



McGill

Department of Psychology

# Clinical Psychology Practicum Placements

## Policy and Procedures Manual

2022 - 2023

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# Clinical Psychology Practicum Placements Policy and Procedures Manual

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## 1. Introduction

Students enrolled in the Clinical Program of the Department of Psychology must complete a range of practice requirements in addition to their course work and dissertation research. The practice requirements of the Clinical Program of the Department of Psychology emphasize breadth of exposure and training aimed at meeting the standards of clinical competency necessary for autonomous practice as a clinical psychologist. The content of practice training was designed to meet the competency requirements outlined by the Canadian Psychological Association (CPA) and the *Ordre des psychologues du Quebec (OPQ)*.

The training model for the practice requirements of students enrolled in the Clinical Program emphasizes supervised clinical practice, supported by didactic methods and role modeling. Practice training is an organized sequence of training experiences structured to an appropriate level of complexity for the developing trainee.

The practice requirements of the Clinical Program of the Department of Psychology are met through successful completion of the following courses:

- Child Assessment (PSYC615, PSYC616)
- Adult Assessment (PSYC617, PSYC618)
- Fundamentals of Interviewing and Intervention (PSYC780)
- Practicum 1 (PSYC620)
- Practicum 2 (PSYC706)
- Practicum 3 (PSYC732)

## 2. Courses with Practice Requirements

### 2.1 Child Assessment (PSYC615, PSYC616)

In PSYC 615 (Diagnostic Methods: Children), students are expected to develop fluency in the fundamentals of child assessment and diagnosis. Through didactic instruction, student presentations and readings, students are introduced to the theory and practice of clinical psychological assessment and diagnosis with children. In PSYC 616 (Practicum Child Diagnostics) students must complete at least three comprehensive assessments of children. Assessments are conducted with children and their families who are receiving services at the Montreal Children's Hospital. Students are expected to develop fluency in several broad domains of clinical assessment including history taking, structured diagnostic interviewing, intelligence testing, as well as knowledge of personality assessment measures, and behavior problems.

Practice competencies addressed in Child Assessment include *Interpersonal Relations, Assessment, Ethics and Jurisprudence*, and *Consultation*. Evaluation is based on participation, quality of assessments and assessment reports, in-class presentations, and a take-home exam.

## **2.2 Adult Assessment (PSYC617, PSYC618)**

In PSYC 617 (Diagnostic Methods: Adults), students are expected to develop fluency in the fundamentals of adult assessment and diagnosis. Through didactic instruction, student presentations and readings, students are introduced to the theory and practice of clinical psychological assessment and diagnosis with adults. In PSYC 618 (Practicum Adult Diagnostics), students must complete at least three comprehensive assessments of adults. Assessments are conducted with clients seeking clinical services at the McGill University Health Centre. Students are expected to develop fluency in several broad domains of clinical assessment including history taking, structured diagnostic interviewing, intelligence testing, personality testing, temperament testing, and behavior problems.

Practice competencies addressed in Adult Assessment include *Interpersonal Relations, Assessment, Ethics and Jurisprudence*, and *Consultation*. Evaluation is based on participation, quality of assessments and assessment reports, in-class presentations, and a take-home exam.

## **2.3 Fundamentals of Interviewing and Intervention (PSYC 780)**

In PSYC 780 (Fundamentals of Interviewing and Intervention), students are expected to develop fluency in the conceptual frameworks and techniques of three evidence-based approaches to therapy. Each student enrolled in Psychology 780 is assigned a simulated client. Simulated client profiles are developed by the instructor to provide a context for highlighting the techniques of different psychotherapeutic orientations. Simulated cases are designed in a manner that will permit demonstrations of techniques used in different therapeutic orientations. On the basis of an initial assessment, student-therapists are expected to propose and implement a program of treatment.

The sessions take place during class time and are video recorded. Student-therapists meet their simulated clients for 4 sessions. Student-therapists are provided with the video files of their sessions in order to assist in the preparation of session notes and reports. Although each student-therapist will demonstrate only one therapeutic orientation in the treatment of his or her simulated client, all students will observe sessions of other student-therapists using different therapeutic orientations. Through the course of the term, students will typically have observed sessions proceeding from 4 or 5 different orientations including cognitive-behaviour therapy, behavioural activation, dialectical behaviour therapy, acceptance and commitment therapy, mindfulness, short-term psychodynamic therapy, and couple therapy.

Practice competencies addressed in Fundamentals of Interviewing and Intervention include *Interpersonal Relations, Assessment, Intervention, Ethics and Jurisprudence, Consultation and Supervision*. Evaluation is based on participation, in-class presentations, quality of assessment and intervention techniques demonstrated by the student-therapist, and quality of assessment and termination reports.

### 3. Practica

The practicum requirements are met through the successful completion of three practica: Practicum 1 (PSYC 620), Practicum 2 (PSYC 706), Practicum 3 (PSYC 732). Practicum 1 (PSYC 620) is completed through the Virginia Douglas Centre for Clinical Psychology. Practicum 2 (PSYC 706) and Practicum 3 (PSYC 732) are completed externally, typically within one of the McGill Psychology Internship Consortium (MPIC) sites (Appendix A). Students also have the option of completing a fourth practicum should they wish to expand the breadth of their training or increase their number of practicum hours (PSYC 733).

CPA requires that students complete 600-1000 practicum hours; the OPQ requires 700 practicum hours. CPA requirements for practica-related activities are as follows:

- At least 300 hours of supervised practicum training consisting of direct, face-to-face patient/client contact defined as time trainees spend interviewing, assessing, or intervening with clients directly.
- Trainees must receive at least 150 hours of supervision. 75% of supervision must be individual supervision where the supervision is provided by the supervisor who is accountable for the psychological service the trainee delivers directly to patients/clients. Individual supervision consists of in-person or virtual communication between a supervisor and the trainee. Individual supervision can occur between the supervisor and the trainee as the only participants, or it can occur in a group format among a few supervisors and trainees.
- 25% of supervision can be either individual or group supervision, defined as activities or meetings in which trainees participate in the supervision received by another trainee, or some combination of trainees and supervisors meet to review or discuss some method or technique of psychological service delivery, particular problems or disorders, or a professional or ethical issue affecting practice.
- In addition to direct service and supervision, trainees participate in support activities during their practica. Support activities are defined as clinically relevant activities in support of the direct service, such as writing progress and process notes, report writing, case treatment planning, consultation, session review, case presentations, case-relevant literature reviews, rounds, case conferences, psychometric test scoring and interpretation, learning new tools, techniques, or skills and professional development/continuing education that supports specific patient/client care.

