



UNIVERSITY
of Prince Edward
ISLAND

Doctor of Psychology

Program Manual 2020-21

Prepared by the Clinical Program Committee

UPEI Department of Psychology
July 2020

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 ancestral and traditional territory of the Mi'kmaq People of this region.

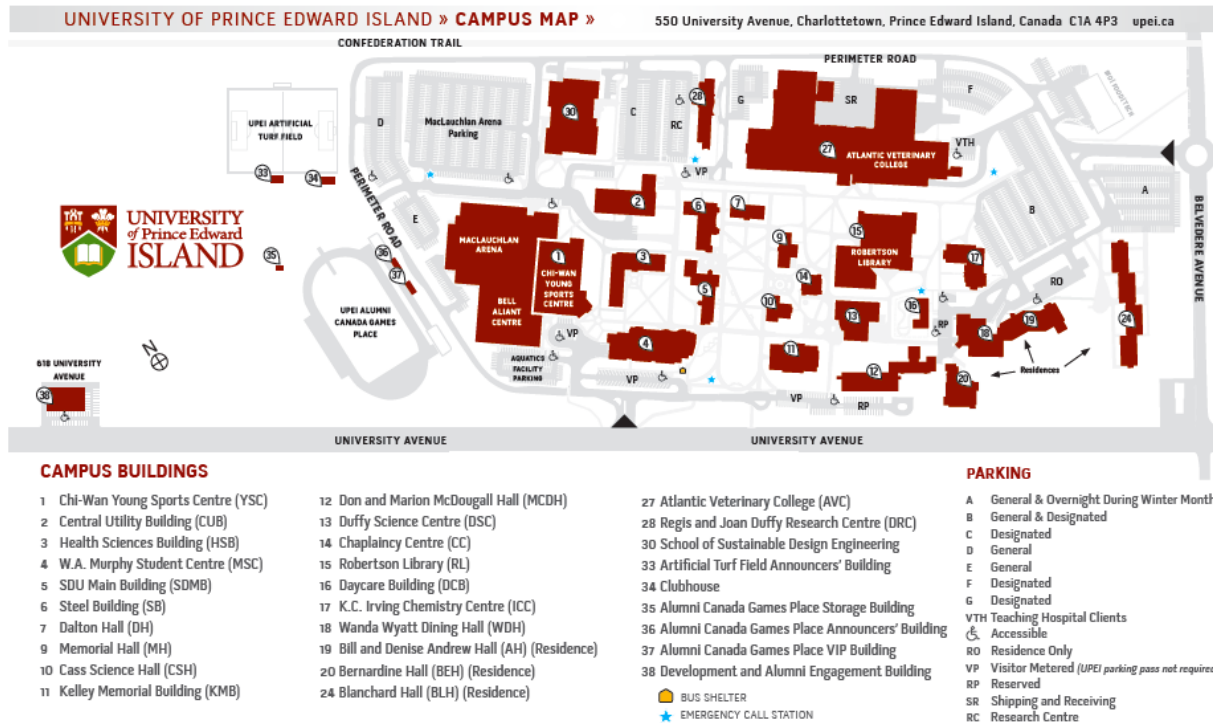


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Introduction

The Doctor of Psychology (PsyD) (<http://www.upei.ca/programs/doctor-of-psychology>) is a doctoral program in clinical psychology which is comprised of 26 required courses, a minimum of 750 hours of practica experience, and a fulltime, 12-month predoctoral internship. The program is designed to prepare students to engage in evidence-based practice as clinical psychologists, has been designed in accord with Canadian Psychological Association accreditation criteria, and will seek accreditation as soon as possible.

Students are engaged full-time with the program throughout almost the entirety of the four years of study. As is the case in other professional training programs, students in the PsyD will not have time for significant employment outside the program (the *PsyD Statement on Student Employment Outside the Program* is included in the Appendix). Students in good standing in the first three years of the program are eligible for funding. Practicum placements do not carry a stipend. Pre-doctoral internship placements typically include a stipend. See below for information about available funding support.

Students' initial practicum placements will take place in the UPEI Psychology Training Clinic. The program will place students for subsequent practica in sites across Prince Edward Island, unless students initiate an approved placement site outside of the province. For the pre-doctoral internship, students take part with students across North America in the competitive APPIC internship matching program (www.appic.org). Internship placements cannot be guaranteed. PsyD students must be open to moving out of province for the fourth-year internship placement.

Continuation in the program requires successful completion of, and ethical and professional conduct in, all courses, practicum placements, and internship.

Administrative Structure, Roles, and Responsibilities

The Doctor of Psychology program is located within the Department of Psychology, Faculty of Arts, at the University of Prince Edward Island.

A clinical faculty member serves as **Director of Clinical Training (DCT)** and is responsible for all aspects of the PsyD program, including working collaboratively with the Canadian Psychological Association on matters related to accreditation. The DCT chairs the Clinical Program Committee which is made up of all clinical psychology faculty members, a non-clinical faculty member, a representative from a community practicum site, a clinical psychologist from the on-campus Psychology Training Clinic and a graduate student representative. The Clinical Program Committee is the main collegial decision-making body for all matters related to the PsyD program.

A clinical faculty member serves as **Director of Global Outreach (DGO)** and ensures that the PsyD program is informed of rapidly advancing international perspectives and global trends in clinical psychology training and mental health, identifying opportunities for program enhancement. A clinical faculty member serves as **Practicum Coordinator (PC)** and assumes primary responsibility for establishing relationships with, monitoring, and evaluating practicum settings, and for overseeing student progress within them. A clinical faculty member serves as **Doctoral Research Coordinator (DRC)**, teaches the four cohort-based research courses, and generally supports student progression through the clinical dissertation process.

In addition, at the beginning of the program each student is assigned a **Program Advisor** from the core clinical faculty. The primary function of the program advisor is to engage with students about the student's experiences in the program, to ensure that students are developing professional and clinical competencies, and to learn from students about how the program is functioning in relation to the development of these competencies. Students also work with a psychology faculty member with relevant expertise who serves as **Dissertation Advisor**.

The Psychology Training Clinic (PTC) is an important training center for PsyD students, especially during the first two years of the program. The primary mission of the training clinic is to provide excellent training experiences for our students. The PTC is administratively located within the Doctor of Psychology program, Department of Psychology, and is overseen by the DCT. The clinic is staffed by two registered clinical psychologists who provide supervision of graduate student clinical work. The PTC is highly integrated with the UPEI Health and Wellness Center and with UPEI Student Affairs, and serves as the base from which PsyD students engage in highly innovative knowledge translation in the form of outreach to various sectors of the campus and broader community.

Our People

Elder in Residence

The PsyD program is honoured to introduce Elder Judy Clark as the program's Elder in Residence. Elder Clark is a Mi'kmaq woman from Epekwitk and a member of the Abegweit Mi'kmaw Nation. As a respected Mi'lmaq Elder, she is often called upon for her spiritual support and to share her teachings with her community members. Elder Clark's contributions have included long-time service as President of the Aboriginal Women's Association of PEI, Circle Keeper with the Mi'kmaq Confederacy of PEI Justice Program, service on the RCMP Commissioner's National Aboriginal Advisory Committee and the RCMP PEI Commanding Officer's Aboriginal Advisory Committee, facilitating study sessions to help the public read and understand the summary of the final report of the Truth and Reconciliation Commission of Canada, and contributions to the National Inquiry into Missing and Murdered Indigenous Women and Girls. She is a member of the UPEI President's Indigenous Advisory Circle and

serves as university Elder in Residence. In 2017, Elder Clark was awarded an Honourary Doctor of Laws Degree by the University of Prince Edward Island.

Faculty

The program is delivered by 14 faculty members who, depending on area of expertise, may teach some PsyD Courses and also contribute to graduate student research as dissertation advisors and members of dissertation committees. Clinical faculty members (indicated with *) have primary responsibility for clinical instruction within the PsyD program and also serve as Program Advisors to graduate students. Two more clinical faculty members are scheduled to be hired in 2021.

Michael Arfken, BA (Texas State); PhD (Tennessee). I am Associate Professor of Psychology at the University of Prince Edward Island. My teaching and scholarship explore a range of issues surrounding social, environmental, and economic justice. My work has been featured in *Handbook of Critical Psychology*, *Handbook of Critical Social Psychology*, *Theory and Psychology*, *Journal of Theoretical and Philosophical Psychology*, *Encyclopedia of Critical Psychology*, *Social and Personality Psychology Compass*, *Annual Review of Critical Psychology*, and *American Psychologist*. Recent work focuses on the role of the Professional-Managerial Class (PMC) in reproducing the capitalist mode of production and the social, political, and economic structures underlying the transition to a post-consumer society.
marfken@protonmail.com

Stephen Butler BA (Trent); PhD (Ottawa)*. My research interests are primarily in studying the mental health and well-being of children and adolescents. I apply an ecological approach, which considers factors at different levels that impact on young people's well-being, such as the individual, familial, social and cultural. I have been involved in quantitative and qualitative studies, as well as intervention research that integrates the two. I have recently developed an evidence-informed a model of the impact of macro-cultural factors on well-being in advanced capitalist societies. sbutler@upei.ca

Dr. Butler currently serves as Director of Global Outreach.

Annabel Cohen, BA (McGill); MSc, PhD (Queen's). Recent projects have examined the role of musical structure in memory for tone sequences; children's memory for sequences of non-verbal sounds; the effects of age on memory for melody; the role of music as a trigger for reminiscence; and film music perception. Other related interests include life-span development; benefits of musical training; and speech production and perception in the elderly. acohen@upei.ca

Jason Doiron, B.A. Hons (UPEI); PhD (New Brunswick)*. My research interests are diverse and employ both quantitative and qualitative methodologies. Recent work has focused on the intersection of psychology with various "virtual realities" including video games and social media. Other research interests include exploration of a variety of factors related to mental

health within university communities, including mental health literacy and the development of psychometric approaches to assessment in this area. I've also developed significant involvements in various community-based organizations including serving as Chair of the PEI Psychologists Registration Board, trustee on the English Language School Board, and currently as Psychologist on the PEI Criminal Code Review Board. jpdoiron@upei.ca

Dr. Doiron currently serves as Director of Clinical Training.

Tracy Doucette, BA, PhD (UPEI). My research interests are in Behavioural Neuroscience with a particular expertise in mammalian learning and memory. Other areas of interest include canine cognition and the human-animal bond. From a teaching perspective, my areas of interest include psychopharmacology, behavioral neuroscience and statistics. tdoucette@upei.ca

Dr. Doucette currently serves as Chair of the Department of Psychology.

Scott Greer, BA (Memphis); MA, PhD (York). My main research interests include historical, theoretical, and philosophical issues in psychology. Recent research has been in the area of critical history and historiography of psychological theory and practice, including a genealogical approach to the measurement of the self and self-esteem. Other interests involve qualitative research methods, especially phenomenological and narrative approaches, psychobiography, depth psychology, and human motivation and emotion. sgreer@upei.ca

Raquel Hoersting, BA (Universidad San Francisco de Quito); MS, PhD (North Texas)*. I am an intercultural clinical psychologist with a research focus on culture, trauma, and identity. I am interested in understanding mental health as it relates to the process of cultural, social, and group identity shifts in a variety of cross-cultural experiences. Additionally, I am interested in cultural adaptation, cultural homelessness/belonging, acculturation and how attachment and traumatic experiences play a role within these. I am actively engaged in clinical training and practice. My clinical interests include process and experiential oriented therapies. I am an Eye Movement Desensitization and Reprocessing (EMDR) Institute Trainer, Facilitator and EMDR-IBA consultant and have experience in Dialectal Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), multicultural counseling, and clinical supervision. rhoersting@upei.ca

Dr. Hoersting currently serves as Practicum Coordinator.

