



McGill

Department of Psychology

McGill Psychology Internship Consortium

MPIC

Policy and Procedures Manual

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Melanie Dirks, PhD
Director of Clinical Training

Michael Sullivan, PhD
Internship Director

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1. Introduction

The Department of Psychology at McGill University has a long and distinguished history of training clinical psychologists. Our goal is to train students to be excellent license-eligible clinicians as well as outstanding researchers who use their familiarity with clinical problems to conduct research on the etiology and treatment of health problems, extending their impact beyond the work of an individual clinician and having a positive impact on society.

To facilitate this goal, the Department of Psychology collaborated with several clinical sites to establish the McGill University Psychology Internship Consortium (MPIC). MPIC was developed to provide students enrolled in the Clinical Program of the Department of Psychology at McGill breadth of experience in clinical training that would be difficult to achieve within a single site.

The clinical training sites that are part of MPIC play an essential and valued role in the practical training of students enrolled in the Clinical Program of the Department of Psychology at McGill University. The shared training of students by the Department of Psychology and the MPIC Member Sites stimulates and enriches the intellectual life and rigor of the respective institutions.

MPIC was accredited by the American Psychological Association from 1988 to 2015, and has been accredited by the Canadian Psychological Association since 2017.

2. Mission and Objectives

The mission of MPIC is to provide clinical education and training in scientifically-based professional Psychology. MPIC aims to produce graduates that have developed the competencies necessary to engage in clinical practice at the highest standards of the profession. MPIC achieves this goal by providing interns with breadth and depth of clinical training in a wide range of clinical activities. The approach to training is consistent with a scientist-practitioner model where practice is supported by scientifically supported principles.

Although therapeutic orientations vary across clinical service divisions, all MPIC Member Sites are committed to providing training in evidence-based principles of assessment and intervention and developing competencies in empirically supported interventions. It is expected that interns will become acquainted with a variety of theoretical viewpoints and practical approaches. It is expected that interns will become proficient in the fundamentals of psychological assessment and intervention. Interns are also expected to achieve competency in a specific set of skills that will vary according to the clinical service within which they are receiving training. The competencies developed through the pre-doctoral internship must meet the competency requirements for the practice of psychology outlined by the Canadian Psychological Association (CPA) and the *Ordre des psychologues du Québec* (OPQ).

In their role of clinical teaching, all MPIC Member Sites are committed to adhering to professional and ethical standards of practice outlined by CPA and OPQ.

3. MPIC Member Sites

MPIC includes 8 clinical service centres in the greater Montreal region, all of which are affiliated teaching hospitals of McGill University. All MPIC Member Sites have signed an agreement outlining the structure and content of training that is provided to interns. Brief descriptions of the available training experiences offered by each MPIC Member Site can be found in Appendix A.

The MPIC Member Sites include:

- 1) Allan Memorial Institute, McGill University Hospital Centre (MUHC)
- 2) The Neuropsychology Department of the Montreal Neurological Institute (MUHC)
- 3) Alan Edwards Pain Management Unit of the MUHC
- 4) The Montreal Children's Hospital (MUHC)
- 5) The Jewish General Hospital (CIUSS Centre-Ouest-de-L'île-de-Montreal)
- 6) Herzl Family Practice Centre (CIUSS Centre-Ouest-de-L'île-de-Montreal)
- 7) Douglas Mental Health University Institute (CIUSS l'Ouest-de-L'île-de-Montreal)
- 8) Douglas Institute Eating Disorders Program (CIUSS l'Ouest-de-L'île-de-Montreal)

In accordance with CPA Guidelines, each MPIC Member Site exercises control over the administration and content of the program of training that is offered to interns in Psychology. Each MPIC Member Site agrees with the following stipulations regarding the structure and training staff for its program of training:

Coordinator of Training: There must be a person identified as the Coordinator of Training who is responsible for coordinating and overseeing the training of internship students. The person designated as the Coordinator of Training must have release time for supervision and coordination of interns. The amount of release time should be commensurate with the number of interns.

Training Supervisors: There must be a training group consisting of the Coordinator of Training and the psychologists who are identified as Clinical Supervisors. This core group must consist primarily of Ph.D. level psychologists. The Clinical Supervisors designated to be in the core training group must also have release time for supervision of interns. The release time for the supervisors in the core group is variable but realistically acknowledges their participation in supervision and the joint activities of the training group.