All practicum trainees must be supervised by practitioners who are registered for independent psychological practice in the jurisdiction in which the services are provided. When supervision is provided by a senior intern who is not registered for independent psychological practice, it is necessary that the intern providing such supervision receive supervision from a doctoral-level, registered psychologist.

### **3.1 Practicum 1 (PSYC 620)**

Students complete Practicum 1 in Year 2 of the doctoral program through the Virginia Douglas Centre for Clinical Psychology. The Virginia Douglas Centre for Clinical Psychology is an in-house clinic providing outpatient psychological services to the Greater Montreal community. As a training site, the Virginia Douglas Centre for Clinical Psychology is exclusive to students enrolled in the Clinical Psychology of the Department of Psychology at McGill University.

Meetings between supervisors and trainees are held weekly and continue until the end of the winter semester. The main focus of meetings is on trainees' clinical practice. Trainees are expected to present and discuss all active clinical cases, with emphasis on clinical issues that are challenging, illustrative of a particular issue, or that present unique aspects of practice. Trainees are expected to come prepared to present their cases and related supervision questions. Trainees are expected to have close contact with their colleagues, other professionals at the site, and the designated clinical supervisor.

Instruction is grounded in a 'common factors' understanding of psychotherapy. Students begin to master the basic concepts and skills needed by the professional psychologist and then move toward applying those skills in intentional and theory/evidence-based ways. The first semester concentrates on attending behaviour, effective questioning, reflecting, and other common factors skills. These skills are the foundation of clinical practice; they are essential in forming the therapeutic relationship, assessment, delivery of interventions in all modalities, as well as practical matters (e.g., initial contact, setting appointments, etc.). In the second semester, students develop additional skills, and learn strategies and interventions, especially as they relate to specific theories and to their clients (e.g., case conceptualization).

Supervision discussions are grounded in findings from the literature that help students develop a strong scientist-practitioner identity. Training also addresses issues related to ethics and code of conduct. The skills and abilities that students develop are consistent with the OPQ competency domains of Interpersonal Relationships, Assessment, Ethics and Jurisprudence and Intervention. The various sub-competencies that constitute each one of these domains forms the basis of students' evaluation. The general expectation is that by the end of the practicum students will demonstrate:

- 1) an understanding of the psychotherapy process from initial contact to termination;
- 2) the ability to use basic listening and other micro-skills effectively and intentionally;
- 3) the ability to develop, maintain, and repair a helping relationship;
- 4) an understanding of the specific theories and strategies that are the basis of clinical work;
- 5) competence with the administrative aspects of clinical practice (e.g., assessment, initial contact, scheduling, file management, etc.);
- 6) the ability to critically evaluate the empirical and clinical literature and to use it for practice, supervision, and professional development.

The breakdown of training-related activities for trainees enrolled in Practicum 1 is as follows:

- a) Total hours = 256.
- b) Minimum of 80 hours of direct client contact.
- c) Minimum of 40 hours of indirect client contact.
- d) Minimum of 70 hours of supervision.
- e) Remaining hours are spent in support activities.

Practice competencies addressed in PSYC 620 include *Interpersonal Relations, Assessment, Intervention, and Ethics and Jurisprudence*. Evaluation is based on participation, quality of assessment and intervention techniques demonstrated by the trainee, and quality of assessment and termination reports.

### **3.2 Practicum 2 (PSYC 706)**

Students complete PSYC 706 (Clinical Practicum 2) in Year 3 at one of the MPIC member sites (Appendix A). Member sites of the MPIC are aware that students enrolled in PSYC 706 have acquired intermediate level interviewing, assessment and intervention skills and are ready to be exposed to cases of increasing challenge and complexity. Approval from the Internship Director must be obtained if a student wishes to complete Practicum 3 in a setting other than one of the MPIC member sites.

In PSYC 706 students are exposed to a variety of training experiences that include but are not restricted to: didactic instruction, assigned reading, video demonstrations, observation, role plays and modeling, feedback/supervision and progressive remediation. Students are expected to carry a caseload appropriate to the training setting, their level of skill development and stage of training. Training may also begin to include the supervision of junior practicum students. While the sites and experiences vary, each rotation provides training in all essential components of the professional practice of psychology including assessment, diagnosis and case conceptualization, treatment planning, psychological service delivery, outcome evaluation, file keeping, report writing, and consultation. Training also addresses issues related to ethics and code of conduct.

The breakdown of training-related activities for trainees enrolled in Practicum 2 is as follows:

- a) Total hours = 256.
- b) Minimum of 110 hours of direct client contact.
- c) Minimum of 60 hours of indirect client contact.
- d) Minimum of 60 hours of supervision.
- e) Remaining hours are spent in support activities.

Practice competencies addressed in PSYC 706 include *Interpersonal Relations, Assessment, Intervention, Ethics and Jurisprudence, Consultation and Supervision*. Evaluation is based on participation, quality of assessment and intervention techniques demonstrated by the trainee, and quality of assessment and termination reports.

### 3.3 Practicum 3 (PSYC 732)

Students complete PSYC 732 (Clinical Practicum 3) in Year 4 at one of the MPIC member sites (Appendix A). Member sites of the MPIC are aware that students enrolled in PSYC 732 have acquired intermediate level interviewing, assessment and intervention skills and are ready to be exposed to cases of increasing challenge and complexity. Member sites of the MPIC are also aware that upon completion of PSYC 732, students must have developed a repertoire of skills relevant to each competency domain at a level sufficient to permit them to fully benefit from the training experiences in which they will participate during the pre-doctoral internship. Approval from the Internship Director must be obtained if a student wishes to complete Practicum 3 in a setting other than one of the MPIC member sites.

In PSYC 732 students are exposed to a variety of training experiences that include but are not restricted to: didactic instruction, assigned reading, video demonstrations, observation, role plays and modeling, feedback/supervision and progressive remediation. Students are expected to carry a caseload appropriate to the training setting, their level of skill development and stage of training. Training also includes the supervision of junior practicum students. While the sites and experiences vary, each rotation provides training in all essential components of the professional practice of psychology including assessment, diagnosis and case conceptualization, treatment planning, psychological service delivery, outcome evaluation, file keeping, report writing, and consultation. Training also addresses issues related to ethics and code of conduct.