Stacey MacKinnon, BSc, MSc, PhD (Calgary). As a social psychologist, my research currently focuses on curiosity and inquiry. I am particularly interested in understanding how curiosity and inquiry can help promote investment and ownership of learning and more meaningful engagement in both life-long and life-wide learning. In addition, I am exploring the possibility that curiosity and may be important pieces of the resilience puzzle both in the face of both minor set-backs in everyday life and major tragedies. In these instances where risk and trust are involved, an individual, a relationship and society more generally may benefit from forgiveness,

and I believe curiosity and inquiry may help achieve that often difficult goal. In order to enhance our understanding of these important social phenomena, I bring the best of both quantitative and qualitative inquiry to my research by using mixed methodology approaches wherever possible. I teach large undergraduate courses such as First Year Inquiry Studies, Introduction to Psychology Part 1, Introduction to Social Psychology, and Intimate Relationships, as well as senior seminar courses on Psychology of Good and Evil, Judgment and Decision Making, and Curiosity: Theory & Practice. smackinnon@upei.ca

Colleen MacQuarrie, BA (UPEI); MA (Carleton); PhD (Simon Fraser). I am an academic activist whose research, teaching, and service are conceptualized within a critical feminist liberation psychology framework and permaculture principles of people care, fair share, and earth care. Using a collaborative action research program, I conduct social justice field research predominantly within the local settler community but also in collaboration with Lnu in the Mi'kmaq Nation and also with the NunatuKavut community in southern Labrador. Active funded projects include a CIHR 5 year project on wellbeing with NunatuKavut, a greenhouse initiative with the Hernewood Elementary school and Lennox Island community in western PEI, and sexual and intimate partner violence policy initiatives that include the perspectives of younger and older survivors in transformation of the justice and health systems. cmacquarrie@upei.ca

Nia Phillips, BS (Mississippi State); MA, PhD (Kansas). Broadly, my research takes a sociocultural approach to issues of discrimination and oppression, locating the source of these issues in both cultural products and individual minds. This approach highlights the degree to which these two sources are inextricably linked; the individual is both shaped by the cultural world and plays a role in the reproduction of reality. In particular, I am interested in the mutual relationship between identity and oppression. For example, recognizing oppression (be it sexual harassment/violence, racism, heterosexism, etc.) may influence how we think about ourselves while at the same time these understandings may limit conceptions of what does (and what does not) constitute oppression. nphillips@upei.ca

Catherine Ryan, BSc (St. Mary's); MA, PhD (Carleton). My primary research in the areas of Developmental Neurotoxicology and Translational Neuroscience, has been directed at the development of improved animal models to investigate human behavioral and cognitive disorders, especially those suspected of having a developmental origin. Research has investigated the long-lasting cognitive and behavioral consequences of early life events (such as exposure to drugs, toxins, and stress) on neuro-behavioral development. In particular, research has addressed the possibility that these early life experiences are the cause of long lasting behavioral and cognitive changes such as those seen in a variety of disorders such as epilepsy, schizophrenia, and problems of attention and memory, for example. Other related interests include mechanisms of learning and memory and animal cognition. ryan@upei.ca

Philip Smith, BA (Texas at Dallas); MA, PhD (Western)*. My favourite professional activity is teaching, and I enjoy working with students in courses from introductory psychology through to senior seminars. I look forward to engaging with PsyD students in the Ethics and Professional

Issues course. My research interests have included health behaviour, and a longstanding and current focus on promotion of positive parenting. I am committed to application of psychology in community, and community service roles have included Chair of the Premier's Action Committee on Family Violence Prevention and member of the Child Protection Act Review committee. I am Registrar of the PEI Psychologists Registration Board and am a Fellow of the Canadian Psychological Association (CPA) and of the Association of State and Provincial Psychology Boards (ASPPB). smithp@upei.ca

Jessica Strong, BA Hons (DePauw University), BMP (DePauw University), PhD (University of Louisville)*. My research interests are broadly in the field of music and aging, specifically in the neuropsychological functioning of older adult musicians and non-musicians. As a clinical geropsychologist, I'm also interested in music as an intervention in late life, including development of interventions, implementation science, and program evaluation. Finally, I'm involved in a number of projects related to geropsychology training and specifically, training in capacity evaluations. jvstrong@upei.ca

Dr. Strong currently serves as Doctoral Research Coordinator.

Yoshiyuki (Yoshi) Takano, BA, MA (Trinity Western University); PhD (University of British Columbia)*. I have clinical experience across three provinces in Canada working with the general population and specific immigrant populations (i.e. international students, Chinese, Japanese, Korean). I have also worked with indigenous populations in Canada, specifically extensive work with and in the Cree Nation in Alberta. My research interests are broadly in the areas of forensic psychology, meaning of life research, cross-cultural psychology and qualitative research methodologies. Some specific research interests include the development of a multi paradigmatic co-constructing responsibility approach for working with people who are violent and abusive toward their partners and children, investigating the role of shame and responsibility-taking in the process of change for violent offenders and forensic psychiatric patients, exploring the concept of the meaning of life through various cultural, theoretical and therapeutic lenses, investigating the efficacy of culturally meaningful therapeutic intervention strategies developed using culturally centered research methodologies, and exploring and developing culturally centered qualitative research methodologies. ytakano@upei.ca

Psychology Training Clinic Staff

Debbi O'Brien, BSc (UPEI); PhD (UNB). I am a registered clinical psychologist and have worked in community mental health and physical rehabilitation settings providing psychological assessment and treatment to children, adolescents, and adults. My clinical interests include treatment of anxiety and depressive disorders using a cognitive behavioral approach, with specialized focus on treatment of obsessive-compulsive disorder and posttraumatic stress disorder. Professional interests include practitioner self-care, and providing clinical supervision to aid in the educational development of future clinical psychologists. deobrien@upei.ca

[Note: the PsyD program will be hiring a second psychologist in the PTC early in the 2020-21 academic year]

Administrative and Technical Staff

Megan Ratchford. I have completed post-secondary training in administrative assistance and have worked in a range of medical, financial and educational settings. I love working with people and thoroughly enjoy my job assisting students, faculty, and staff! I particularly enjoy being the first point of contact for inquiries and especially value the opportunity to assist people in determining how best to solve a problem or address an issue. Outside of business hours, most of my time is spent spoiling my pets, two very quirky large dogs and a cat. I am also always happy to volunteer free time to any fundraising, staff, or student-centred event that our program may take on! mratchford@upei.ca

Cheryl Wartman, BA (UPEI), MSc (UPEI). I am the Laboratory Technician in the Psychology Department. My MSc was completed at the Atlantic Veterinary College on the UPEI campus focusing on fish physiology; I've also completed all courses for a PhD in Aquatic Toxicology. My expertise in research using fish helps me to care for fish used in psychology courses. I keep track of the equipment available and technology in use in the Psychology Department, including SPSS, Nvivo, Sniffy, and SuperLab. I also often assist with coordinating with other service departments on campus e.g., (ITSS, Facilities, etc.). cwartman@upei.ca

Mission of Training

The UPEI PsyD is a clinical psychology training program infused with a critical lens and focused throughout on integration of theory, research, and practice across individual and cultural diversities. These individual and cultural diversities may include: race, ethnicity, national origin, gender/gender identification and expression, sexuality, ability, and social class, among others. We explicitly focus on the unique social positions of practitioners of clinical psychology as well as their clients. Additionally, this 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.

In realizing these values, our scholar-practitioner model aims to train clinical psychologists whose practice is informed by, and integrated with, the evolving scholarly and evidence-based foundations that support the discipline. The Doctor of Psychology program trains clinical psychologists to a high standard in academic, clinical and research domains, enabling them to work effectively in delivering psychological services with clients across the lifespan and across cultures and contexts. It also requires that students understand the historical, cultural and philosophical contexts that underlie the evidence base and the clinical and research practices of

clinical psychology more broadly speaking, enabling students to engage in effective practice, shaping of policy, and contributions to the evidence-base.

The PsyD prepares graduates to practice as clinical 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. Students learn to develop, deliver, and supervise high quality mental health services including assessment, diagnosis as appropriate, psychotherapeutic intervention and consultation, supervision, and research. Crucially, students also learn to practice clinical psychology with an emphasis on responding to the broader needs for health and wellness promotion, community strengthening and prevention of psychological distress. Of particular priority in the UPEI PsyD program is developing students' capacities to advance cultural awareness and varied understandings of mental health and well-being, alongside the ability to respectfully and effectively engage with a diversity of individuals and communities. We invite students to pay particular attention to addressing social inequalities and stigma in marginalized and vulnerable populations. Values of cultural humility and competency are integrated with an overall attention to evidence-based practice. Thus, students develop an appreciation of the dynamic and growing empirical literature that speaks to the mutually constitutive relationships between individuals and culture.

The program also considers the socio-political contributions to human functioning and works toward a scholarship of social justice. In doing so, we integrate social justice approaches and applications into our program, promoting social change that will help develop a progressive clinical psychology, one that will be capable of address complex human problems and contribute to the health and well-being of all.

PsyD students are encouraged to develop critical reflexivity regarding their own assumptions, worldviews and work as a psychologist. Developing the knowledge, skills, and attitudes to support ethical decision-making is an integrated theme throughout the PsyD program. Finally, students develop an understanding of prominent public and community systems and learn to work within them to effectively advocate for those requiring psychological services and to inform and shape organizational and public policy.

Training Competencies

The Doctor of Psychology program adopts a pluralistic approach to the science and practice of clinical psychology by preparing students to work within a broad range of theoretical and clinical frameworks and both quantitative and qualitative research methodologies. This ensures that students are able to respond flexibly to the complex demands placed on clinical psychologists once they graduate.

The program has been developed in accordance with the Canadian Psychological Association's (CPA) model PsyD curriculum and adheres to all standards, guidelines and policies of CPA,

including the development of competencies in the following areas: interpersonal relationships, assessment and evaluation, intervention and consultation, research, ethics, supervision and respect for cultural and other diversities. In addition, the program addresses the foundational knowledge directly through four graduate-level courses: Biological Bases of Behaviour, Cognitive-affective Bases of Behaviour, Social Bases of Behaviour, and Human Development and Personality.

These competencies are realized across three overarching training domains: the professional domain, the practice-specific domain, and the research-specific domain.

Professional Competencies

The program considers professional competencies as superordinate and prerequisite to all activities of clinical psychologists. They include attention to a) professional responsibility and integrity, b) understanding of individual and cultural diversity, c) social justice, d) the capacity to relate effectively and meaningfully, e) ethical principles and practices, f) interdisciplinary dialogue and collaboration, and g) reflective and reflexive practice.

Professional responsibility and integrity. Students acquire values, attitudes, and behaviors that demonstrate professionalism, including accountability and integrity, an appreciation for the value of life-long learning, and a sensitivity to the well-being of others.

Understanding of individual and cultural diversity. Students acquire an understanding of the importance of considering individual and cultural differences in all aspects of their professional work. This includes taking a perspective guided by cultural humility which allows for an applied understanding of self and others as cultural beings and of social interactions as culturally embedded, and reflection on the cultural and individual assumptions that the students bring to their thought and work.