Resources and Support: Each MPIC Member Site agrees to provide the physical resources necessary to support the training of interns in Clinical Psychology. There must be physical resources to support training (e.g., rooms with one-way mirrors, facilities for videotaping, and meeting rooms). These physical facilities must be available on a regularly scheduled basis to the interns and the core training group. There must be adequate resources to support training and the activities of the interns. Appropriate materials for conducting psychological services must be available for interns (e.g., testing materials).

4. Governance

MPIC is coordinated by the Clinical Committee of the Department of Psychology at McGill University. The Department of Psychology supports two administrative positions related to MPIC. The two positions are the Director of Clinical Training and the Internship Director. These positions are filled continuously on a three-year rotating basis by a member of the Clinical Program of the Department of Psychology at McGill University.

The Director of MPIC is the Internship Director of the Clinical Program of the Department of Psychology at McGill University. The MPIC Steering Committee consists of the Training Directors of each of the MPIC Member Sites. The MPIC Steering Committee meets twice yearly to discuss practice and policy issues, and address any challenges or problems that might have arisen with internship training.

5. Eligibility

Internship training through MPIC is open only to graduate students currently enrolled, and in good standing, in the Clinical Program of the Department of Psychology at McGill University. Eligible students must have completed all course requirements for the degree of PhD in Psychology, and must have completed a minimum of 720 hours of practicum training. Under exceptional circumstances, the Internship Director may permit student to begin his or her first internship even if one or two courses are yet to be completed. Students are considered to have met practicum requirements upon successful completion of 3 practicum courses: Practicum 1 (PSYC 620), Practicum 2 (PSYC 706), and Practicum 3 (PSYC 732).

A student must obtain approval from the Internship Director of the Clinical Program of the Department of Psychology at McGill University to apply for internship. The Internship Director verifies that the student is in good standing, has completed course and practicum requirements, and has made significant advance in his or her dissertation research.

Students in the Clinical Program of the Department of Psychology at McGill University are not required to complete their internship requirements through MPIC. Students also have the option of applying for internship through the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Students from other universities can also apply for internship to MPIC Member Sites. However, students from other universities would not be considered as interns of MPIC.

6. Application Procedures

Applications for internships to MPIC Member Sites 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 MPIC sites. Offers of placements are made on the same date as the APPIC Match day.

7. Internship Structure

Pre-doctoral internships within MPIC take the form of two half-time placements (800 hours) over the course of two consecutive calendar years. Students are expected to complete the two half-time placements in different clinical service units.

Full-time internships are not permitted. This training structure ensures both diversity of clinical training and the ability of students to continue to be active in both research and clinical work, two key aspects of the training model.

8. Internship Funding

Interns receive a \$12,500 stipend for each half-time placement of their MPIC internship. The stipends are allocated in three installments per year. The funds for payment of internship stipends are provided by the Ministry of Education of the Quebec Provincial Government (*Ministère de l'Éducation et de l'Enseignement supérieur: MEES*), and administered through the Faculty of Graduate and Post-Doctoral Studies of McGill University.

A condition of accepting a MEES stipend for internship training is that students must agree to work for 2 years in a public sector setting in Quebec, or offer 150 hours of volunteer service to a clinical setting. Most students opt to offer 150 hours of volunteer service concurrently with their internship placement. These hours can be distributed through the year as 2 additional hours of service per week.

For internships completed at the Jewish General Hospital or the Douglas Mental Health University Institute, the contracts for accepting a MEES stipend must also be signed by the Academic Affairs Directorate of the *Centre intégré universitaire de santé et de services sociaux* (CIUSSS) that oversees the operation of the training site to which the intern has been accepted. Appendix B contains a list of the Academic Affairs Directorate of the CIUSSS that oversee the operation of the different MPIC sites.

9. 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 Internship Training Agreement and Competency Evaluation Form.

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

10. Internship Planning

During the year preceding application for pre-doctoral internship, students meet with the Internship Director to plan their application to MPIC. Application to MPIC Member Sites is planned in a manner that is intended to meet the student's career development interests, and to ensure that, following completing of the internship, all CPA and OPQ competency requirements will have been met.

11. Training Agreement

At the start of the internship, the Internship Director, the site-specific Clinical Supervisor and the intern 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 intern.

For internships 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'Île-de-Montreal (Douglas Mental Health University Institute) and CIUSS of the Centre-Ouest-de l'Île-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.

