attendance	University		

#### LICENSURE/CERTIFICATION

Some applicants may be licensed/certified at the master/doctoral level. If you are, please list any current and valid licenses or certifications in mental health fields (list type and jurisdiction)

#### CLINICAL EXPERIENCE

- 1. Draw your report of hours from Time2Track. These are supervised hours for which you received formal academic training and credit, or which were part of program-sanctioned training experiences. (If you earned hours n formal training, supervised by a psychologist, in a programme prior to entering UPEI and which are not entered in Time2Track, please consult with your Director of Clinical Training.)
- 2. Remember that hours should not be counted in more than one category.

AGE OF CLIENTS	Number of Different Clients Seen		
	Intervention	Intervention Assessment	
Infants/Toddlers (0-2)			
Pre-School Age (3-5)			
School-Age (6-12)			
Adolescents (18-64)			
Adults (18-64)			
Older Adults (65+)			

#### **PSYCHOMETRIC ASSESSMENT**

Please indicate all instruments used in your assessment experience, excluding practice administrations to fellow students. You may include any experience you have had with these instruments (e.g., work, research, and practicum) other than practice administrations. Please add additional rows as needed.

ADULT PSYCHOMETRIC TESTS (+ QUESTIONNAIRES)		
Name	Number Administered and Scored	

CHILD/ADOLESCENT PSYCHOMETRIC TESTS (+ QUSTIONNAIRES)		
Name	Number Administered and Scored	

ASSESSMENT HOURS				
	Total hours	Number individuals	of	different
Neuropsychological Assessment				
Providing Feedback to Clients				
Psychodiagnostic Test Administration				
Telephone Based / Virtual Assessment				
Other Psychological Assessment Experience				

#### **INTEGRATED REPORT WRITING**

An integrated report includes a history, interview, and various psychological tests. These are synthesized into a comprehensive report, which concludes with a clinical formulation and appropriate recommendations.

	Number of Reports Written
Older Adults (65+)	
Adults (18-64)	
Adolescents (13-17)	
Children (12 and under)	

INTERVENTION EXPERIENCE				
	Total hours	Number of different individuals		
College Prep/Guidance				
Co-therapy				
Group Counselling				
Individual Therapy				
Intake Interview				
Medical/Health Related Interventions				
Program Development/Outreach				
Programming				
School Consultation				
Sports Psychology/Performance				
Enhancement				
Substance Abuse Interventions				
Supervision of Other Students Performing				
Intervention and Assessment Activities				
Telephone-Based / Virtual Intervention				
Other (Specify)				

#### INTERVENTION APPROACHES

Please identify the theoretical orientation(s) which have guided your intervention experience and a brief description of activities undertaken in intervention.

**TEACHING EXPERIENCE** 

Please summarize any teaching experience (undergraduate, graduate level)

CLINICAL WORK/VOLUNTEER EXPERIENCE

Some students may have had work/volunteer experience outside of their training program. Use this section to describe the settings and activities that are not included above. You may provide this information in narrative form or you may present this information in a format similar to that used above.

REFERENCES (Reference letters are not required at this stage. You will be contacted if letters are required by the site to which you are provisionally matched.)				
Name Institution Phone Number E-mail				

#### APPLICATION

A completed application will include the following and will be submitted to Dr. Philip Smith, <u>smithp@upei.ca</u>, by **Thursday**, **16 February**, **2023**, and will include the following:

□ The completed "Advanced Practicum Psychology Placement Application" form

□ A cover letter of one and nor more than two pages describing your interests and summarizing your preparation for Advanced Practicum

□ The Advanced Practicum ranking form

□ Your curriculum vitae

□ An unofficial copy of your UPEI transcript