Social Justice. Students acquire an understanding of how social, cultural, and political factors intersect with the scientific foundations and practices of clinical psychology. This will support their work as clinical psychologists who can be respectfully engaged, as appropriate, with all persons and peoples, and who help develop a more progressive clinical psychology.

Capacity to relate effectively and meaningfully. Students acquire knowledge, skills, and attitudes that facilitate effective and meaningful interactions and relationships with individuals, groups, and communities.

Ethical principles and practices. Students acquire a working understanding of the ethical principles and legal standards of psychology and their application to professional

practice, and develop skills in ethical decision making applicable across the domains of experience as clinical psychologists.

Interdisciplinary dialogue and collaboration. Students understand the scope and limitations of psychology's applications and acquire the knowledge, skills, and attitudes to interact respectfully and effectively with professionals in multiple disciplines and with community members.

Reflective and reflexive practice. Students acquire the skills necessary to critically reflect and improve on one's professional practice while appreciating the impacts of personal biases and the relative position of clinical psychologists within the structures of society.

Practice-Specific Competencies

The practice-specific domain includes a) empathy, b) formulation, assessment, and diagnosis, c) clinical intervention and evaluation, d) supervision, e) community engagement, and f) leadership.

Empathy. Students develop the capacity to consistently empathize with clients while developing meaningful and productive therapeutic alliances.

Formulation, assessment, and diagnosis. Students acquire the knowledge, skills, and attitudes to develop a formulation which explains the development and maintenance of a client's difficulties and strengths through an ecological lens; such a lens appreciates the impacts of the unique history and context of each individual, including cultural context. Students acquire knowledge of psychological measurement, become able to administer, score, and interpret a range of psychological measures, and come to understand the applications and limits of psychological testing, including cultural contexts, in developing a formulation. Students acquire a broad understanding of psychopathology and its classification across the lifespan, including the discerning use of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and other classification systems. Students learn to make recommendations that are useful to the client and diverse stakeholders, as appropriate.

Clinical intervention and evaluation. Students acquire knowledge, skills, and attitudes to effectively plan and implement psychotherapy and other interventions with attention to the uniqueness of the individual, cultural context, and scientific research. Students develop a range of intervention skills for use with diverse clients in a variety of contexts and informed by recognized theoretical traditions, evidence-based practice, relevant expert guidance, and clinical judgement. Students acquire knowledge, skills, and attitudes to regularly evaluate the effectiveness of interventions and to adjust accordingly.

Supervision. Students acquire and demonstrate knowledge, skills, and attitudes relevant to their emerging identities as supervisors, including effective application of evaluation methods that are sensitive to the complexities of knowledge production and dissemination. Students acquire a working understanding of supervisory roles, processes, procedures, and practices.

Community engagement. Students acquire the foundational body of knowledge, including theories and conceptual frameworks, which informs and guides community-engaged scholarship and practice. Students acquire the knowledge, skills, and attitudes to meaningfully engage with community members and organizations across the spectrum of health and wellness promotion, community strengthening, and prevention of psychological distress, as well as in community-appropriate development and delivery of high quality mental health services, including assessment, diagnosis as appropriate, psychotherapeutic intervention and consultation, supervision, and research.

Leadership. Students develop the integrity, self-awareness and continuous professional development associated with leadership so that they can apply knowledge and evidence to engage in decision-making and evaluation with others. Students increase their familiarity and knowledge about how clinical psychologists are increasingly working within leadership positions within a wide range of community, government and private sectors and become more prepared to serve in leadership roles.

Research-Specific Competencies

The research-specific domain includes attention to a) systematic and thoughtful application of the evidence base to clinical practice, b) graduate level knowledge of quantitative and qualitative research methods, c) contextualizing current research practices within broader historical, philosophical and critical contexts, and d) knowledge translation.

Systematic and thoughtful application of the evidence base to clinical practice. Students acquire the knowledge and skills necessary to analyze and assimilate research to help understand and intervene with the range of difficulties and challenges associated with mental health and well-being. This includes research that bears on the diverse clinical, community, and cultural contexts that are part of clinical psychology practice.

Graduate level knowledge of quantitative and qualitative research methods. Students acquire the knowledge, skills, and attitudes necessary to appreciate and understand the contribution of both quantitative and qualitative approaches in clinical psychology. They develop abilities to interpret and evaluate reports of quantitative and qualitative research and to develop and implement research from both perspectives. Students acquire the knowledge and skills relevant to each stage of the research process, from the generation of ideas and systematic review of pertinent literatures, through to ethics, implementation issues and completion of the project.

Contextualizing current research practices within broader historical, philosophical and critical contexts. Students acquire the knowledge, skills, and attitudes associated with adopting a critical perspective on the research process, including the broader historical, socio-political, epistemological and critical contexts that inform the Western scientific research enterprise and the ascendancy of evidence-based practice in clinical psychology.

Knowledge translation. Students develop the knowledge, skills and attitudes necessary to understand the research questions of policy and practice leaders in organizations and communities, appreciate the benefits of collaborations between researchers and consumers of research, and to effectively translate research knowledge to individuals, groups and the broader community. Students practice distilling the essentials of research knowledge and communicating this knowledge with clients and stakeholders who do not have a background in scientific research.

Guiding Models

The competencies described above are infused throughout the program, which has been designed to broaden the focus of training to include significant attention to the development of skills that are believed to be centrally important to a forward-looking practice of clinical psychology. At the same time, the program prepares students to engage effectively in the more traditional core professional domains of psychological assessment, clinical decision-making and intervention planning.

This section details the orientation of the program toward these domains. It is meant to elucidate underlying frameworks that will inform the work of PsyD trainees in key areas of practice. While not attempting to be comprehensive or complete it is important for students to understand the clinical models which will guide their work in the program. These guiding models are infused throughout course offerings that help students to build foundational knowledge which is developed further during practica placements.

The Role of Formulation

An overarching or superordinate skill and process that underlies assessment, intervention planning and clinical decision-making is formulation. For example, interlinked with assessment skills is the ability to create a tailored formulation of the individual's difficulties and to feedback the results of a treatment plan. The aim of a formulation is to explain the development and maintenance of the client's difficulties:

Drawing on psychological theory, it attempts to examine a client or family's problems in terms of how they arose and what may currently be holding these in place. It synthesises this information and explanatory ideas into 'working hypotheses', which are then used to

suggest appropriate and effective ways of working to relieve the problems. (Johnstone & Dallos, 2006, p. 2).

Moreover, formulations and treatment plans are constructed in collaboration with the individual or the family, and the expectation is that they are periodically reviewed in the light of new assessment or intervention information. As an overarching skill, the ability to formulate extends beyond clinical practice with individuals and families, to communities, organizations, and political systems. And pertinent to the values of the UPEI PsyD and CPA principles and standards, a formulation should consider the impact of historical, cultural and diversity issues on well-being.

Ecological Model of Psychological Assessment

The model of assessment that we will 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. A key outcome of the assessment is a formulation, which is shared with the client in a feedback session and forms the basis for a discussion about recommendations, including intervention options and/or next steps. The assessment may include a diagnosis, but regardless a formulation should be developed. The formulation can be based on a broad ecological framework (e.g., risk and protective factors) but may also follow from a model-specific framework (e.g., Clarke's model of panic disorders (CBT)), or integrate these two kinds of models.

A working definition:

A competent psychologist draws on diverse methods of evaluation, determining which methods are best suited to the task at hand, rather than relying solely or primarily on the formalized testing as an automatic response to situations requiring assessment. The appropriate subject of evaluation may be an individual person but also includes a couple, family, organization, or system at some other level of organization. The skills required for assessment can and should be applied to many situations other than initial evaluation, including, for example, treatment outcome, program evaluation, and problems occurring in a broad spectrum of non-clinical or community settings. The primary purpose of psychological assessment is to provide an understanding that informs a practical plan of action. It may result in a diagnostic classification, but certainly will include the identification of strengths or competencies, as well as vulnerabilities and challenges. The psychologist should share their assessment results and formulation with the client(s), and on the basis of this process, which includes feedback and comment(s) from clients, together establish next steps including intervention.

The program defines a group of specific competencies that fall under the rubric of being able to carry out a comprehensive psychological assessment. These include:

1. Problem identification.
2. Understanding and selection of appropriate assessment methods including both test and non-test data (e.g., suitable strategies, tools, measures, timelines, and targets).
3. Effective application of the assessment procedures with clients and the various systems in which they function.
4. Systematic data gathering and integration of information, including analysis and inferences.
5. Formulation or case conceptualization, including diagnosis if relevant.
6. Communication of findings and development of recommendations to address problems and goals. The provision of feedback that is understandable, useful, and responsive to the client, regardless of whether the client is an individual, group, organization, or referral source.
7. Formulation of an intervention plan and next steps.
8. Report writing and dissemination.

Clinical Decision Making and Intervention Planning

Formulation and clinical-decision-making. The ecological model suggests that a sound psychological assessment draws on diverse methods of evaluation (multi-method) and often diverse sources of information (multi-informant) to develop a comprehensive understanding of the client and their situation (a formulation). The assessment and resulting formulation then lead to intervention planning, which is done collaboratively with clients and with reflexivity by the clinician, mindful of the client(s) strengths, limitations, resources and the social context of their lives.

The formulation is evidence-informed and uses theory and research to guide clinical decision-making and intervention planning. It is person-centred and developmentally appropriate, respectful of and integrating issues related to diversity and social justice. The student is encouraged to act reflexively while being mindful of evidence and its limitations. For example, specific characteristics of clients and their situation must be taken account when deciding about treatment. Many evidenced-based practices have not been studied in culturally diverse communities. Therefore, this reality may need to be considered and discussed with clients from ethnic minorities for whom the specific evidence is not yet established.

This does not mean that an evidence-based treatment is inappropriate, but it does mean that the values, beliefs and views of clients should be integral to the decision-making process. More broadly speaking, in the case of indigenous communities, for example, an individual's psychological problems may be viewed as manifestations of much broader historical and social-contextual factors such as social traumas within the community. This would obviously entail

sensitivity, flexibility and a willingness to learn when thinking about treatment direction and decisions with clients

As well, there are multiple components of the client's clinical presentation that should be evaluated and considered when thinking about intervention planning. For example, it is important to:

1. Understand the range and severity of clients' problems, including the presence of co-occurring or co-morbid conditions. Issues of severity and co-morbidity bear directly on clinical decision-making and intervention planning. For example, more serious episodes of adolescent or adult depression may lead the clinician to consider a combined intervention that includes both therapy and medication; a young person presenting with severe antisocial behavior and co-morbid ADHD is likely to require intensive, multi-modal intervention.
2. Identify possible causes of the clients' problems and the sustaining factors. This goal is important because it links psychological difficulties to specific mechanisms, which, in turn, can be related to specific forms of treatment. For example, avoidance or avoidance coping is one of the most empirically documented factors that help to maintain anxiety and this factor is targeted in CBT. Alternatively, poor emotional regulation may contribute to many psychological problems or disorders and this may be addressed by a range of treatment options.