12. MPIC Training Model

The MPIC training model emphasizes supervised clinical practice, supported by didactic methods and role modeling as part of internship training. Internship training within MPIC is an organized sequence of training experiences beginning with an orientation to the setting, a planned sequence of didactic coursework, and participation in clinical practice structured to an appropriate level of complexity for the developing intern.

In its emphasis on supervised experience, the training model recognizes the unique skills of its individual Clinical Supervisors, who each develop a supportive relationship with the intern(s) they are supervising and teaching, and work toward the development of competence in establishing positive constructive working relationships with clients and other professionals, identifying or assessing patterns of clinical problems specific to their areas of expertise, selecting and implementing appropriate responses and techniques for addressing the clinical problems identified, including evaluating outcomes, working effectively with other professionals, and in all instances practicing according to CPA Ethical Guidelines.

13. 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. During each 800-hour placement, interns receive at least 1.5 hours of regularly scheduled individual supervision per week from training supervisors. Interns receive at least .5 hours of group supervision from training supervisors or other internship staff per week. 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.

14. Competency Evaluation

Interns are formally evaluated by their supervisors at the completion of each 800-hour placement. Interns 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 intern. The evaluations of interns by Clinical Supervisors are intended to provide feedback to interns regarding their performance, to ensure that interns 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 800-hour 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 intern, and the form is signed by the Clinical Supervisor and the intern.

A student is considered to have 'passed' the internship 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.

By the end of the internship, the student is expected to have received a rating of 1, corresponding to “appropriate for student’s level of training”, for each of the competencies required by CPA and OPQ. If, at the end of the internship, a student’s Competency Evaluation form reveals unmet competencies, a remediation plan is developed that will assist the student in developing the unmet competencies.

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

15. Student Evaluation of Internship

For the purpose of program enhancement and quality control, interns evaluate the internship site at the completion of each 800-hour placement. Interns are asked to complete the Student Evaluation of Internship form on the MPATS. Students’ evaluations of internship sites are reviewed regularly by the Internship Director. Students’ evaluations of their internship experience are used to provide feedback to internship sites about interns’ experiences. Students’ evaluations of their internship experiences are also considered during bi-annual meetings of the MPIC Steering Committee as input for discussions about possible modifications to the structure and content of MPIC internships.

A copy of the Student Evaluation of Internship form on MPATS appears in Appendix D.

16. Monitoring of Training Experiences

Each year, the Director of Clinical Training meets with all interns to discuss their training experiences. Interns’ feedback is brought anonymously to the MPIC Steering Committee as input for discussions about possible modifications to the structure and content of MPIC internships.

The Internship Director from the Department of Psychology at McGill University communicates with MPIC Member Sites three months following the start of a student’s internship in order to facilitate early detection of any problem situation. The Internship Director also maintains regular contact with the Clinical Supervisors at the MPIC Member Sites to review the progress of interns and to help in the amelioration of problems that may arise.

17. Intern Support Meetings

Twice each month, interns meet to discuss training-related issues. The meeting is attended by all current MPIC interns and the Internship Director. An ‘Intern Coordinator’ is selected by the interns whose responsibilities include the coordination of the bi-monthly meetings, and acting as liaison between the interns and the Internship Director. During the first meeting of the year, interns generate an agenda for the subsequent meetings. Topics discussed are determined by the interns and vary from year to year. In the past, topics for the meetings have included a review of each internship site, dealing with supervisory difficulties, case presentations, job prospects after internship, and the French licensing exam.

The Intern Support Meetings usually last approximately one hour and the discussions are led by different interns. During the final meeting, students evaluate the utility of the meetings and make recommendations for changes to the structure and content of future meetings.

Interns are also made aware that they can communicate with the Internship Director at any time to discuss any challenges they might be facing in their internship. The Internship Director works with the intern to develop a plan for problem resolution. The intern is first encouraged to address the problem situation with his or her Clinical Supervisor. If the intern's efforts are unsuccessful, or when deemed appropriate, the Internship Director might take action on the intern's behalf.

18. Procedures for Responding to Unsatisfactory Performance

When an intern's performance is deemed less than satisfactory by a Clinical Supervisor, the problem situation is discussed at length in a first meeting with the intern within the context of clinical supervision. The goal of this first meeting is to ensure the intern's understanding of the problem situation, and to provide the intern with guidance about how the problem situation can be improved or corrected. The Clinical Supervisor and intern 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 intern and the MPIC 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 MPIC Internship Director develop a remediation plan that describes the steps that must be taken by the intern 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 intern's progress will be tracked during individual supervision meetings.

