



McGill

Department of Psychology

McGill Psychology Internship Consortium

MPIC

Policy and Procedures Manual

2024 - 2025

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McGill Psychology Internship Consortium Policy and Procedures Manual

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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. The McGill University Psychology Internship Consortium (MPIC) was developed to provide students enrolled in the Clinical Program of the Department of Psychology at McGill with 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 training sites that operate under 3 major regional health authorities 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) McGill University Health Centre (MUHC)
 - a. Adult Services (Allan Memorial Institute, Montreal General Hospital, and Royal Victoria Hospital)
 - b. Montreal Children's Hospital
 - c. Montreal Neurological Institute
- 2) CIUSSS Centre-Ouest-de-L'Île-de-Montréal
 - a. Jewish General Hospital
 - b. Hertzl Family Practice Centre
- 3) CIUSSS l'Ouest-de-L'Île-de-Montreal
 - a. Douglas Mental Health University Institute

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 interns. 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.

Clinical 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 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 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 video recording, and meeting rooms). These physical facilities must be available on a regularly scheduled basis to the interns and the core training group. 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 700 hours of practicum training. 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 one full-time (1600 hours) or two half-time placements (800 hours). Students who opt for one full-time placement must complete rotations in at least two different service units. Students who opt for two half-time placements must complete the two placements in two different service settings over the course of two consecutive calendar years.

8. Internship Funding

Interns receive a \$25,000 stipend for a full-time placement or 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'Enseignement Supérieur: MES*) and administered through the Faculty of Graduate and Post-Doctoral Studies of McGill University.

For internships completed through the CIUSSS of the Centre-Ouest-de-l'Île-de-Montréal, or the CIUSSS de l'Ouest-de l'Île-de-Montréal, the contracts for accepting a MES stipend must also be signed by the Academic Affairs Directorate that oversees the operation of the training site to which the intern has been accepted.

Appendix B contains contact information for 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 Forms.

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 completion of the internship, all CPA and OPQ competency requirements will have been met.

11. Training Agreement

At the start of the internship, 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 site-specific Clinical Supervisor and the intern. For internships completed through the CIUSSS of the Centre-Ouest-de-l'Île-de-Montréal, or CIUSSS de l'Ouest-de l'Île-de-Montreal, the Training Agreement must also be signed by the Academic Affairs Directorate of the CIUSSS. 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 activities, and participation in clinical practice structured to an appropriate level of complexity for the developing intern. Interns spend the majority of their time (but not exceeding 60%) in direct and indirect service provision.

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 central elements of internship training.

The content and process of training within MPIC Member sites is intended to foster the development of professionalism among trainees and promote equity, diversity, inclusion, access and social justice. Training emphasizes the importance of reflective practice, outcome evaluation, collaboration, and continuous

learning. Training aims to foster the ability to identify and observe boundaries of competence in all areas of practice and the capacity to be self-reflective and receive feedback from others.

In its emphasis on supervised experience, the training model recognizes the unique skills of its individual Clinical Supervisors. Clinical Supervisors guide the intern in the development of the range of competencies outlined in the OPQ *Manuel d'évaluation des programmes de doctorat en psychologie*, namely: Interpersonal Relations, Assessment, Intervention, Ethics and Jurisprudence, Research, Consultation, Supervision and Program Development.

All MPIC member sites provide services to a multi-cultural and multi-ethnic population. All interns receive training aimed at increasing their familiarity, sensitivity and skill relevant to human diversity in clinical practice.

13. Clinical Supervision

Clinical supervision is case-based, and utilizes discussion, direction, observation (both live and review of recorded sessions) and feedback toward the goal of competence in rapport-building, assessment, intervention, collaboration, and professionalism. During their 1600-hour placement, interns receive at least 4 hours of regularly scheduled individual supervision per week from Clinical Supervisors. Interns receive at least 1 hour of group supervision from Clinical Supervisors or other internship staff per week (pro-rated for each part-time 800-hour placement). Clinical Supervisors are available on site at all times as issues or problems emerge.