The breakdown of training-related activities for trainees enrolled in Practicum 3 is as follows:

- a) Total hours = 256.
- b) Minimum of 125 hours of direct client contact.
- c) Minimum of 60 hours of indirect client contact.
- d) Minimum of 50 hours of supervision.
- e) Remaining hours are spent in support activities.

Practice competencies addressed in PSYC 732 include *Interpersonal Relations, Assessment, Intervention, Ethics and Jurisprudence, Consultation* and *Supervision*. Evaluation is based on participation, quality of assessment and intervention techniques demonstrated by the trainee, and quality of assessment and termination reports.

### 3.4 Practicum 4 (PSYC 733: Optional)

Students can opt to complete additional hours of supervised practice beyond the minimum required by CPA and the OPQ. Students will typically choose to complete additional hours of supervised practice if they are interested in increasing the breadth of their clinical practice experience or increase their hours of supervised practice.

Students complete PSYC 733 (Clinical Practicum 4) at one of the MPIC member sites (Appendix A). Member sites of the MPIC are aware that students enrolled in PSYC 733 have acquired



advanced level interviewing, assessment and intervention skills and are ready to be exposed to cases of increasing challenge and complexity. Member sites of the MPIC are also aware that upon completion of PSYC 733, students must have developed a repertoire of skills relevant to each competency domain at a level sufficient to permit them to fully benefit from the training experiences in which they will participate during the pre-doctoral internship. Approval from the Internship Director must be obtained if a student wishes to complete Practicum 3 in a setting other than one of the MPIC member sites.

In PSYC 733 students are exposed to a variety of training experiences that include but are not restricted to: didactic instruction, assigned reading, video demonstrations, observation, role plays and modeling, feedback/supervision and progressive remediation. Students are expected to carry a caseload appropriate to the training setting, their level of skill development and stage of training. Training will usually include the supervision of junior practicum students. While the sites and experiences vary, each rotation provides training in all essential components of the professional practice of psychology including assessment, diagnosis and case conceptualization, treatment planning, psychological service delivery, outcome evaluation, file keeping, report writing, and consultation. Training also addresses issues related to ethics and code of conduct.

The breakdown of training-related activities for trainees enrolled in Practicum 4 is as follows:

- a) Total hours = 256.
- b) Minimum of 125 hours of direct client contact.
- c) Minimum of 60 hours of indirect client contact.
- d) Minimum of 50 hours of supervision.
- e) Remaining hours are spent in support activities.

Practice competencies addressed in PSYC 733 include *Interpersonal Relations, Assessment, Intervention, Ethics and Jurisprudence, Consultation* and *Supervision*. Evaluation is based on participation, quality of assessment and intervention techniques demonstrated by the trainee, and quality of assessment and termination reports.

#### **4.0 Application Procedures**

Applications for Practica are submitted to the Internship Director of the Clinical Program of the Department of Psychology. Applications are accepted until the first Monday of December. Upon approval by the Internship Director of the Clinical Program, the applications are forwarded to the Training Directors of the specific training sites. Offers of placement are made on Match day (typically second week of February).

#### **5.0 Practicum Funding**

Students do not receive remuneration for completing Practica requirements. However, all students enrolled in the Clinical Program of the Department of Psychology receive funding, either

through internal or external fellowships, throughout their minimum residency period (typically 4 years). Yearly funding may vary between \$20,000 and \$30,000.

## **6.0 McGill Psychology – Academic Tracking Software**

An electronic file keeping system was developed to track student's progress through the Clinical Program. Each student in the Clinical Program is provided with an account on the McGill Psychology Academic Tracking Software (MPATS). The MPATS is used to record students' progress through all aspects of the Clinical Program including course pre-requisites, course completion, and practicum hours. The MPATS also contains electronic copies of the Practicum Training Agreement and Competency Evaluation Form.

Once a student has been assigned to a clinical supervisor, the supervisor is provided with an MPATS account in order to access the trainee's Training Agreement and Competency Evaluation forms. The completed forms are stored on the MPATS as part of the student's file.

## **7.0 Practicum Planning**

All students complete their first practicum (PSYC 620) through the Virginia Douglas Centre for Clinical Psychology. In their second year, students meet with the Internship Director to discuss their clinical interests and career aspirations. The Internship Director assists students in determining the most suitable sites to which to apply for practicum placements (PSYC 706, PSYC 732). On the basis of this discussion, students complete the Practicum/Internship Planning Form.

## **8.0 Training Agreement**

At the start of each Practicum, the Internship Director, the site-specific Clinical Supervisor and the trainee meet to develop a Training Agreement. The Training Agreement outlines the training objectives of each rotation, the competencies to be developed, and the method of evaluation. The Training Agreement is signed by the Internship Director, the site-specific Clinical Supervisor, and the trainee. For Practica completed at the Jewish General Hospital or the Douglas Mental Health University Institute, the Training Agreement must also be signed by the Academic Affairs Directorate of the CIUSSS. Contact information for the Academic Affairs Directorate of the CIUSS de l'Ouest-de l'Ile-de-Montreal (Douglas Mental Health University Institute) and CIUSS of the Centre-Ouest-de-l'Ile-de-Montreal (Jewish General Hospital) is provided in Appendix B.

The Training Agreement is completed online through the MPATS. A copy of the Training Agreement appears in Appendix C.

## **9.0 Clinical Supervision**

Clinical supervision is case-based, and utilizes discussion, direction, observation and feedback toward the goal of competence in rapport-building, assessment, intervention, collaboration, and

professionalism. Clinical supervisors are available on site at all times as issues or problems emerge.

Didactic experiences focus on the professional delivery of clinical psychological services emphasizing psychological concepts, and the use of current scientific knowledge, principles, and theories. Professional conduct and ethics, as well as standards for providers of psychological services, including consultation and supervisory methods, are also presented in the didactic format with the emphasis on practical application.