Evidence-informed Decision-making: Frameworks

The term *evidence-informed clinical decision-making*, as adapted from the definition of evidence-based practice, involves the conscientious, explicit and judicious use of current best evidence in making decisions about the care of clients. Using the evidence base in the process of making clinical decisions means integrating individual clinical expertise with the best available external clinical evidence from systematic research. Moreover, clinical decision-making is guided by the stepped-care approach currently used within UPEI's integrated health and mental health systems.

Additionally, we value guidelines that have been developed to provide frameworks and evidence to help make effective clinical decisions. These may include, but not be limited to, the National Institute for Clinical Excellence (NICE) which have been developed within a stepped-care model and cover most mental health conditions in young people and adults (<https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions>) as well as multicultural guidelines which have been prepared by the APA Task Force on Re-envisioning the Multicultural Guidelines for the 21st Century (<https://www.apa.org/about/policy/multicultural-guidelines>).

Finally, evidence-informed decision-making follows clearly demarcated steps. As previously noted around assessment, evidence-informed decision-making requires a transparent and thorough assessment, clear formulation of the person's problems, strengths and life situation

and a process of sharing information about the assessment results and treatment options. This discussion needs to be conducted in language that is understandable and minimises jargon, checks that clients understand of views of their problems and situations while allowing them space to amend it, and allows time to discuss the pros and cons of different recommendations or treatment options and timelines.

Routine Outcome Monitoring and the progress of Interventions. To help ensure that day to day clinical work and training is informed by evidence derived from client experiences and perspectives, the PsyD program employs a routine outcome monitoring system to help review and ultimately improve treatment outcomes.

Course Work and Grading

The program includes an intensive schedule of courses through which cohorts of students proceed sequentially. Generally, students take 6000 level courses during the first year, 7000 level courses in the second year, 8000 level courses in the third year, and complete the predoctoral internship (9000) in the fourth year. The four foundations courses (6101, 6102, 6103, 7101) include multiple cohorts of students simultaneously and do not necessarily follow this general progression. Information on the progression of practica (6501, 7501, 8501, 8503), which often span multiple years, can be found in the *Practicum Placements* section of the manual below.

The general year-by-year sequence of courses is outlined below. The exact timing (e.g., specific semester) of courses may vary to reflect the teaching and research needs of the program, practica opportunities, and graduate student schedules. The current schedule of course offerings can be found through the MyUPEI interface available at www.upei.ca. Note that courses graded on a Pass/Fail scale are indicated (PF).

FOUNDATIONS COURSES (Multi-cohort)	Practicum Courses
6101 Foundations I: Human Development and Personality 6102 Foundations II: Social Bases of Behaviour 6103 Foundations III: Cognitive and Affective Bases of Behaviour 7101 Foundations IV: Biological Bases of Behaviour	6501 Assessment Practicum (PF) 7501 Intervention Practicum (PF) 8501 Advanced Practicum I (PF) 8503 Advanced Practicum II (optional) (PF) 8502 Community Intervention Practicum (PF)

YEAR 1
6201 Critical Historical Perspectives on Clinical Psychology 6202 Ethics and Professional Issues in Clinical Psychology 6203 Psychopathology and Diagnosis Across the Lifespan 6204 Psychometrics and Assessment Practices with Adults 6208 Introduction to Psychotherapy: Common Factors 6206 Quantitative Approaches to Research in Clinical Psychology 6207 Qualitative Research in Clinical Psychology 6205 Psychometrics and Assessment Practices with Children and Adolescents
YEAR 2
7202 Intervention with Children and Adolescents 7201 Intervention with Adults 7801 Clinical Dissertation: Research Proposal I (PF) 7203 Advanced Intervention with Adults: Behavioural, Cognitive & Related Approaches 7204 Advanced Intervention with Adults: Psychodynamic & Related Approaches 7205 Advanced Intervention with Children and Adolescent 7802 Clinical Dissertation: Research Proposal II (PF) 7206 Biological Interventions
YEAR 3
8801 Clinical Dissertation: Project I (PF) 8201 Clinical Psychology in the Community 8202 Clinical Psychology for Organizational and Systems Change 8802 Clinical Dissertation: Project II (PF) 8203 Clinical Supervision and Teaching 8204 Psychology Practice
YEAR 4
9000 Predoctoral Internship (PF)

Our Courses

PSY-6101 Foundations I: Human Development & Personality. Students develop an appreciation of foundational theory and contemporary research in human development and personality, evaluated within the contexts of cultural and individual diversities, and in relation to competent clinical practice. Students assess major theories and models of development and of personality from a life-span perspective, examining typical and atypical growth across development, while considering consider the contribution of this body of knowledge to understanding mental health and effectively treating clinical disorders. We explore what is known, and what is yet unknown, about the applicability of key concepts and findings across cultural and individual diversities. Students reflect upon the implications of theory and research in development and personality for their own development as clinicians, and for the experiences of the clients they will serve.

6102 Foundations II: Social Bases of Behaviour. Students develop an appreciation of foundational theory and contemporary research in social bases of behaviour, evaluated within the contexts of cultural and individual diversities, and in relation to competent clinical practice. Students assess major theories and models of social psychology in light of current research and consider their contribution to understanding mental health and effectively treating clinical disorders. We explore what is known, and what is yet unknown, about the applicability of key concepts and findings across cultural and individual diversities. Students reflect upon the implications of theory and research in social psychology for their own development as clinicians, and for the experiences of the clients they will serve.

6103 Foundations III: Cognitive and Affective Bases of Behaviour. Students develop an appreciation of foundational theory and contemporary research in cognitive and affective bases of behaviour, evaluated within the contexts of cultural and individual diversities, and in relation to competent clinical practice. Students assess major theories and models of cognition and emotion in light of current research and consider their contribution to understanding mental health and effectively treating clinical disorders. We explore what is known, and what is yet unknown, about the applicability of key concepts and findings across cultural and individual diversities. Students reflect upon the implications of theory and research in cognition and emotion for their own development as clinicians, and for the experiences of the clients they will serve.

6201 Critical Historical Perspectives on Clinical Psychology. This course places modern psychotherapy (and assessment) within its social and historical context by examining the various and continually evolving relationships between the "healer" and the "sufferer." The course begins with a review of the history of "abnormal" behavior from ancient to modern times, followed by a discussion of the emergence of modern psychotherapy in the late 19th century. World War II witnessed the rise of Psychology as the recognized professional body for psychological assessment and treatment. Numerous approaches to psychotherapy were soon developed, including behavior therapy, humanistic psychology, Gestalt therapy, cognitive therapy, systems therapy, and cognitive-behavioral therapy (among others). The course concludes with an analysis of the current conditions of clinical therapeutic practice in North America, and a return to the question of the sufferer's relationship to the healer. Throughout the course, emphasis is given to the various individual and cultural influences that have characterized the story of clinical psychology so far, and how this narrative is connected to the larger social and historical conditions of Western societies.

6202 Ethics and Professional Issues in Clinical Psychology. This course introduces students to important ethical and professional issues in the practice of clinical psychology. Ethical issues are explored through an in-depth study of the Canadian Code of Ethics for Psychologists. Students learn to resolve ethical dilemmas that are likely to emerge in clinical practice. The course also provides students with an opportunity to learn about legal and professional aspects of the practice of psychology including examination of relevant jurisprudence, regulatory issues within the profession, as well as a range of other topics that characterize the practice of professional

psychology. Implications for the profession of an increasingly diverse client base are also considered.

6203 Psychopathology and Diagnosis Across the Lifespan. This course introduces the concepts related to the classification of psychopathologies across the lifespan, emphasizing the DSM-5 and other classification systems. Students gain an in-depth familiarity with how psychological disorders are conceptualized and diagnosed and develop a strong understanding of the essential features of psychopathologies which occur across the lifespan. Significant emphasis is placed on a thorough analysis of the strengths and weaknesses of diagnostic systems, examination of categorical versus dimensional understandings of psychological functioning, and exploration of the historical and societal factors that have influenced, and continue to influence, how clinical psychologists conceptualize psychopathology. Students are also introduced to the rapidly growing field of developmental psychopathology, a theoretically and empirically-based framework that provides a unifying perspective for understanding the onset and development of both health and clinical disorder across life.

6204 Psychometrics and Assessment Practices with Adults. This course provides students with an opportunity to learn about the foundational theory and practices in psychological assessment of adults and begins with an examination of the nature and limitations of psychological assessment through an in-depth review of psychometric theory. Students are then provided with a survey of prominent approaches to the assessment of various psychological constructs including intelligence, personality (objective and projective), and mental health symptoms. A critically informed analysis of the role, benefits and costs of psychological assessment and diagnosis is undertaken. An emphasis on issues related to psychological assessment with diverse populations is present throughout the course. Students receive hands-on instruction in the administration, scoring and interpretation of major psychological measures used with adults (e.g., tests of intelligence, academic achievement, personality and mental health). Within the context of conducting rigorous and comprehensive assessments, students are also introduced to the concept of "formulation", namely how clinical psychologists draw on theory and key empirical findings to examine a client's or family's problems, how they arose and what may currently be holding them in place. Moreover, the importance of considering cultural and individual differences when assessing clients is examined. Ethical issues that may arise when working with adults in an assessment context are explored.

6205 Psychometrics and Assessment Practices with Children and Adolescents. This course provides students with an opportunity to learn about the foundational theory and practices in psychological assessment of children and adolescents, grounded in application of psychometric theory. Students gain familiarity with a range of psychological assessment devices used with children and adolescents including measures of intelligence, academic achievement and mental health symptoms. Students receive hands-on instruction in the administration, scoring and interpretation of major objective and projective psychological tests used with children and adolescents and develop skills in explaining the tests results and their implications to parents and, at a developmentally appropriate level, children and adolescents. Emphasis is placed on

formulating problems experienced by children and adolescents, and looking at them in relation to a developmental psychopathology framework (e.g., individual, parent, parenting/family, and social risk and protective factors). Moreover, the importance of considering individual and cultural diversities when assessing children and adolescents is examined. Ethical issues that may arise when working with children and adolescents in an assessment context are explored.

6206 Quantitative Approaches to Research in Clinical Psychology. Building upon their undergraduate advanced statistics coursework, students learn to interpret and evaluate research designs and quantitative data analyses most commonly encountered in the clinical literature and in program evaluation. Included are epidemiological methods, single case designs, analysis of correlational data, quasi-experimental and experimental designs, structural equation modelling, and meta-analysis. Emic and etic approaches to research are discussed, and attention is paid to issues related to cross-cultural research, equivalence, and data collection with cultural minorities and vulnerable populations.

6207 Qualitative Research in Clinical Psychology. This course builds on foundations in qualitative inquiry to support student's assessment of the transferability of qualitative empirical and theoretical work for psychological practice. Students learn how to interrogate qualitative research for ontology, epistemology, and methodology to assess the authenticity and trust worthiness of published accounts. Analysis of case study, phenomenological, and discursive applications enable students to discern the strength and limitations inherent in each approach. Evaluation of mixed methods is also included in the course, broadly-speaking for their applicability for understanding health and psychopathology, and specifically in areas such as understanding the appropriateness, impact, and effectiveness of psychological interventions.