Individual supervision can take the form of:

- a) Supervision that consists of visual and/or verbal communication in person between a supervisor and an intern in which the supervisor observes the trainee deliver psychological service,
- b) Supervision that consists of the supervisor and trainee reviewing audio or video recordings of the intern's delivery of psychological service,
- c) Supervision that consists of the supervisor and intern engaging in case discussion (i.e., the intern provides an oral report of his or her delivery of psychological service to an identified patient/client).
- d) Individual supervision can occur between the supervisor and intern as the only participants, or it can occur in a group format with other supervisors and interns present.
- e) Group supervision consists of activities in which interns participate in the supervision of psychological service received by another intern, or some combination of interns 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.

As per requirements of the OPQ, Clinical Supervisors must have at least 2 years post-graduate practice experience and must not have been subject to any practice-related disciplinary action in the last 3 years. All Clinical Supervisors must be members in good standing with the OPQ.

14. Competency Evaluation

Interns are formally evaluated by their Clinical Supervisors at the mid-point and termination of the 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 internship. In addition to evaluations by the Clinical Supervisors, information from other sources might be considered. These include record reviews, staff reports, and client feedback.

Mid-way through the internship, the Clinical Supervisors complete the Mid-Placement Competency Evaluation Form. The Clinical Supervisor is asked to comment on the intern's performance as a trainee with respect to the range of competencies outlined in the *OPQ Manuel d'évaluation des programmes de doctorat en psychologie*, namely: Interpersonal Relations, Assessment, Intervention, Ethics and Jurisprudence, Research, Consultation, Supervision and Program Development. The Mid-Placement Competency Evaluation is intended to ensure that the intern is progressing as expected. As well, the Mid-Placement Competency Evaluation affords the opportunity to identify any problematic areas that might require correction. A copy of the Mid-Placement Competency Evaluation is in Appendix D.

At the end of the internship, 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. The Competency Evaluation is completed online through the MPATS. A copy of the Competency Evaluation appears in Appendix E.

15. Student Evaluation of Internship

For the purpose of program enhancement and quality control, interns evaluate the internship site at the completion of the internship 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 F.

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 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

Once each month, interns meet to discuss training-related issues. The meeting is attended by all current MPIC interns. An 'Intern Coordinator' is selected by the interns whose responsibilities include the coordination of the monthly meetings. 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 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 Director of MPIC. 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 Director of MPIC 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 Director of MPIC. The intern has 10 days to appeal the notice of probation.

For internships completed through the CIUSSS of the Centre-Ouest-de-l'Île-de-Montréal, or CIUSSS de l'Ouest-de l'Île-de-Montréal, 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 is then advised, in writing, by the Academic Affairs Directorate that he or she is on probation. The intern is 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 Director of MPIC 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, inform the Director of MPIC of the steps taken and the decisions being made. The Academic Affairs Directorate then informs the intern of the termination of the internship, with a certified copy to the Director of MPIC.

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 Director of MPIC 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 through the CIUSSS of the Centre-Ouest-de-l'Île-de-Montréal, or CIUSSS de l'Ouest-de l'Île-de-Montréal, 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_handbook_2023-2024_final.pdf

Appendices

Appendix A

MPIC Member Sites

1. McGill University Health Centre Adult Services (Allan Memorial Institute, Montreal General Hospital, and Royal Victoria Hospital) (Training Coordinator: Marco Sinai, PhD)

Internship 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. The internship rotations available through the MUHC fall under the umbrella of the multidisciplinary MUHC Mental Health Mission which brings together psychologists, psychiatrists and individuals from other allied healthcare professions who provide services in emergency care, inpatient and outpatients units, consultation-liaison, and neuropsychology.

The MUHC adheres to the OPQ and CPA guidelines concerning supervision standards. Full time interns receive a minimum of 4-5 hours of supervision per week. Supervision of doctoral residents is provided by OPQ licensed doctoral-level psychologists. Interns may work with other supervisors, but this must be supplemental to supervision provided by doctoral-level psychologists. Clinical supervisors adhere to a developmental and competency-based model of supervision, taking into account each trainee's developmental level and individualized learning goals.

Didactic Training Opportunities for Psychology Interns

- **Psychology Training Program Intensive Teaching Series**

In September, interns attend a series of seminars and workshops reviewing evidence-based psychotherapy interventions (e.g., exposure, cognitive interventions, motivation enhancement, interpersonal processes). To enhance learning, these sessions emphasize experiential practice, including the use of experiential exercises, role plays and modelling.