### **10.0 Competency Evaluation**

Trainees are formally evaluated by their supervisors at the mid-point and termination of the placement. Trainees are given ongoing feedback about their progress during supervision meetings, and they are encouraged to discuss how they are progressing if they have any concerns. Formal evaluations are reviewed directly with the trainee. The evaluations of trainees by Clinical Supervisors are intended to provide feedback to trainees regarding their performance, to ensure that they are progressing satisfactorily, and to address any problems or issues that might arise during the placement. In addition to evaluations by the Clinical Supervisors, information from other sources might be considered. These include record reviews, staff reports, and client feedback.

At the end of each placement, Clinical Supervisors complete the Competency Evaluation form. This form is used to evaluate the students' skill level for each of the competencies that were identified as targets of training in Training Agreement. The outcome of the evaluation is discussed with the trainee, and the form is signed by the Clinical Supervisor and the trainee.

A student is considered to have 'passed' the Practicum if he or she receives a rating of 1, corresponding to "appropriate for student's level of training", for each of the competencies that were identified as targets of training in the Training Agreement.

The Competency Evaluation is completed online through the MPATS. A copy of the Competency Evaluation appears in Appendix D.

### **11.0 Procedures for Responding to Unsatisfactory Performance**

When a trainee's performance is deemed less than satisfactory by a Clinical Supervisor, the problem situation is discussed at length in a first meeting with the trainee within the context of clinical supervision. The goal of this first meeting is to ensure the trainee's understanding of the problem situation, and to provide the trainee with guidance about how the problem situation can be improved or corrected. The Clinical Supervisor and trainee agree on a time frame within which the problem situation is expected to be resolved.

If the problem situation persists and remains unresolved after the agreed period of time, a meeting is then scheduled with the Clinical Supervisor, the trainee and the Internship Director.

This meeting focuses on clarification and documentation of the problem situation and addresses the challenges or obstacles that have impeded effective problem resolution. The Clinical Supervisor and Internship Director develop a remediation plan that describes the steps that must be taken by the trainee to effectively resolve the problem situation. The remediation plan must include specific information about how effective problem resolution will be determined. The remediation plan will have a prescribed timeline within which problem resolution is expected to be achieved. The trainee's progress will be tracked during individual supervision meetings.

If, following the remediation period, the trainee is unable to meet the expectations as defined in the remediation plan, the placement will be terminated. When a practicum is terminated as a result of unsatisfactory performance, the issue is then brought to the next full meeting of the Clinical Program Committee to determine any additional steps that might need to be considered.

### **12.0 Appeal Procedures**

In the event that a trainee does not agree with the results of a formal evaluation or the content of a remediation plan, the trainee can file a formal appeal. The formal appeal, including supporting documentation must be submitted in writing to the Director of Clinical Training, and the Internship Director within 10 (working) days of receipt of the results of a formal evaluation or notification of the remediation plan. The appeal document should explain the reasons for appeal and include documented information or evidence that would warrant reconsideration of the evaluation of the trainee's performance.

### **13. Grievance Procedures**

In the event that the above procedures are exhausted, and the intern is not satisfied with the final decision of the training site and the Clinical Program Committee, the intern can file an official grievance. The Department of Psychology's appeal and grievance procedures are discussed in the Graduate Student Handbook:

[https://www.mcgill.ca/psychology/files/psychology/handbook\\_psychology\\_graduate\\_program\\_2017-2018\\_july\\_2017.pdf](https://www.mcgill.ca/psychology/files/psychology/handbook_psychology_graduate_program_2017-2018_july_2017.pdf)

## Appendices

# Appendix A

## MPIC Member Sites

### **1. Allan Memorial Institute, McGill University Hospital Centre (MUHC)**

Four separate clinical training programs are offered in the Department of Psychology at the Allan Memorial Institute site of the MUHC: (1) Adult Clinical Psychology, (2) Clinical Neuropsychology, (3) the Sex and Couple Therapy Service, and (4) the Personality Disorders Program. Students may apply to a single training program (e.g., Adult Clinical Psychology), or to several. For predoctoral internship candidates, two training programs can be combined into a single internship experience (e.g., part-time in Sex and Couple and part-time in Adult Clinical Psychology).

Training programs offered by the MUHC Department of Psychology provide a range of clinical experiences, including individual therapy, group therapy, assessment, clinical consultation, and interdisciplinary collaboration. Additional training experiences are also available, depending on the rotations/services selected and the student's level of training. These additional experiences may include teaching seminars, clinical rounds, interdisciplinary team meetings, and attending or delivering presentations at Outpatient Department Clinical Rounds and Mental Health Mission Grand Rounds.

### **2. The Montreal Neurological Institute**

The Montreal Neurological Institute is a research, teaching and clinical institute that is part of the Neuroscience Mission of the McGill University Health Sciences Centre. The Neuropsychology Department is an autonomous department that concentrates on neuropsychological assessment. The training program is housed in the Department of Neuropsychology and Neurology. As part of the Neuropsychology Epilepsy Service, training is primarily in the preoperative comprehensive neuropsychological assessment of patients seeking surgery for epilepsy. The intern works closely with the Service's multidisciplinary team.

### **3. Alan Edwards Pain Management Unit of the MUHC**

The Alan Edwards Pain Management Unit offers a multidisciplinary approach for the treatment of patients with chronic pain. The clinical team consists of physicians, nurses, psychologists, a physiotherapist, and a social worker.

The patient population is comprised of adult outpatients with chronic pain as well as inpatients with complex pain conditions. Psychology interns participate in formulating patients' biopsychosocial case conceptualizations and contribute to their multidisciplinary treatment plans. They also conduct individual and group psychotherapy. Individual psychological follow-up is designed to address challenges like pain adaptation and comorbid psychological difficulties related to pain, such as depression, anxiety, post-traumatic stress, anger, and grief.

The Alan Edwards Pain Management Unit uses an integrative treatment approach that includes cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT), motivational interviewing (MI),

mindfulness and relaxation, hypnosis, positive psychology, humanistic approaches and other validated and empirical approaches.

Interns obtain training also in psychotropic medications, medical treatments, and medications for different types of pain problems. Interns participate in weekly seminar series, weekly multidisciplinary clinical rounds, psychology rounds, and medical rounds.

#### **4. Jewish General Hospital (JGH)**

The Psychology Division at the JGH provides clinical service, consultation, teaching, supervision and research within the Department of Psychiatry and other medical specialties in the hospital. The training program at the JGH allows experience with both adult and child in- and out-patients. Although the emphasis is on the treatment of psychiatric disorders, there are a number of training opportunities related to behavioural medicine, particularly relating to the treatment of cancer and sexual dysfunction.