6208 Introduction to Psychotherapy: Common Factors. This course introduces students to the theoretical foundations of psychotherapy, including an analysis of the historical and cultural forces that have contributed to the ways that psychotherapy is practiced presently. A heavy emphasis is placed on the common factors that have been identified as contributors to helpful psychotherapeutic intervention, especially the contributions which have emerged out of the humanistic and person-centered theoretical tradition that emphasize what is means to be in a "helping" relationship. Students consider basic psychotherapy concepts including the differences between process and content, the various psychotherapy modalities, the role of assessment and diagnosis in psychotherapeutic intervention, approaches to discerning effectiveness of psychotherapeutic interventions and the role of the clinical psychologist as a change agent in the lives of clients. The implications of working with diverse clients are emphasized throughout. For instance, students review literature on the social and cultural factors that influence help-seeking behaviour. Students also are encouraged to take an active interest in clients' background and worldview, and to consider how potential differences in culture-specific beliefs and attitudes, lifestyles, or backgrounds may influence the development of the therapeutic alliance and communication during therapy.

6501 Assessment Practicum. Students are required to complete a minimum of 200 practicum hours focusing on assessment activities at the UPEI Psychology Clinic working about equally with adult and child/adolescent clients. Students also attend clinical teaching sessions and rounds relevant to specific issues relevant to psychology practice within the UPEI Psychology Clinic. Students also are provided with opportunities to engage in community outreach focused on the provision of intervention to under-served communities. This course is graded Pass/Fail

7101 Foundations IV: Biological Bases of Behaviour. Students develop an appreciation of foundational theory and contemporary research in the neurobiological bases of behaviour, evaluated within the contexts of cultural and individual diversities, and in relation to competent clinical practice. Students assess major theories and models of the neurobiological bases of behaviour in light of current research. Students consider what is known about genetic influences on the development of clinical disorders and attention is paid to the methodologies for studying genetic transmission, as well as the complex interactions between genetic factors and the environment in the development of clinical problems. We explore what is known, and what is yet unknown, about the applicability of key concepts and findings across cultural and individual diversities. Students reflect upon the implications of theory and research in biological bases of behaviour for their own development as clinicians, and for the experiences of the clients they will serve.

7201 Intervention with Adults. This course reviews major theoretical approaches to psychotherapy with adults including approaches from within the psychodynamic, existential, interpersonal, cognitive-behavioural and person-centered traditions. The theoretical foundations of these traditions are explored along with relevant evidence which speaks to their efficacy in the treatment of various psychological problems experienced by adults. Students gain experience in case conceptualization and intervention within each of these theoretical traditions. Moreover, students are encouraged to draw on the conceptual and empirical research base (or lack thereof) that informs our understanding of the impact of social and cultural factors on therapeutic effectiveness. Students are encouraged, through reflection and attention to theory and evolving evidence, to consider how clinical psychologists develop cultural sensitivities and competence in their ability to consider cultural factors when developing working alliances, conducting assessments, and delivering evidence-based interventions. This includes an ability for students of all backgrounds to draw on an awareness of their own cultural values and group affiliations and how these may influence their clinical practice. Ethical issues which are likely to emerge in clinical work with adults are discussed.

7202 Intervention with Children and Adolescents. This course considers basic approaches to intervention with children and adolescents through the lens of developmental psychopathology and evidence-based practice. Students gain an understanding of the importance of selecting interventions that are appropriate to what we know about effectiveness for specific clinical problems, the developmental level of the client, and the wider ecology of risk and protective factors that characterize children's and adolescents' lives. Major approaches to psychotherapeutic intervention with children and adolescents are reviewed. Students gain experience in the development of basic clinical skills that can be applied within a variety of

clinical interventions. Important ethical issues that often emerge in work with children and adolescents are discussed. The importance of cultural and individual diversities in key areas that are often targeted by interventions with children and adolescents are considered, e.g., parenting values, beliefs and practices or family hierarchies and communication patterns. Students also are encouraged to draw on the conceptual and empirical research base (or lack thereof) that informs our understanding of the impact of social and cultural factors on therapeutic effectiveness.

7203 Advanced Intervention with Adults: Behavioural, Cognitive & Related Approaches. This course provides students with an opportunity to gain advanced understanding of psychotherapy approaches that fall within the cognitive and behavioural paradigms. Students learn to apply fundamental techniques to a range of clinical issues across the lifespan. The course emphasizes well-established approaches as well as emerging interventions that have gained prominence and research support. Basic skills are developed through a range of assigned readings and class presentations. Basic intervention skills are taught didactically and practiced during recorded practice sessions. Students gain experience in interventions aimed at modifying thinking, beliefs and behaviours. Integration of emerging approaches and techniques such as those that emphasize mindfulness and virtual-reality-assisted psychotherapy will be undertaken. Implications of cultural and individual diversities for application of behavioural, cognitive, and related approaches are explored.

7204 Advanced Intervention with Adults: Psychodynamic and Related Approaches. The course provides an in-depth study of the major schools of psychodynamic theories including the work of Freud, Melanie Klein, the post-Kleinians and Time Limited Dynamic Psychotherapy. Classic psychoanalysis and contemporary theoretical approaches are covered, thus giving the students a historical perspective of the development and changes within the field of psychodynamic theories and therapy. Case formulation with a psychodynamic orientation and the application of modern psychodynamic interventions in psychotherapy are studied as well. In order for students to gain a hands-on appreciation of the theories students have an opportunity to practice basic psychodynamic interventions in audiovisual recorded practice sessions. Emphasis is placed on helping students to develop skills that allow them to "think dynamically" so that dynamic approaches can be integrated when helpful. Implications of cultural and individual diversities for application of psychodynamic and related approaches are explored.

7205 Advanced Intervention with Children and Adolescent. This course provides students with an opportunity to explore specific therapeutic interventions used in the treatment of psychological problems experienced by children and adolescents. Empirically supported approaches to the treatment of childhood behavioural problems, anxiety, depression and other issues impacting children will be reviewed. Students also have an opportunity to learn about approaches that are often used with parents, guardians and others who help children. Specific therapeutic approaches primarily used with adolescents are also reviewed. Students have opportunities to gain experience in practicing some of these techniques through experiences such as class-based role plays and delivery of an empirically supported parenting program to

groups of parents. Implications of cultural and individual diversities for interventions with children and adolescents are explored.

7206 Biological Interventions. This course focuses primarily on the psychopharmacological approaches to the treatment of mental illnesses. Topics include the basic neurophysiology and mechanisms of drug action on the brain with an emphasis on understanding the mechanisms related to classes of medications often used to treat mental illnesses including antidepressants, anti-anxiety medications, antipsychotics and stimulants. Research examining the efficacy and outcome of these medications along with guidelines for combined psychological and pharmacological treatments are reviewed. Students also learn about other established biological interventions such as electroconvulsive therapy as well as emerging biological approaches such as transcranial magnetic stimulation.

7501 Intervention Practicum. Students are required to complete a minimum of 200 practicum hours focusing on intervention activities at the UPEI Psychology Clinic working about equally with adult and child/adolescent clients. Students also attend clinical teaching sessions relevant to specific issues relevant to psychology practice within the UPEI Psychology Clinic. Students are provided with opportunities to engage in community outreach focused on the provision of intervention services to under-served communities. This course is graded Pass/Fail

7801 Clinical Dissertation: Research Proposal I. The Clinical Dissertation is the major research component in the Doctor of Psychology Program. It is completed during the second and third year of the program and must be completed (via a formal defense) before students leave for internship. The project is carried out using a cohort model in which students develop independent research projects with the support of student colleagues and under the supervision of a graduate faculty member who serves as the Doctoral Research Coordinator. In this course students complete a comprehensive literature review which determines the type and scope of the research to be carried out. The research proposal is presented to the class and other members of the Department of Psychology and approved by the Doctoral Research Coordinator. Student projects must make a novel contribution to the clinical psychology research literature and may develop research within qualitative, quantitative or mixed methods paradigms. Research projects that do not include data gathering, such as novel research syntheses or work toward policy development, may be proposed.

7802 Clinical Dissertation: Research Proposal II. This course is the second in a sequence of four courses leading to the completion of the Clinical Dissertation. Preparations for data gathering are made as required with community partners or other sources of participants. Students who are collecting data will develop a full submission to the Research Ethics Board and revise as required. After receiving REB approval students move into the data gathering phase of their research project. Qualitative and/or quantitative data analysis is carried out using accepted approaches. Students address any gaps in their competencies for completion of the data analysis procedures identified in their research plan. Students completing non-empirical research projects begin work on the novel synthesis of the scholarly material. Students address any gaps in their competencies for knowledge synthesis projects.

8201 Clinical Psychology in the Community. The course extends beyond clinical psychology's focus on the individual so that students may develop a greater understanding of the impacts clinical psychologists may have at the community level. This course allows students to explore established and novel approaches which may be used by clinical psychologists to effectively engage with communities. Topics are likely to include community-based health promotion and prevention, political action, and empowerment in the application of clinical psychology principles to community-based social, mental health, and environmental problems. It also emphasizes values, applied research, and action focused on promoting the welfare of the whole community through organizational, community, and societal-level action. Implications of cultural and individual diversities for application of clinical psychology in the community are explored.

8202 Clinical Psychology for Organizational and Systems Change. Students explore roles for clinical psychology in development and change of organizations and of systems. We consider questions such as: What is the nature of organizations and systems in the public, not-for-profit, and private sectors? What are opportunities and responsibilities to influence policy and practice leadership? How can research evidence be translated to policy and practice? What is the psychologist's role when minorities and marginalized communities? How can communication and collaboration be fostered within and across organizations and systems to support health and wellness promotion; prevention of disorder; timely and appropriate assessment, intervention, and consultation; and meaningful support? What is the role of advocacy for clients and populations? Implications of cultural and individual diversities for application of clinical psychology to organizational and systems change are explored.

8203 Clinical Supervision and Teaching. The provision of clinical supervision is one of the most important aspects of training in psychology and is one of the core competencies associated with being a clinical psychologist. In this course students are exposed to the current state of the art of clinical supervision. Various models of supervision are reviewed and students gain experience by offering clinical peer supervision to graduate students in earlier years of the doctoral program. The course also provides students with opportunities to engage in the teaching of clinically-relevant material to undergraduate and early graduate students using a variety of pedagogical approaches and techniques. Implications of cultural and individual diversities for clinical supervision and teaching are explored.

8204 Psychology Practice. In this "capstone" course students explore the many facets of what it means to be a professional clinical psychologist. Emphasis is placed on the psychologist's scope of practice and considers the specific advocacy approaches which psychologists may use to ensure that their full scope of practice is utilized. Opportunities and challenges associated with working collaboratively with other health professionals within various systems of practice are explored. Students consider the concept of Practice-based Evidence (PBE), namely the application of client-focused research into routine treatment and routine settings, and its relevance to research knowledge and routine practice. Specific professional issues related to the development of, and engagement in, both public setting practice and private practice, are

considered. Approaches for integrating an appreciation of cultural and individual diversities, and of ethical decision making practices, across psychology practice are explored.

8501 Advanced Practicum I. Students are required to complete a minimum of 300 practicum hours in a pre-authorized practicum setting that may focus on clinical work with children and adolescents and/or adults. This practicum offers students the opportunity to gain significant exposure to clinical work with a particular population and/or clinical issue. A number of previously established practicum settings are available. Students may also seek out their own clinical placement but must gain formal approval of the placement from the Clinical Program Committee . This course is graded Pass/Fail

8502 Community Intervention Practicum. 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. This course is graded Pass/Fail

8503 Advanced Practicum II. Students may complete a second advanced practicum consisting of at least 200 practicum hours. 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 Clinical Program Committee. This course is graded pass/fail.