- **Psychology Residency Seminar**

All interns attend a weekly in person seminar covering a range of topics pertinent to the practice of clinical psychology. These seminars provide interns with an opportunity to learn or refresh their knowledge about foundational theories and interventions, professional development issues (e.g., career trajectories, clinical supervision), and other specialized clinical topics.

- **Psychology Residency Case Conference Series**

In the second half of the internship, interns have the opportunity to prepare and present a clinical case conference. Interns learn how to present a succinct case summary to other professionals and multidisciplinary teams and receive feedback about an ongoing case from peers and staff supervisors.

- **MUHC CBT Seminar Series**

The Centre for CBT Research, Training and Intervention offers an optional 15-week CPA-approved seminar for interns interested in learning CBT-based case-formulation and how to adapt CBT interventions to specialized populations (e.g., PTSD, psychosis, insomnia). The seminar series is offered twice per year (September/January).

- **Department of Psychiatry Grand Rounds**

Interns are invited to attend weekly Grand Rounds hosted by McGill University's Department of Psychiatry. Interns can attend in person or remotely via zoom.

- **MUHC Mental Health Mission Research Day**

Interns are invited to attend the annual research day hosted by the MUHC Mental Health Mission in April of each year. This event highlights the innovative research conducted by members of the Mission, including several psychologists who maintain active research programs. In the past, some trainees have been selected to present the research they conducted in their rotations at the MUHC.

Internship Rotations

MPIC Interns enrolled in a full-time internship are expected to complete at least two rotations in separate service units. The different service units of the MUHC through which interns can complete rotations include the following:

Clinical Psychology

- a. Addictions Psychiatry Program
- b. Centre for CBT Research, Training and Intervention
- c. Module for Evaluation and Liaison
- d. Mood and Anxiety Disorders Program
- e. McGill University Sexual Identity Clinic
- f. Personality Disorders Program
- g. Prevention and Early Intervention for Psychosis Program
- h. Transitional Day Program

Health Psychology

- i. Alan Edwards Pain Management Unit
- j. Bariatric Surgery Psychology Program
- k. Chronic Viral Illness Service
- l. Consultation-Liaison Service
- m. Inflammatory Bowel Disease Clinic

Neuropsychology

- n. Traumatic Brain Injury Program
- o. Adult Neuropsychology Service

MUHC Service Units

A brief description of the content, structure and training objectives of each service unit of the MUHC is provided below.

MUHC: Clinical Psychology

a. Addictions Psychiatry Program

Interns learn to conduct biopsychosocial assessments and deliver integrated group and individual psychotherapy within the context of addiction treatment as part of a multidisciplinary team. As well, interns attend weekly clinical rounds and bi-weekly peer group supervision. Clinical supervision focuses on developing evidence-based skills for the treatment of alcohol and substance use disorders as well as related concerns.

b. Centre for CBT Research, Training and Intervention

The Centre for CBT Research, Training, and Intervention (CBT-RTI) is an interdisciplinary outpatient clinic that specializes in providing case formulation-based CBT for adults with various mental disorders (e.g., anxiety disorders, depression, psychosis, PTSD, OCD, insomnia). Interns engage in individual and group CBT and participate in the weekly assessment clinic on Wednesday afternoons where they learn to evaluate patient suitability for CBT and conduct comprehensive diagnostic assessments. Interns also attend the 15-week CPA-approved MUHC CBT Seminar Series, participate in a monthly journal club, and present a case in the CBT case conference series. Additional opportunities include training in virtual reality exposure therapy, involvement in research or program evaluation, and supervision training. In addition to offering clinical services and an extensive teaching program, the Centre for CBT-RTI maintains an active research program. Research interests of staff members include examining mechanisms of effective clinical supervision, developing short-term, cost-effective interventions for a range of problems, and identifying individual differences associated with effective treatment outcomes.

c. Module for Evaluation and Liaison

Interns engage in assessment, case formulation, and individual therapy based on cognitive-behavioural therapy, acceptance and commitment therapy, and dialectical behavior therapy frameworks for a range of mental disorders. This clinic treats individuals with mental health crises or with complex mental health issues requiring immediate follow-up.