Training opportunities are offered through all the clinics in the Department: The Cognitive Behaviour Therapy Service, the Day Hospital, the Health Psychology Service, the Couple and Family Therapy Service, Clinical Neuropsychology, Child and Family Services, and the Neonatology Follow-up Service.

The *Cognitive Behaviour Therapy Service* is a service that provides treatment and consultations for patients (aged 21 or older) referred from the Department of Psychiatry. It provides an opportunity to follow several patients from the initial assessment to discharge. There are also opportunities to run group therapy programs (e.g. a transdiagnostic anxiety group; self-compassion group; pregnancy/postpartum coping skills group). There is a wide variety of presenting problems (mostly anxiety and depression but also somatization, psychosis, comorbid personality disorders). The length of treatment is usually between 15 to 25 sessions. The CBT team includes psychologists, psychology interns, and psychiatry residents. Participation in team meetings, case presentations and consultation allow interns to become comfortable presenting cases in a multidisciplinary setting. They will also learn about current psychiatric medication practices.

The *Couple and Family Therapy Service* is a teaching and clinical service. Training is offered to Psychology and Couple and Family Therapy trainees as well as to Psychiatry residents. Some of the training is shared by these interns, whereas other aspects are divided along professional lines.

The Clinical Neuropsychology service focuses on how cognition and behaviors are related to brain networks and make a differential diagnosis of neurocognitive conditions. Neuropsychological evaluations of a wide range of conditions such as degenerative disease, trauma, psychiatric disorders, stroke and systemic disease as well as bipolar affective disorder, schizophrenia and depression, to name a few, are conducted. A very detailed assessment of aptitudes is completed and the pattern of strengths and weaknesses is interpreted to determine the level and nature of cognitive/behavioural and functional abilities for treatment planning and education for family members and caregivers. The results from the assessment is then used to formulate, recommend and implement, in collaboration with the treating team, an intervention plan, educate families and to caregivers and contribute to treatment decisions. The service at JGH is focused on adults and geriatric outpatients and uses a multidisciplinary approach. Referrals for this service are from all Psychiatric clinics (Ambulatory Care Clinics, Continuing Care Clinic, Cultural Consultation, Emergency Follow-up, Day Hospital, Rehabilitation Services, First Episode psychosis and Geriatric Psychiatry). If time permits, in-patients and patients from other departments can be assessed as well. episode psychosis, to name a few).

Health Psychology Psychosocial Oncology program. The main mission of the Louise Granofsky Psychosocial Oncology Program (LG-POP) is alleviating patients' and families' emotional distress at all stages of the cancer experience. The internship is designed for students with an interest in developing clinical skills in the assessment and treatment of patients with cancer in the Segal Cancer Centre. Other necessary training modalities unique to the hospital setting will include writing of biopsychosocial assessment reports, developing communication skills with the patient's interdisciplinary care team (e.g., psychodiagnostic and recommendations) and attendance to the weekly oncology tumor board meetings. Interns will be exposed to multimodal interventions.

Youth Service. The Youth service, within the Department of Psychiatry, is an out-patient unit for adolescents between the ages of 15.5-21 years of age. The mental health issues presented vary, but range from moderate to severe in scope with patients of diverse backgrounds with anxiety disorders, mood disorders, depression, parent-child conflict adjustment disorders, substance abuse, the emergence of personality disorders, impulse control disorders, as well as emergency cases. There is an opportunity to work with a diverse multidisciplinary team that includes professionals from psychology, psychiatry and social work. The team members have considerable and extensive training and experience in multiple modalities. Many of the team members are trained in psychoanalytic and psychodynamic therapy, and in couple and family therapy. Interview skills, report writing (specific to pre-evaluation screening interviews), individual therapy (psychodynamic techniques, CBT), family therapy, consultation with outside liaisons including schools, mental health centres, Department of Youth Protection are part of this service.

Childhood Disorders (ages 8-12) - Day Hospital. The Childhood Disorders Day Hospital located in the Centre for Child Development and Mental Health provides intensive treatment for children with severe emotional and behavioral difficulties that interfere with their adjustment in school, at home, and with peers. These children present with a range of diagnoses, including conduct disorder, oppositional-defiant disorder, ADHD, Autism Spectrum disorders, mood disorders, and parent-child relationship problems. The children and their families are offered a comprehensive treatment program incorporating psychological assessment, individual and family therapy, Psychiatry 23 social skills training, educational services, art therapy, and occupational therapy. The Childhood Disorders Day Hospital offers a multimodal treatment program, for up to one academic year, for children aged 8 to 12 (grade 3-6). Three or four days per week, the children attend full-day special education classes, with an enrollment of 7 students per class. They return to their 'regular' school 1-2 days per week. The children receive individual play therapy and group therapy tailored to their individual needs. Every part of the child's day is therapeutic, including, recess, lunch, and 'classroom' time. All families participate in weekly family therapy. The goal for these children is to return to their neighborhood schools following treatment.

Early Childhood Disorders (ages 5-8) – Day Hospital. The Child Psychiatry Early Childhood Disorders Team (ages 5-8) offers treatment program for young children ages 5-8 with serious behavior and emotional difficulties: anxiety, conduct disorder, ODD, psychoses, OCD, school phobia, attachment disorder, selective mutism, etc. Many also have learning disabilities and attentional disorders. All have family issues dealing with dynamics and management. The patients come from varied cultural, socioeconomic and family backgrounds.

Child Psychiatry Outpatient Department (OPD). The children and adolescents (ages 3-15) who present to Child Psychiatry Outpatient Department (OPD) exhibit a broad range of psychiatric problems (e.g., neurodevelopmental difficulty, ADHD, learning disabilities, ODD, OCD, anxiety, depression, suicide risk,



ASD, etc.). The service is open to both anglophone and francophone families from diverse cultural, linguistic and religious backgrounds. The role of the psychologist is to conduct comprehensive psychodiagnostic assessments of children and their families, to assess children and adolescents through psychological testing, and to offer treatment, including individual, family and group therapy.

The Neonatal Follow-Up Clinic (NFC) is a hospital-based program which follows the growth and development of certain high-risk infants from premature birth until the age of 7 ½ years. The primary aim of this service is to provide developmental, cognitive, and educational testing of children in collaboration with their families. There are no psychotherapeutic interventions.