A written notice of probation is sent to the intern, containing a detailed description of the remediation plan. The notice of probation is signed by the intern, the Clinical Supervisor, the Coordinator of Clinical Training and the MPIC Internship Director. The intern has 10 days to appeal the notice of probation.

For internships completed at the Jewish General Hospital or the Douglas Mental Health University Institute, the Academic Affairs Directorate of the CIUSSS that oversees the operation of the training site must be informed that a remediation plan is in progress, and that the student is on probation. The intern will then be advised, in writing, by the Academic Affairs Directorate that he or she is on probation. The intern will be asked to respond, in writing, that he or she has received the official notification, and is in agreement with the description of the problem situation, the remediation plan, and the date of expected problem resolution.

If, following the probation period, the intern is able to address the performance issues outlined in the notice of probation, as attested by the Clinical Supervisor and the Coordinator of Clinical Training, no further action is required. The Academic Affairs Directorate of the CIUSSS and the MPIC Internship Director are notified.

If, following the probation period, the intern is unable to meet the expectations as defined in the remediation plan, the Academic Affairs Directorate, jointly with the Clinical Supervisor and the Coordinator of Clinical Training, will inform the MPIC Internship Director of the steps taken and the decisions being made. The Academic Affairs Directorate will then inform the intern of the termination of the internship, with a certified copy to the MPIC Internship Director.

When a training site decides to terminate an internship 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.

19. Appeal Procedures

In the event that an intern does not agree with the content of the official notification of probation, the remediation plan or the expected date of problem resolution, the intern can file a formal appeal. The formal appeal, including supporting documentation must be submitted in writing to the Coordinator of Clinical Training, and the MPIC Internship Director within 10 (working) days of receipt of official notification of probation. The appeal document should explain the reasons for appeal and include documented information or evidence that would warrant reconsideration of the probation.

For internships completed at the Jewish General Hospital or the Douglas Mental Health University Institute, the appeal document must also be submitted to the CIUSSS Academic Affairs Directorate.

During the appeal review period, the intern will be provided with detailed information about interim involvement in the internship (i.e. report writing, client contact, etc.) until such time as a final decision has been made.

20. 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

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. Montreal Children's Hospital

The Montreal Children's Hospital provides specialized tertiary-care pediatric health care and allied health services to children and adolescents and their families. The Division of Psychology (Pediatric) is an autonomous unit of the hospital whose staff provides services in a broad range of multidisciplinary teams and clinics. Training opportunities are offered in Pediatric Psychology, Mental Health, Preschool Pediatric Psychology and Neuropsychology.

Training in the Pediatric Psychology Service involves assessment and interventions in pediatric behavioural medicine, often as part of multidisciplinary teams. Assessment includes the cognitive and emotional sequelae of traumatic brain injuries, chemotherapy and radiation, epilepsy, neurofibromatosis and other neuropsychological conditions. Interventions include helping children and adolescents and their families coping with disability in catastrophic and chronic illness, acute care, adherence to medical regimens, somatoform disorders, eating disorders, and factitious disorders.

The Mental Health Service focuses on children and adolescents in the psychiatry inpatient services and day hospitals, the outpatient child psychiatry services, and the Cognitive Behaviour Therapy Clinic. Inpatient and day hospital services involve services for those with severe and complex mental health needs. Outpatient services include assessment and treatment of individuals, parents and families for a wide variety of disorders that have not responded to interventions at the school or community level. The CBT clinic offers treatment for depressive, anxiety and externalizing problems.

5. 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 offers an integration of psychosocial rehabilitation and work reinsertion. 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 for clinical psychology students 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 (CIUSSS)*

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

Mme. Kristen Oliver (kristen.oliver.comtl@ssss.gouv.qc.ca)
Mme. Mylene Levesque (mylene.levesque@douglas.mcgill.ca)
Stage.universitaire.comtl@ssss.gouv.qc.ca

Douglas Eating Disorders Clinic
Howard.Steiger.COMTL@ssss.gouv.qc.ca

Academic Affairs Directorate of the CIUSSS du Centre-Ouest-de-l'Ile-de-Montreal

Jewish General Hospital
Mme. Moira MacDonald (moira.macdonald.CVD@ssss.gouv.qc.ca)
Mme. Valerie Coulombe (valerie.coulombe.ccomtl@ssss.gouv.qc.ca)

Appendix c

MPIC 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* (2013) 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 internship. At the end of the internship, 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

MPIC 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 internship program that highlights the student's level of participation, skill development, strengths or weaknesses.