8801 Clinical Dissertation: Project I. In this third course in the clinical dissertation sequence students carry out data collection and conduct qualitative and/or quantitative analyses appropriate to their projects. Students completing non-empirical research projects continue work on the novel synthesis of the scholarly material.

8802 Clinical Dissertation: Project II. In this final course in the clinical dissertation sequence students prepare their research projects for a formal defense in front of student colleagues, members of the Department of Psychology faculty, the Doctoral Research Coordinator, and others in the community. The defense includes the submission of a written dissertation report, a concise knowledge translation document designed for a policy or practice audience appropriate to the research project, and a concise presentation of research findings. Following the research presentation students respond to questions from the audience. The quality of the written research report, knowledge translation document, oral presentation and responses to questions will be assessed by a committee, chaired by the Doctoral Research Coordinator and include two other faculty members within the Department of Psychology and, as appropriate, one member of the practice or policy community. This committee determines whether the work fulfills the requirements for the clinical dissertation project.

9000 Predoctoral Internship. Doctor of Psychology students complete a full-time 12-month internship which consists of full-time clinical practice under the supervision of registered psychologists. PREREQUISITE: Permission of the Director of Clinical Training. This course is graded Pass/Fail

Grading

Official UPEI transcripts indicate percentage grades. UPEI Academic Regulation 10 governs grading:

<http://upei.ca/registrar/academic-calendar>

Grading within Courses

Within the program students are exposed to a wide variety of pedagogical approaches and can expect to complete a diversity of assignments that will often involve written work that is graded, whereas in some instances feedback will be entirely qualitative. Students are encouraged to view the following guidance as representing general expectations of the program when written work is graded. Specific matters related to grading within any course are the responsibility of the professor teaching the course.

A grade in the **A range** represents excellent presentation of the material. The write-up is logical, organized, with a strong argument that clearly addresses the aims and objectives of the assignment. The competencies that are promoted by the assignment are identified and well-articulated. The assignment has an informed viewpoint and can easily be characterized as displaying critical thinking with interesting if not novel insights into the material. When appropriate to the assignment, reflexivity is in evidence with clear relevance to critical, theoretical and clinical practice components, and there is consideration of issues related to diversity and social justice that are well-integrated into the narrative, argument, and clinical components of the assignment.

The following provides further guidance within the A range and is used in conjunction with the criteria provided above:

A+	Reflects an exceptional piece of work, striking in its clarity and sophisticated handling of the material, and its ability to provide new insights into the material. An A+ is a grade likely to be achieved very infrequently and so should not be an expected outcome from the student's perspective.
A	Meets the A range criteria and is consistently strong across all of them. An A grade is likely to be awarded on a more frequent basis and would be a reasonable expectation in the program.
A-	Meets most of the A range criteria but does not achieve the consistency or level of excellence for which A+ or As are awarded. Nonetheless, a sound grade.

A grade in the **B range** represents a thorough presentation of the material. The write-up is mainly well-organized and logical, with an argument that can be followed and for the most part addresses the aims and objectives of the assignment. The key competencies that are promoted by the assignment are identified and addressed. While not always present or expressed coherently across the assignment, the assignment nonetheless shows clear evidence of critical thinking. When appropriate to the assignment, there is evidence of reflexivity with relevance to critical, theoretical and clinical practice components, but this reflexivity is not always elaborated in relation to the material, and there is consideration or at least some articulation of issues related to diversity and social justice, even if they are not always well-integrated into the narrative, argument, and clinical components of the assignment.

The following provides further guidance within the B range and is used in conjunction with the criteria provided above:

B+	Likely to be awarded relatively regularly, reflects an assignment that doesn't quite meet the consistently high standard expected of an A grade and shows lapses in meeting or conforming to expected criteria.
B	Begins to represent below expectation performance on the assignment. One way of conceptualizing a B is that the assignment is quite inconsistent in regard to criteria and in its poorer aspects show some concerns.
B-	Reserved for the "just" passing level and is likely to not be awarded often in the program, especially once some assignments have been completed and students have received feedback.

A grade **below the B range** represents poor presentation of the material and is a fail. The material is poorly organized and the write-up lacks a coherent narrative and developed argument. Key competencies are not identified and addressed.

Final Course Grades

Courses in the PsyD program which are not pass / fail are graded using a letter grade that is then converted to a percentage on the transcript. Within each Grade Point category, percentage grades in the PsyD program are assigned as follows:

Letter Grade	Grade Point	Percentage on Transcript
A+	4.3	94%
A	4.0	88%
A-	3.7	82%
B+	3.3	78%
B	3.0	75%
B-	2.7	72%

The minimum passing final grade in PsyD courses that are not Pass/Fail is B-.

Practicum Placements

PsyD students are required by our program and by the CPA accreditation standards to acquire a broad range of clinical experiences. Clinical 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 not outpace or exceed their academic training. 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.

Our students' first clinical training will be conducted at our on-campus Psychology Training Clinic. This internal practicum allows clinical psychologists to supervise, train, closely monitor and evaluate our student's clinical skills and ascertain that they have achieved the required theoretical, foundational and functional clinical competency levels to engage in clinical training at practicum sites external to the University.

External practicum sites are pre-approved by the UPEI PsyD program. Registered psychologists serve as clinical supervisors of student trainees so that they may gain clinical experience outside of the internal practicum placements. This allows students to gain broader experiences with populations that they might not otherwise have within our on-campus clinic.

The Practicum Coordinator helps to manage the relationships between students and practicum sites (both internal and external), and also maintains student records related to practica 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 PsyD program is designed to support students in completing a minimum of 750 hours of practicum experience during the first three years prior to completing a 12-month predoctoral internship during the fourth year of the program.

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 best meet the needs of both students and practica sites.

	Semester	YEAR 1			YEAR 2			YEAR 3		
		1	2	3	1	2	3	1	2	3
PSY 6501 Assessment Practicum (min 200 hrs)			X	X						
PSY 7501 Intervention Practicum (min 200 hrs)					X	X				
PSY 8501 Advanced Practicum I (min 300 hrs)							X	X	X	(X)
PSY 8502 Community Intervention Practicum (min 50 hrs)									X	

All doctoral students must maintain records to document their clinical experiences. To support this, the PsyD program provides all doctoral students with instruction in tracking practicum hours using Time2Track software. Students also submit summaries of practicum hours to the Practicum Coordinator at the end of every semester for review and confirmation that students are correctly documenting their clinical experiences. Students who accrue substantially less than the expected direct service hours (relative to peers and prior experience) meet with the Practicum Coordinator and work together to find strategies for a remediation plan.

The development of students’ clinical competencies is monitored throughout the PsyD program. When at a practicum setting (internal or external) the Practicum Coordinator facilitates input on clinical competencies from students themselves and clinical supervisors via mid-placement and end-of-placement reviews. 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. Students are to refer to the PsyD Practicum Manual for more information regarding the policies and procedures that involve practicum experiences.

Predoctoral Internship

The UPEI PsyD program requires two levels of clinical training prior to graduation: pre-internship practicum placements and a full-year pre-doctoral internship. During the third year of the program, students apply for the predoctoral internship through the Association of Psychology Postdoctoral and Internship Centers (www.appic.org).

Eligibility for internship requires that students have:

- Successfully completed all coursework
- Successfully defended their clinical dissertation
- Completed 750 Hours of practicum placement, of which a minimum of 300 are direct contact hours with clients, and 150 hours are of supervision

- Approval from the Director of Clinical Training and the Clinical Program Committee.

Predoctoral internship sites will require extensive information from applicants. Students are expected to be familiar with the APPIC application and its requirements (www.appic.org).

Record keeping of clinical experiences and hours should commence during a student's first year, at the beginning of one's clinical training.

Supporting Student Progress

Program Advisors and Review of Student Progress

The program, in accord with CPA accreditation criteria, actively supports and evaluates student progress. To document student progress the PsyD program maintains a standard student file which includes program-related material such as mid-year and year-end reviews, documentation related to practica placements and the clinical dissertation, and a record of marks in courses.

Students and program advisors engage in mid-year and year-end reviews with a focus on helping students to develop as professional psychologists over time and to help the program understand, from the student's perspective, how their development is going with specific attention to progress in their clinical development, clinical dissertation, and coursework. As students gain more experience, they are encouraged to take more of a lead in their work with the program advisor and in mid-year and year-end reviews. In addition to mid and year-end review meetings, students and program advisors may meet informally as well.

Mid-year reviews are carried out each year following the first semester of course work, after final grades have been submitted, and before January 15th. *Year-end reviews* are carried out following the second semester of course work, after final grades have been submitted, and before June 30th.

The process for both mid-year and year-end reviews is as follows:

1. In advance of the review meeting students use the appropriate review form (mid-year or year-end) to document progress in the program including courses completed, practica and outreach activities, clinical hour accumulation, and progress in the clinical dissertation. In addition, for each competency, students provide their own self-assessment which creates the basis for a discussion at the mid-year review about each of the competencies, areas of success and areas where growth may be needed.
2. Students forward the review form to the program advisor at least 7 working days before the scheduled review meeting so that the program advisor can review the form. The program advisor will typically review the student file in preparation for the review meeting.

3. At the review meeting, students meet with their program advisor to discuss their growth in the development of each of the professional, clinical, and research competencies, including progress in course work, practicum placements, clinical hour accumulation, and the clinical dissertation. Program advisors and students collaborate on developing competency-specific summaries and goals which are included on the form. Students are also encouraged to share with their program advisor about their experience of how the program has supported them in their own development within each of the competency areas, as well as any areas in which the student feels that the program has not supported them adequately. These reflections are noted on the form as well.
4. The form (mid-year or year-end) is signed by the student and program advisor, submitted to the Clinical Program Committee, and placed in the student file.

Remedial Plans

The PsyD program places a high value on supporting students to resolve program-related difficulties that may arise. Resolution of problems can often be achieved through informal consultation with program advisors, faculty, and where appropriate, practicum supervisors. In instances where informal resolution does not suffice, the program has developed a straightforward model of remediation in the form of remedial plans, which are comprised of the following:

1. Clear identification and description of the problem;
2. Specific and measurable goals for resolution of the problem;
3. The means of meeting the goals of the remedial plan including the provision of resources that may be required; and
4. The criteria and timeline for successful completion of the plan.

Students work collaboratively with faculty members and, when appropriate, practicum supervisors and the practicum coordinator to develop remediation plans. Assistance from the DCT and other faculty members can be provided if needed. The remedial plan is approved by the DCT who may consult with the CPC. Progress in completing remedial plans is monitored by the CPC. Remedial plans are included in the student file.

Remedial plans are designed to support student progress in the program and may be appropriate for a wide range of issues which may include: course and practicum-based challenges, interpersonal and personal difficulties, and less serious ethical violations. Remedial

plans do not, in any way, supercede any university policy or legal processes that may arise in the context of a criminal matter. Students are advised to acquaint themselves with official University policies, regulations, and procedures. Students should also consult the CPA's Canadian Code of Ethics for Psychologists.

Addressing Course-Based Difficulties

Support of students who encounter difficulty in any course is generally provided by the faculty member who is teaching the course with the hope that any difficulties can be addressed prior to there being a risk of course failure.

In instances where a student is at risk for not passing a course, faculty are responsible for communicating with the DCT regarding the concern. Faculty are encouraged to be in contact with the DCT as soon as feasible after a significant concern about student course-based performance arises. Based on consultation with the DCT the faculty member will meet with the student to develop and enact a remedial plan.