## **6. The Herzl Family Practice Centre (HFPC)**

The Herzl Family Practice Centre (HFPC) houses a large practice of family physicians that teach residents on site as part of their training in McGill University's Department of Family Medicine. The HFPC has a large multidisciplinary team consisting of nurses, psychologists, social workers, dieticians, and a pharmacist. The Centre houses the Teenage Health Unit that specializes in the delivery of health and mental health services to patients aged 12 to 19.

The Teenage Health Unit's Psychology Service provides psychotherapy to adolescents with a wide variety of problems. While mood and anxiety disorders are most commonly encountered, other problems addressed include: poor anger management, truancy, family discord, bullying, trichotillomania, posttraumatic stress, eating disorders, substance abuse, self-injury, and budding or fully bloomed personality disorders. The patients come from the Anglophone, Francophone, and Allophone populations and from all socioeconomic status categories from all over the Greater Montreal Region.

Psychology interns with the Teenage Health Unit acquire the skills needed to appropriately: conduct psychological intake assessments (involving both clinical interviewing and the administration of psychometric batteries); produce intake evaluative reports; create treatment plans; conduct and terminate psychotherapies; and produce treatment termination reports. Interns acquire skills necessary to conduct individual and group psychotherapy. General therapeutic orientation would be considered eclectic with an emphasis on cognitive-behavioural interventions. Interns are also expected to learn to collaborate effectively with a multidisciplinary team of health professionals, including providing supervisory and consultative services to members of that team.

## **7. Douglas Mental Health University Institute**

The Douglas Mental Health University Institute is one of the largest psychiatric hospitals in Montreal. There are a number of independently operating departments within the hospital in which training in psychology is available.

Training opportunities are available in several service divisions including: the Psychiatric and Eating Disorders Program for Adolescents, the Severe Disruptive Behaviour Disorders Program, the Anxiety Clinic, the Mood Disorders Service, the Eating Disorders Continuum, the Intense Rehabilitation Service, and the Prevention and Early Intervention Program for Psychoses.

The *Psychiatric and Eating Disorders Program for Adolescents* is designed for adolescents between the ages of 13 and 17 with eating disorders or functional psychiatric disorders such as psychotic disorders and

severe mood and anxiety disorders. The various treatment modalities are: team assessment, individual therapy, family and group therapy, psycho-education, occupational therapy, nutritional consultation, pet therapy and pharmacotherapy. The multidisciplinary team (psychologists, social workers, nurses, educators, occupational therapists, dieticians and psychiatrists) works closely together to come to a comprehensive diagnosis and treatment plan.

The *Severe Disruptive Behaviour Disorders Program* is designed for children aged from 6 to 12 years, who show severe behaviour disorders, with or without attention deficits, and with or without hyperactivity. During their stay in the program, children receive milieu therapy with an educational component, and psycho-education, group, and individual psychotherapy. The interdisciplinary team is made of a child psychiatrist, psychologists, social workers, art therapists, educators, nurses, teachers, physical educators, an occupational therapist, a speech and language pathologist, a music therapist, and a pet therapist.

The *Anxiety Clinic* is a specialized clinic and provides services to an adult population suffering from anxiety disorders. Students work with multidisciplinary teams of professionals. Intervention approaches include both individual and group modalities in the treatment of all anxiety disorders, (panic disorder, obsessive compulsive disorder, generalized anxiety disorder etc.). A large percentage of the Anxiety Team clients have co-morbidities on Axes I and II.

The *Mood Disorders Services* are ultra-specialized services that are divided into two separate programs: the Bipolar disorders Program and the Depressive disorders Program. The students may choose between one of the two Programs and will receive supervision independently within each team. This environment provides a very rich experience with a variety of mood disorders. It permits interactions with several types of skilled professionals who are interested in teaching. The therapeutic approach is eclectic and based on the personality structure, the needs and resources of the client.

The *Intensive Rehabilitation Service* is a specialized program that provides hospitalization, rehabilitation and community support for adults suffering from severe and persistent mental illness, (persons with psychosis co-morbid with depression, anxiety, personality disorders and substance abuse). The program follows a biopsychosocial model that is comprised of a multidisciplinary team of professionals.

The *Prevention and Early Intervention for Psychoses Program* was designed to provide early assessment, treatment and follow-up for adolescents and young adults for their first episode of a psychotic disorder. The program offers training in cognitive-behavioural therapy (CBT) for persistent psychotic symptoms and for co-morbid conditions (e.g. depression, anxiety, etc). Psychology interns are part of a large multidisciplinary team and have the opportunity to interact closely with other clinicians (psychiatrists, case managers, etc) and research staff.

## **8. Douglas Institute Eating Disorders Continuum**

The Eating Disorders Program is the only large-scale specialized program in the province of Quebec for the assessment and treatment of adolescents and adults suffering from anorexia nervosa, bulimia nervosa, or related eating disorders. This is a multidisciplinary service, offering a complete range of treatment and evaluation services through inpatient, day program and outpatient facilities. Interventions are multimodal, and include individual psychotherapy, group therapy, family/couple therapy, psycho-education, and (when indicated) pharmacotherapy. The program embodies a multidisciplinary philosophy, the treatment team representing the professions of psychology, psychiatry, social work, occupational therapy, nutrition and nursing.