Competency Ratings

The *Manuel d'agrément* (2013) 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 internship.

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

Appendix E

MPIC Student Evaluation of Internship

Part I

1. Identification

- a) Name of setting: _____
- b) Official supervisor: _____
Other supervisors: _____

- c) Was this your: _____ 1st Half-time Internship (204-707H):
_____ 2nd Half-time Internship (204-708H):
- d) When did you do this internship? From _____ to _____
mo. yr. mo. yr.
- e) How much time did you spend interning? Number of weeks _____
Number of days/week _____

2. Description of Activities

What percent of your working time did you spend within the following activities?

- | | | % |
|----|-------------------------------------|-------|
| a) | Assessment: interviewing | _____ |
| | testing | _____ |
| | other | _____ |
| | subtotal for assessment | _____ |
| b) | Treatment: individual psychotherapy | _____ |
| | group psychotherapy | _____ |
| | couple therapy | _____ |
| | family therapy | _____ |
| | child management | _____ |

	consultation to clients	_____
	other _____	_____
	_____	_____
	_____	_____
	subtotal for treatment	_____
c)	Administration.	_____
d)	Study.	_____
e)	Supervision and Consultation.	_____
	TOTAL	100%

3. Description of Patients

- a) What percent of your practicum/internship time was spent with the following age groups?

	%
children (1-13)	_____
adolescents (14-18)	_____
adults (19-65)	_____
older adults	_____
families (mixed ages)	_____
TOTAL	100%

- b) During what percent of your practicum/internship time did you work with the following general categories of presenting problems:

schizophrenia/psychotic disorders	_____
other Axis I disorders	_____
Axis II disorders	_____
learning disabilities	_____
neuropsychological problems	_____
other problems	_____
_____	_____
_____	_____
TOTAL	100%

- c) During what percent of your practicum/internship time did you work with:

inpatients	_____
outpatients	_____
other: _____	_____
TOTAL	100%

4. Congruence of experience with expectations

- a) Compared to your expectations when you agreed to take on this internship experience did you put in:

more hours than anticipated	_____
about the number of hours anticipated	_____
fewer hours than anticipated	_____

Comments:

- b) Were the activities of the internship:

as you expected	_____
different from what you expected	_____

Comments:

- b) Did you feel able to negotiate with representatives of the site when your expectations or needs were different from the experiences you were having?

yes	_____	no	_____
sometimes	_____	not relevant	_____

Comments:

5. Exposure to other professionals

Did you have contact with professionals from other disciplines?

a lot	_____
occasionally	_____
very little	_____
none at all	_____

Would you have liked the opportunity for more contact with other disciplines?

What I had was sufficient _____
I would have wanted more contact _____

Comments:

Part II

The items below ask for ratings of the quality of your experience with your major supervisor.

1. Supervisory Responsibilities: (e.g., punctuality, keeping appointments, providing the supervisory time you had been scheduled to receive).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

2. Engagement: (e.g., in supervision, involvement in student's progress as therapist).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

3. Openness and Support: (e.g., warmth, empathy, absence of interfering biases or "defenses").

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

4. Adequacy of Teaching Methods: (this may, but does not necessarily have to include such things providing demonstrations, role playing, direct suggestions or information, feedback on session tapes and readings).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

5. Provision of Feedback during the course of the semester: (e.g., providing feedback on day-to-day handling of cases, therapist presentation, general progress of therapist).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

6. Helpfulness of ongoing feedback:

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

7. Supervisor's Level of Knowledge: (e.g., knowledge of relevant research, resourcefulness, adequacy as a role model, clinical skills).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

8. At the end of the practicum/internship, how did the supervisor provide you with an overall evaluation of your work?

<input type="checkbox"/>	Verbal Feedback	<input type="checkbox"/>	both
<input type="checkbox"/>	Written Feedback	<input type="checkbox"/>	Neither

9. How would you rate your learning experience?

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

10. How would you rate the overall quality of this supervisor?

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

11. Exposure to other supervisors

a) How much contact did you have with other supervisors?

1	2	3
None	Some	A lot

12. How would you rate the availability of physical resources (e.g., books, tests, materials, audiovisual equipment).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

13. Do you have any additional comments on quality of supervision, your experience within the setting etc.? Do you have any suggestions regarding how the practicum/internship experience in this setting might be improved in the future?