Should a remedial plan extend beyond the end date of a course (i.e., the date on which final grades must be submitted), the student must be given a grade of INC (Incomplete) in accord with UPEI policy. Normally, remedial plans conclude prior to the beginning of the next semester of course work. If a student does not pass a course prior to the beginning of the next semester of course work, additional consultation with the DCT and CPC is required to determine whether or not a student can proceed in the program. In unusual instances a student may be required to retake a course with the next cohort of students, which may delay program completion.

Successful completion of all course work is a requirement for the Doctor of Psychology degree. Appeals of final grades are made in accord with UPEI Graduate Regulation 9 (<http://upei.ca/registrar/academic-calendar>). The first level of appeal is informal discussion with the faculty member teaching the course. Students have the right to make formal appeal of a final grade to the DCT and Clinical Program Committee. Modifications to final grades require the approval of the Chair of Psychology and Dean of Arts.

Addressing Practice / Practicum Difficulties

As noted above, difficulties which arise during practica placements may be addressed informally with the clinical supervisor. If difficulties are at a level which requires a formal remedial plan, this process is overseen by the Practicum Coordinator and the Clinical Program Committee. Complete procedures for addressing difficulties which arise during practicum placements are included in the Practicum Manual.

Addressing Personal and Interpersonal Difficulties

The University of Prince Edward Island is committed to providing an environment that affirms and promotes the dignity of human beings of diverse backgrounds and needs. All members of the University community – its students, faculty, staff, and visitors – have the right to participate in activities at the University without fear of discrimination or harassment. The PsyD program is committed to creating a learning environment that encourages mutual respect, integrity and dignity of persons and peoples, that is free from harassment and discrimination.

Therefore, the program recognizes that personal and interpersonal difficulties can emerge in all contexts of life, including during training. When students encounter more serious issues that are personal and / or interpersonal in nature that they feel may impede their progress in the program, they are encouraged to consult with any faculty member, their program advisor, the Director of Clinical Training or the Chair of Psychology. The program prioritizes providing support to students in a manner that, where possible, can help informally resolve difficulties so that student progress and standing in the program is not substantially impacted.

If a faculty member or practicum supervisor becomes aware of any potentially serious problems with personal or interpersonal functioning that could seriously impact the student and / or their progress in the program, they should notify the Director of Clinical Training or the Practicum Coordinator (if the concern emerged while the student was working in a practicum setting), who may then consult with the Clinical Program Committee. Where appropriate, the Director of Clinical Training, in consultation with the student, involved faculty or practicum supervisors, and the Clinical Program Committee, will seek to develop a remedial plan.

If the problem is between individuals (e.g., between the student and a faculty member or between the student and another student), individuals involved in the issue will be part of any mediation and remediation processes. Progress in meeting the objectives of a remediation plan by all individuals will be closely monitored by the Clinical Program Committee.

Outside the Department, students may consult with the Dean of Arts or the Dean of Graduate Studies and may also access support through Student Affairs (<http://www.upei.ca/student-affairs>) or the Chaplaincy Centre (<http://www.upei.ca/student-affairs/chaplaincy-centre>).

Student Complaints

As noted above, program-related feedback can be provided to any faculty member, at any time. In addition, students may also share any feedback directly with the DCT or the chair of psychology. In addition, the program recognizes that that students may wish to seek assistance and guidance from outside the PsyD program and the Department of Psychology. In these cases students may consult with the Graduate Students Association who can help support and advocate for the student to the Faculty of Graduate Studies. In addition, students also have the option to reach out directly to the Dean of Graduate Studies with any concern.

If a student is concerned that they are the victim of harassment or are concerned that their basic human rights have been infringed upon, the UPEI Fair Treatment Policy and Fair Treatment Office (<https://upei.ca/office-vice-president-administration-and-finance/vpaf/fair-treatment-office>) can assist through its mandate of ensuring that all members of the University community – its students, faculty, staff, and visitors – have the right to participate in activities at the University without fear of discrimination or harassment, as defined in section 6 of the policy.

Addressing Ethical Violations

This section is adapted with permission from the University of New Brunswick Graduate Student Handbook.

As a professional psychology training program, we are guided by the Canadian Code of Ethics for Psychologists – Fourth Edition. As such, students receive in-depth knowledge about the Code and learn to apply during *Psychology 6202 Ethics and Professional Issues in Clinical Psychology*, which is taken during the first semester of the program. Students are required to integrate the Code into all aspects of their PsyD training adhering to all principles, values and ethical standards.

This section deals separately with:

- (i) Alleged ethical violations by students based on their performance in courses, teaching, research, or other activities within the Department of Psychology and University of Prince Edward Island; and
- (ii) Alleged ethical violations by students based on their performance in practicum placements. (Alleged ethical violations by students based on their performance in internship placements will be addressed in a manner consistent with relevant Association of Psychology Postdoctoral and Internship Centers policies.)

The procedures for dealing with alleged ethical violations by students within the Department of Psychology and/or University of Prince Edward Island are:

1. During the course on Ethics and Professional Issues (Psychology 6202), students will be made aware of the Canadian Code of Ethics for Psychologists, the PEI Psychologists Registration Board Code of Conduct and Practice Guidelines, and of procedures for dealing with alleged ethical violations by students.

2. When a member of the faculty is concerned about a possible ethical violation by a student, the faculty member will first discuss the situation with the student. The possible outcomes of this discussion are:
 - a. If the faculty member is convinced that no ethical violation took place, they will take no further action.
 - b. If the faculty member is convinced that a less serious ethical violation took place, but that a resolution has been agreed upon by the faculty member and the student to resolve the issue, the faculty member will inform the Director of Clinical Training (Director), in writing, about the nature of the ethical concern and the manner in which it was resolved. Resolution might include a course of remedial action with a specific time frame for implementing this action. Written documentation of this less serious ethical violation and the manner in which it was resolved will be included in the student's file that is kept in the Psychology Department main office. No further action will be taken unless (i) other ethical violations are brought to the attention of the Director; and/or (ii) the Director perceives the situation to constitute a more serious ethical violation.
 - c. If the faculty member deems that a major ethical violation has taken place, or if no adequate resolution can be found, the faculty member will inform the Director in writing of the alleged ethical violation.
3. If a student or person who is not a faculty member in the Department of Psychology at UPEI perceives that a graduate student violated an ethical standard, he or she shall inform the Director of the situation. Before any official action by the Director, he or she must receive a statement signed by the complainant.
4. When the Director receives a report of a possible ethical violation, he or she will:
 - a. Convene an ad hoc Ethical Review Committee consisting of the instructor of Psychology 6202, Ethics and Professional Issues, and the Chair of the Psychology Department Ethics Committee, and chaired by the Director. In the event that any of these faculty members have lodged the complaint or are in any other way required to provide information on the complaint or in a conflict of interest position, he or she will be replaced in the committee by another faculty member in the Department or a Clinical Adjunct Faculty Member.

- b. The committee will request clarification of information or further documentation as appropriate.
 - c. The Ethical Review Committee will review any information relevant to the complaint from either the complainant or the student under review. If the Committee feels that a complaint is either partially or fully valid, a decision will be made as to how the complaint will be resolved.
 - d. Depending on the seriousness of the violation, possible resolutions include:
 - i. requiring the student to complete activities aimed at enhancing his or her understanding and implementation of ethical principles
 - ii. requiring the student to rectify the situation
 - iii. receiving a failing grade in the course or activity in which the ethical violation occurred
 - iv. recommending to the Clinical Program Committee that the student be withdrawn from the clinical program
5. The student shall have the right to appeal the decision of the Ethical Review Committee to the Clinical Program Committee (CPC). The decision of the CPC will be considered final at the Departmental level. The student has the right to appeal any decision reached by the CPC according to the procedures of the Faculty of Graduate Studies.

The procedures for alleged ethical violations by students based on their performance on practicum placement are:

1. When a practicum supervisor is concerned about a possible ethical violation by a student, he or she will first discuss the situation with the student. There are three possible outcomes of this discussion:
 - a. If the practicum supervisor is convinced that no ethical violation took place, he or she will take no further action.
 - b. If the practicum supervisor is convinced that a less serious ethical violation took place, but that a resolution has been agreed upon with the student that resolves

the issue, the practicum supervisor will inform the Director of Clinical Training (Director), in writing, about the nature of the ethical concern and the manner in which it was resolved; the Director will, in turn inform and discuss with the Practicum Coordinator. Resolution might include a course of remedial action with a specific time frame for implementing these actions. Written documentation of this less serious ethical violation and the manner in which it was resolved will be included in the student's file in the Department of Psychology main office. No further action will be taken unless (i) other ethical violations are brought to the attention of the Director; and/or (ii) the Director perceives the situation to constitute a more serious ethical violation.

- c. If the practicum supervisor deems that a major ethical violation has taken place, or if no adequate resolution can be found, the practicum supervisor will inform the Director in writing of the alleged ethical violation.
2. When the Director receives a report of an alleged ethical violation by a student (not including a less serious violation for which an acceptable resolution was agreed upon), he or she will:
 - a. Convene an ad hoc Ethical Review Committee consisting of the instructor of Psychology 6202, Ethics and Professional Issues, the Chair of the Psychology Department Ethics Committee, and the practicum coordinator, and chaired by the Director.
 - b. The committee will request clarification of information or further documentation as appropriate.
 - c. The Ethical Review Committee will review any information relevant to the complaint from either the complainant or the student under review. If the Committee feels that a complaint is either partially or fully valid, a decision will be made as to how the complaint will be resolved.
 - d. Depending on the seriousness of the violation, possible resolutions include:
 - i. activities aimed at enhancing the student's understanding and implementation of the ethical principles
 - ii. requiring the student to rectify the situation

- iii. withdrawing from and receiving a failing grade on the practicum, at which time there would be a recommendation to the Clinical Program Committee that the student be asked to withdraw from the clinical program
- 3. The student shall have the right to appeal the decision of the Ethical Review Committee to the CPC. The decision of the CPC will be considered final at the Departmental level. The student has the right to appeal any decision reached by the CPC according to the procedures of the Faculty of Graduate Studies.

Student Appeals

Student appeals of program-related decisions by faculty members or the Clinical Program Committee on any matter follow UPEI Graduate Program Regulation #9 which is as follows:

- a. Notice of appeal on any matter must be made in writing within one week of the date on which the decision is handed down, unless the decision-making body has internal regulations allowing later appeals. In every case, it is the appellant's responsibility to ascertain the time allowed for filing notice of appeal.
- b. Any appeal on an academic matter shall normally be made to the Department Chair concerned who should consult within the Department before arriving at a decision.
- c. The Department Chair's decision may be further appealed, in writing, within two weeks of the decision being rendered, to the Dean of the Faculty who shall name a committee to consider the appeal.
- d. Decisions on final course grades may be further appealed, in writing, within one month of being rendered, through the Registrar to the Senate Committee on Student Academic Appeals. Appeals of decisions on academic matters other than grades are to be directed to this Committee through the Registrar. All decisions of this Committee shall be final unless appeal is made to the Board of Governors in keeping with the terms of the University Act.