## Appendix B

### Contact Information for the Academic Affairs Directorate of the *Centre intégré universitaire de santé et de services sociaux de Montréal* (CIUSS)

Academic Affairs Directorate of the CIUSSS de l’Ouest-de-l’Île-de-Montreal.  
Douglas Mental Health University Institute

Mme. Renée Proulx ([renee.proulx.comtl@ssss.gouv.qc.ca](mailto:renee.proulx.comtl@ssss.gouv.qc.ca))  
Mme. Mylène Lévesque ([mylene.levesque@douglas.mcgill.ca](mailto:mylene.levesque@douglas.mcgill.ca))  
[Stage.universitaire.comtl@ssss.gouv.qc.ca](mailto:Stage.universitaire.comtl@ssss.gouv.qc.ca)

Academic Affairs Directorate of the CIUSSS du Centre-Ouest-de-l’Île-de-Montreal  
Jewish General Hospital

Mme. Geneviève Lamy ([genevieve.Lamy.CVD@ssss.gouv.qc.ca](mailto:genevieve.Lamy.CVD@ssss.gouv.qc.ca))  
Mme. Valérie Coulombe ([valerie.coulombe.ccomtl@ssss.gouv.qc.ca](mailto:valerie.coulombe.ccomtl@ssss.gouv.qc.ca))

# Appendix C

## Training Agreement

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Training Site: \_\_\_\_\_

Period of Training: Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Course number: PSYC \_\_\_\_\_ Total number of hours: \_\_\_\_\_

### Acquisition of Clinical Competencies

The *Manuel d'agrément* (2021) of the *Ordre de psychologues du Québec* specifies a range of practice competencies that must be acquired before a clinician is considered ready for autonomous professional practice. Please place a check mark next to every competency that is intended to be the focus of training during the student's placement. At the end of the placement, the training supervisor will be asked to rate the student's level of proficiency on each of the domains of clinical competency that were part of the training agreement.

#### Competency Domain 3.1: Interpersonal Relations

Central to this domain of competence are the relational techniques necessary to establish a therapeutic relationship that will facilitate the process of assessment and intervention.

- \_\_\_\_\_ Ability to communicate effectively.
- \_\_\_\_\_ Ability to develop a positive therapeutic relationship.
- \_\_\_\_\_ Ability to express oneself with empathy and respect.
- \_\_\_\_\_ Ability to make clients feel at ease.
- \_\_\_\_\_ Ability to establish a climate of trust and confidence with clients.
- \_\_\_\_\_ Ability to examine, understand and resolve problematic interpersonal interactions.

\_\_\_\_\_ Ability to adjust communication content and process to the stage of evolution of interactions.

\_\_\_\_\_ Ability to recognize one's strengths and limits of expertise.

\_\_\_\_\_ Ability to maintain professional relations with peers, supervisors and administrators.

### **Competency Domain 3.2: Assessment**

Central to this domain of competence is the acquisition of knowledge and skills required to conduct psychological assessments, interpret the results of psychological assessments and effectively communicate the results of psychological assessments.

\_\_\_\_\_ Ability to formulate an assessment approach appropriate to the presenting problem, context and setting.

\_\_\_\_\_ Ability to select appropriate tools or measures to address questions relevant to assessment.

\_\_\_\_\_ Ability to gather assessment-relevant information in a comprehensive and rigorous manner appropriate to the presenting problem, context and setting.

\_\_\_\_\_ Ability to integrate assessment-relevant information to develop interpretive hypotheses, problem conceptualizations or clinical diagnoses.

\_\_\_\_\_ Ability to conduct and report on the results of psychological assessments in the context of inter-disciplinary functioning.

\_\_\_\_\_ Ability to generate assessment reports that effectively communicate assessment findings and treatment recommendations.

### **Competency Domain 3.3: Intervention**

Central to this domain of competence is the acquisition of knowledge and skills required to plan, develop, implement and evaluate the outcome of psychological interventions.

\_\_\_\_\_ Ability to develop a treatment plan that will promote a client's recovery, improve psychological well-being or increase level of functioning.

\_\_\_\_\_ Ability to gather assessment-relevant information in a comprehensive and rigorous manner appropriate the presenting problem, context and setting.

\_\_\_\_\_ Ability to evaluate the outcome of treatment.

- \_\_\_\_\_ Ability to implement treatment with a wide range of populations or with a wide range of presenting problems.
- \_\_\_\_\_ Ability to adjust or alter a treatment plan as a function of characteristics of the client.
- \_\_\_\_\_ Ability to adjust or alter a treatment plan as a function of changing contextual influences relevant to the client's presenting problem.
- \_\_\_\_\_ Ability to collaborate with other professionals in a multi-professional environment.
- \_\_\_\_\_ Ability to consult with and refer to alternate treatment or consultation resources as required by the client's presenting problem.

### **Competency Domain 3.5: Ethics and Jurisprudence**

Central to this domain of competence is the acquisition of knowledge and skills required to manage ethical dilemmas that can arise in the context of the practice of clinical psychology.

- \_\_\_\_\_ Ability to consider relevant ethical issues in clinical decision-making.
- \_\_\_\_\_ Ability to integrate ethical principles into clinical practice.
- \_\_\_\_\_ Ability to resolve ethical dilemmas.
- \_\_\_\_\_ Ability to identify and make use of required resources to deal with ethical dilemmas.

### **Competency Domain 3.6: Consultation**

Central to this domain of competence is the acquisition of knowledge and skills required to work effectively in the context of a multi-professional and multidisciplinary environment, considering the interests and needs of various parties associated with the client's assessment or treatment.

- \_\_\_\_\_ Ability to develop a consultation relationship with relevant parties.
- \_\_\_\_\_ Ability to formulate a contextually-based analysis of a client's presenting problem.
- \_\_\_\_\_ Ability to manage and negotiate the needs and interests of different parties implicated in a client's presenting problem.

\_\_\_\_\_ Ability to evaluate the outcome of one's consultation or treatment.

### **Competency Domain 3.7: Supervision**

Central to this domain of competence is the acquisition of knowledge and skills required to act in a supervisory capacity with trainees in Clinical Psychology.

\_\_\_\_\_ Ability to define supervisory objectives and explore a range of training methods.

\_\_\_\_\_ Ability to develop an approach to evaluation that is consistent with the objectives of training.

\_\_\_\_\_ Ability to promote the development of positive supervisee characteristics including active learning, openness to direction and feedback, preparedness, time management, and awareness of limits of expertise.

\_\_\_\_\_ Ability to integrate knowledge from a wide range of sources to maximize the quality and effectiveness of supervision.

### **Competency Domain 3.8: Program Development**

Central to this domain of competence is the acquisition of knowledge and skills that are relevant to the initial development, ongoing management and subsequent evaluation of any mental health intervention.

\_\_\_\_\_ Ability to determine the most optimal approach to needs assessment.

\_\_\_\_\_ Ability to determine program elements that will best address client's needs.

\_\_\_\_\_ Ability to work collaboratively with other professionals and team members to implement a specific program.

\_\_\_\_\_ Ability to determine the tools or measures best suited to assess the success or effectiveness of the program.

\_\_\_\_\_ Ability to provide feedback to team members about the success or effectiveness of a specific program.