Student Feedback

The program highly values feedback from students, which is crucial to understanding the extent to which the program is meeting training goals. The program encourages students to provide feedback to any faculty member at any time or to the Clinical Program Committee through the graduate student representative. And, in addition to the feedback gathered in the mid-year and year-end reviews, the program provides students with opportunities to give feedback anonymously as well. The following are opportunities for anonymous feedback:

- *Student Opinion of Teaching Surveys.* The UPEI Student Opinion of Teaching Survey is provided to each student taking a for-credit course at UPEI. The SOTS process is standardized across the university and is carried out toward the end of each for-credit course. The statistical results of the survey are provided only to the faculty member teaching the course and the Department Chair and are for formative purposes so that the faculty member can understand the strengths and weaknesses of the course and their own pedagogy.
- *Online Anonymous Feedback.* Students may use the anonymous online forum to provide feedback directly to the Clinical Program Committee at any time. Information from the forum is accessed by the DCT, made anonymous, and shared with the CPC. Students may comment on any aspect of the program and can make suggestions on program features to increase, program features to decrease, ideas for new program content, as well as program features that are highly valued and should be maintained.
- *Year-end Graduate Student Survey.* Each year, toward the end of the academic year, graduate students will be encouraged to conduct an anonymous survey of graduate students to gather qualitative and quantitative information about the functioning of the program from the perspective of graduate students. This process is led by the graduate student representative to the CPC with support of the DCT and other faculty members. Questions and areas to be explored in the survey are developed collaboratively by graduate students and the CPC. Results of the survey are made anonymous and shared with the CPC.

Tuition and Funding

Current tuition for the PsyD program can be reviewed at <http://upei.ca/fees>. Presently, students who enroll in the PsyD program are provided with a funding package which consists of two types of financial support.

UPEI Doctoral Research Support Fund. Students who enrol in the program in 2019 will receive \$5000 from this fund to support their research during the PsyD program. The Faculty of Graduate Studies and Research identifies all doctoral students who are full time doctoral students registered and paying tuition in the winter semester (i.e. January) and who are in their ninth semester (or less). This program is time limited at present with the annual payment to students set for January 2021. Extension of this funding support beyond 2021 is yet to be determined.

UPEI PsyD Knowledge Translation Stipend. The PsyD program values its role in ensuring that both the clinical psychology knowledge-based and new knowledge developed within the program are translated meaningfully for the betterment of the campus and broader communities.

To support this important value, PsyD students who are registered and paying full tuition will be provided with a Knowledge Translation Stipend in the amount of \$10,000 in each of the first three years of the program. PsyD Students receiving this stipend link research to campus and community needs, and effectively communicate complex scientific concepts in the promotion of mental health awareness and resiliency, and are supervised in this work by a Psychology Training Clinic psychologist. The majority of these initiatives will involve interactions with undergraduate students with some initiatives being developed within other segments of the campus and broader PEI community.

Although students may engage in this knowledge-translation throughout the year, most of the outreach activities will take place during the fall and winter academic semesters.

The Clinical Dissertation

The program seeks to prepare graduates to be psychologists who are well-prepared to be both conscientious consumers of the psychological evidence base as well as develop their identity as clinical and critical scholars who are capable of carrying out meaningful research within both the quantitative and qualitative traditions. Students will complete a dissertation that is relevant to the broad field of clinical psychology. This will normally include empirical research involving primary data collection or a sophisticated statistical analysis of a secondary data set. The goal of the dissertation is to allow the student to integrate previous literature and applied research, making a *unique* contribution to the field of clinical psychology. In this vein, the direction of inquiry must be toward clinical aims. “Clinical aims” are defined as efforts toward understanding forms of psychological distress, disorder, treatment, and/or their psychological sequelae as well as the prevention thereof. Studies of non-clinical topics, while valued within the broader context of psychological inquiry, are not acceptable as dissertation topics.

Students are expected to have a Dissertation Supervisor from the Department of Psychology faculty who has expertise in the area of interest.

To facilitate timely completion of the dissertation project, the program includes a 4-course progression completed during the second and third years of the program. Broadly speaking, the purposes of the course progression are to help students remain on schedule in their research projects, to allow for the benefits of collegial support within student cohorts, and to provide support to students from a faculty member. Although some important content will be delivered didactically, a large focus of course time is devoted to active and independent student engagement with their projects.

Overview by Year

All years: Students will be expected to be involved in research training that is preparing them for or facilitating their dissertation to some degree over the course of their PsyD degree. All

major expectations related to the dissertation are built into the syllabi for Dissertation Course Series (7801, 7802, 8801, 8802, see below) and will be completed by the students enrolled in these courses. However, some of the dissertation course activities (required for Y2 and Y3 students), will be open for Y1 students to attend if they are able and interested. These include: 1) a monthly Journal and Writing Club meeting, in which students and faculty bring their own writing at any stage for feedback and critiques and 2) twice per year, a Research Workshop with events over the course of 1-2 days, including goal setting, supported writing time, and a seminar offered on various applied research topics (e.g., implementation science, program evaluation, identifying collaborators, publishing applied research, among others).

Year 1:

Over the course of the year, students should set up meetings with 3-5 faculty members regarding shared research interests and potential collaboration with the expectation that a Dissertation Supervisor is identified by the end of Year 1. Students and Supervisors complete a Dissertation Supervisory Agreement form that is due to the Doctoral Research Coordinator by June 30. The form includes a 150 word abstract of the project. The abstract will inform the content review in Psyc 7801 but remains flexible as the student reads more of the literature and decides on a specific research question.

Year 2:

Students work with their Dissertation Supervisor to carry out the research activities included in Psy 7801 and 7802. Students, Dissertation Supervisors, and the DRC will consult regularly to ensure that progress is on schedule and to address any challenges or delays.

- **Psy 7801 Clinical Dissertation:** Research Proposal I is taken in the fall of the second year and focuses on the development of a comprehensive literature review which determines the type and scope of the research project to be carried out. During the semester, students will submit an annotated bibliography, form their Supervisory Committee (by October 30), and submit a 10-15 page proposal of the project. The Supervisory Committee is formed with the student's direct Supervisor, another Department of Psychology faculty member who agrees to chair the committee, and a third individual (either internal or external to the department).
- **Psy 7802 Clinical Dissertation:** Research Proposal II is taken in the winter of the second year and focuses on proposing the dissertation project to a closed meeting with the Supervisory Committee (by January 31), integrating feedback from the committee, and finalizing design and methodology to submit a Research Ethics proposal.

Following the conclusion of the course, students present the approved research proposals in a local conference at the *PsyD Proposal Presentation Day* which is attended by fellow students, undergraduate students, faculty members and community members.

Year 3:

Students work with their Dissertation Supervisor to carry out the research activities included in Psy 8801 and 8802 (Project I & II). Students, Dissertation Supervisor, and the DRC will consult regularly to ensure that progress is on schedule and to address any challenges that may lead to delays.

- **Psy 8801 Clinical Dissertation:** Project I is taken in the fall of the third year and is focused on data collection and qualitative and/or quantitative data analysis. Students will be expected to have, at a minimum, collected preliminary data for analysis by the end of the semester.
- **Psy 8802 Clinical Dissertation:** Project II is taken during the winter of the third year and involves students preparing their research project for a formal defence in front of faculty, students and members of the community. Students will be expected to invite an external individual to serve on their Examination Committee (comprised of the Supervisory Committee, with this additional individual), and submit the Examination Committee form by February 15 of Year 3.

The final product (i.e., the dissertation) will be a document culminating the work of the student over the 4-course series. The document submitted to the committee should include a comprehensive literature review (Psy 7801), methods and study design (Psy 7802), results and analyses (Psy 8801), and discussion (Psy 8802), though the specific format of the dissertation may vary based on the project.

Students are expected to defend the dissertation before leaving for pre-doctoral internship; in unusual circumstances a short extension may be granted by the Clinical Program Committee (CPC). The student (with support from the Dissertation Supervisor) will be expected to appeal to the CPC before this extension will be granted. The completed dissertation is defended in front of the Examination Committee. Defences are public and may be attended by other graduate students, undergraduate students, faculty and members of the broader community. The completed dissertation is deemed to have passed, passed with minor modification, revise and resubmit, or failed.

Psychology Training Clinic

The primary function of the Psychology Training Clinic is to provide an on-campus training setting for PsyD students. Student work within the clinic is supervised by two registered clinical psychologists and may involve supervision by registered clinical psychology faculty members, and occasionally by community psychologists with adjunct status. Clients of the clinic include university students, faculty and staff and, depending on program needs, members of the broader community.

The PTC is closely integrated with the UPEI Health and Wellness Centre and with UPEI Student Affairs. PsyD students can expect to work with a diversity of clients and gain experience in collaborative care within a multidisciplinary practice setting that will include physicians, nurses, nurse practitioners, counsellors, and other health care professionals.

The PTC is also the base from which PsyD students will research, develop and deliver evidence-informed outreach activities to the campus community. This work is supervised by a PTC registered psychologist and is associated with the UPEI PsyD Knowledge Translation Stipend.

Students may also consider, in collaboration with supervisors, ways in which the PTC could serve as a setting for clinically-relevant research within their clinical dissertations.

The policies and procedures of the Psychology Training Clinic are included in the Psychology Training Clinic manual.

Important UPEI Contacts

	Location	Contacts
Accounting	Kelly Memorial Building	accounting@upei.ca
Department of Psychology	Memorial Hall	Dr. Tracy Doucette, Chair Melanie Peters, Administrative Assistant (902) 566-0563 psychadmin@upei.ca
Faculty of Arts	Main Building 316	Dr. Nebojsa Kujundzic, Dean of Arts Cathy Hennessey, Administrative Assistant Tel.: (902) 566-0307 Fax: (902) 566-0304 artsadmin@upei.ca
Faculty of Graduate Studies	Kelly Memorial Building 236	Dr. Rabin Bissessur, Dean Colleen Gallant, Administrative Assistant 902-620-5120
Graduate Students Association	Duffy Science Centre 403	gsa@upei.ca
Mawi'omi Indigenous Student Centre	Dalton Hall 515	902-620-5125
Office of the Registrar	Dalton Hall, Second Floor	(902) 566-0439 (902) 566-0795 (fax) registrar@upei.ca
Psychology Training Clinic	W.A. Murphy Student Centre, 2 nd Floor	Megan Ratchford, Administrative Assistant (902) 566-0451 gradpsychadmin@upei.ca
Student Affairs	Dalton Hall, Fifth Floor	(902) 566-0488 studentserv@upei.ca
UPEI Health and Wellness Centre	W.A. Murphy Student Centre, 2 nd Floor	healthcentre@upei.ca (902) 566-0616 (902) 566-0786
UPEI Student Union	W.A. Murphy Student Centre	info@upeisu.ca 902-566-0530

Appendix

Statement on Student Employment Outside the Program

The Doctor of Psychology program is a full time (12 months / year) and intensive four-year doctoral program that is designed to train students to become competent clinical psychologists.

With a workload that consists of considerable course work, practicum training, knowledge translation outreach, and a full time predoctoral internship, the PsyD program strongly recommends that students do not work at all in external employment.

At the same time, the program understands that it can be challenging to live with a very limited budget through grad school. Should students need to work in external employment to support themselves financially the program strongly recommends that the external employment not exceed 10 hours per week.

With such an intensive schedule of academic and practice components, students who engage in external employment are at significant risk of falling behind and not engaging with the doctoral program at levels required to become ready for practice as a licensed clinical psychologist.

It is the responsibility of students to balance any external work demands in a manner that does not interfere with progress in the program. The program does not support students engaging in clinical work that occurs outside the program.