\_\_\_\_\_ Ability to integrate outcome evaluation findings with problem solving efforts to improve the success or effectiveness of a specific program.

## Signatures

This training agreement has been discussed with the student, the training supervisor (training site) and the Internship Director (McGill University). The signatures below indicate that it has been agreed that the competencies that will be the focus of training are appropriate for the student's stage of training and skill development needs.

_____	_____	____/____/____
Student Name (print)	Signature	Date

_____	_____	____/____/____
Training Supervisor (print)	Signature	Date

_____	_____	____/____/____
Internship Director (print)	Signature	Date

_____	_____	____/____/____
CIUSS Academic Affairs	Signature	Date



## Appendix D

### Competency Evaluation Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Training Site/Course Number: \_\_\_\_\_

Period of Training: Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total number of hours: \_\_\_\_\_

Please provide a brief assessment of the student's involvement in your training program that highlights the student's level of participation, skill development, strengths or weaknesses.

## Competency Ratings

The *Manuel d'agrément* (2021) of the *Ordre de psychologues du Québec* specifies a range of practice competencies that must be acquired before a clinician is considered ready for autonomous professional practice. Please rate your student on each of the practice competencies listed below. Use the 'n/a' category for skills sets that were not relevant to the domain of practice targeted by the Practicum.

The response categories for the competency domains listed below are as follows:

- 0 = unsatisfactory
- 1 = appropriate for student's level of training
- n/a = not applicable

### Competency Domain 3.1: Interpersonal Relations

- \_\_\_\_\_ Ability to communicate effectively.
- \_\_\_\_\_ Ability to develop a positive therapeutic relationship.
- \_\_\_\_\_ Ability to express oneself with empathy and respect.
- \_\_\_\_\_ Ability to make clients feel at ease.
- \_\_\_\_\_ Ability to establish a climate of trust and confidence with clients.
- \_\_\_\_\_ Ability to examine, understand and resolve problematic interpersonal interactions.
- \_\_\_\_\_ Ability to adjust communication content and process to the stage of evolution of interactions.
- \_\_\_\_\_ Ability to recognize one's strengths and limits of expertise.
- \_\_\_\_\_ Ability to develop and maintain professional relations with peers, supervisors and administrators.

### Competency Domain 3.2: Assessment

- \_\_\_\_\_ Ability to formulate an assessment approach appropriate to the presenting problem, context and setting.
- \_\_\_\_\_ Ability to select appropriate tools or measures to address questions relevant to assessment.

- \_\_\_\_\_ Ability to gather assessment-relevant information in a comprehensive and rigorous manner appropriate the presenting problem, context and setting.
- \_\_\_\_\_ Ability to integrate assessment-relevant information to develop interpretive hypotheses, problem conceptualizations or clinical diagnoses.
- \_\_\_\_\_ Ability to conduct and report on the results of psychological assessments in the context of inter-disciplinary functioning.
- \_\_\_\_\_ Ability to generate assessment reports that effectively communicate assessment findings and treatment recommendations.

**Competency Domain 3.3: Intervention**

- \_\_\_\_\_ Ability to develop a treatment plan that will promote a client’s recovery, improve psychological well-being or increase level of functioning.
- \_\_\_\_\_ Ability to evaluate the outcome of treatment.
- \_\_\_\_\_ Ability to implement treatment with a wide range of populations or with a wide range of presenting problems.
- \_\_\_\_\_ Ability to adjust or alter a treatment plan as a function of characteristics of the client.
- \_\_\_\_\_ Ability to adjust or alter a treatment plan as a function of changing contextual influences relevant to the client’s presenting problem.
- \_\_\_\_\_ Ability to collaborate with other professionals in a multi-professional environment.
- \_\_\_\_\_ Ability to consult with and refer to alternate treatment or consultation resources as required by the client’s presenting problem.

**Competency Domain 3.5: Ethics and jurisprudence**

- \_\_\_\_\_ Ability to consider relevant ethical issues in clinical decision-making.
- \_\_\_\_\_ Ability to integrate ethical principles into clinical practice.
- \_\_\_\_\_ Ability to proactively identify potential ethical problems.
- \_\_\_\_\_ Ability to resolve ethical dilemmas.

\_\_\_\_\_ Ability to identify and make use of required resources to deal with ethical dilemmas.

### **Competency Domain 3.6: Consultation**

\_\_\_\_\_ Ability to develop a consultation relationship with relevant parties.

\_\_\_\_\_ Ability to formulate a contextually-based analysis of a client's presenting problem.

\_\_\_\_\_ Ability to manage and negotiate the needs and interests of different parties implicated in a client's presenting problem.

\_\_\_\_\_ Ability to evaluate the outcome of one's consultation or treatment.

### **Competency Domain 3.7: Supervision**

\_\_\_\_\_ Ability to define supervisory objectives and explore a range of training methods.

\_\_\_\_\_ Ability to develop an approach to evaluation that is consistent with the objectives of training.

\_\_\_\_\_ Ability to promote the development of positive supervisee characteristics including active learning, openness to direction and feedback, preparedness, time management, and awareness of limits of expertise.

\_\_\_\_\_ Ability to integrate knowledge from a wide range of sources to maximize the quality and effectiveness of supervision.

### **Competency Domain 3.8: Program Development**

Central to this domain of competence is the acquisition of knowledge and skills that are relevant to the initial development, ongoing management and subsequent evaluation of any mental health intervention.

\_\_\_\_\_ Ability to determine most optimal approach to needs assessment.

\_\_\_\_\_ Ability to determine program elements that will best address client's needs.

\_\_\_\_\_ Ability to work collaboratively with other professionals and team members to implement a specific program.

\_\_\_\_\_ Ability to determine the tools or measures best suited to assess the success or effectiveness of the program.

\_\_\_\_\_ Ability to provide feedback to team members about the success or effectiveness of a specific program.

\_\_\_\_\_ Ability to integrate outcome evaluation findings with problem solving efforts to improve the success or effectiveness of a specific program.

\_\_\_\_\_ Training Supervisor (print)      \_\_\_\_\_ Signature      \_\_\_\_/\_\_\_\_/\_\_\_\_ Date

\_\_\_\_\_ Trainee (print)      \_\_\_\_\_ Signature      \_\_\_\_/\_\_\_\_/\_\_\_\_ Date