d. Mood and Anxiety Disorders Program

Interns work within a multidisciplinary team approach to treat patients with a broad range of disorders such as mood, anxiety, obsessive-compulsive, and trauma-related disorders. Training includes exposure to a range of evidence-based approaches (e.g., CBT, MBT, ACT, DBT) in both individual and group therapy modalities. Trainees also have the opportunity to attend team meetings, academic rounds, and clinic intake assessments.

e. McGill University Sexual Identity Clinic (MUSIC)

MUSIC is an interdisciplinary team providing mental health care to LGBTQ+ individuals from across Quebec. Trainees engage in assessment, case formulation and psychotherapy (individuals, couples, families) for a wide

range of presenting problems (e.g., gender dysphoria, internalized homo/transphobia, mood, anxiety, trauma-related and personality disorders). The clinic is psychodynamically oriented with additional expertise in second and third wave CBT (DBT, ACT). Group psychotherapy is a central component of the rotation. Individual and group supervision are offered with opportunities to be involved in program development and ongoing research.

f. Personality Disorders Program

Interns have the opportunity to conduct short- and long-term individual and group therapy for acute/chronic personality disorders, such as borderline personality disorder (BPD). An integrative approach with principles from MBT, DBT, and transference-focused therapy (TFT) are used. Opportunities pertaining to assessments, clinical case presentations, and weekly multidisciplinary rounds are offered.

g. Prevention and Early Intervention for Psychosis Program

Interns work with a complex but deeply rewarding population that suffers from a variety of mental health issues, including psychosis, substance use disorders, suicidal thoughts, BPD, and trauma-related disorders. In addition to individual psychotherapy, interns also participate in co-facilitating groups or in-intake assessments.

h. Transitional Day Program

Interns have the opportunity to apply short-term psychological interventions for patients attending the 4-8 week-long day hospital program. The Transitional Day Program functions as an alternative to hospitalization, allowing patients to benefit from a therapeutic setting while being able to remain at home. The program treats acutely ill patients, many of whom were recently discharged from the emergency department or psychiatric inpatient ward. Intern participation in group therapy and individual therapy are essential, as well as involvement in weekly multidisciplinary team rounds.

MUHC: Health Psychology

i. Alan Edwards Pain Management Unit

The Alan Edwards Pain Management Unit is a multidisciplinary clinic aiming to help patients better manage and adapt to pain. Psychologists are highly valued in the team given the important overlap between chronic pain and psychological comorbidities. Trainees have the opportunity to engage in assessment, short- and long-term individual therapy, group therapy, and joint appointments with allied health professionals. Patients present with diverse psychological challenges, but most commonly mood and anxiety disorders, trauma-related disorders, and personality pathology.

j. Bariatric Surgery Psychology Program

Interns engage in assessment, case formulation, and individual therapy based on cognitive behavioral therapy, acceptance and commitment therapy, and dialectical behavior therapy frameworks for various mental disorders in the context of perioperative care for bariatric surgery patients. Opportunities pertaining to group therapy and program development are offered.

k. Chronic Viral Illness Service

Working in a multidisciplinary team, interns engage in comprehensive assessments, CBT-based case formulation of a range of psychological problems (with a focus on PTSD), treatment planning, psychological interventions (guided by the DBT-PE model), and research. Emphasis is placed on diversity, ethical principles, and understanding referral pathways.

l. Consultation-Liaison Service

Working in an interdisciplinary team, interns receive training in assessment and therapy (individual and group) with inpatients and outpatients in the departments of obstetrics, cardiology, respiratory, critical care, trauma, and endocrinology. Interns also attend team meetings and journal club, and have the opportunity to be involved in program development and research.

m. Inflammatory Bowel Disease Clinic

Interns work with a multidisciplinary team in the treatment of patients living with Crohn's disease and Ulcerative Colitis who are in various stages of their disease management. Interns conduct assessments, case formulation, individual and group therapy and will be exposed to a range of psychological problems including anxiety, mood, and trauma-related disorders. An integrative approach with principles from ACT, MBT and trauma-focused therapy are used.

MUHC: Neuropsychology

n. Traumatic Brain Injury Program

The TBI Program provides assessment services and early rehabilitation to patients with TBI of varying severity. There are two different options for neuropsychology interns:

OPTION 1: The TBI Program provides assessment services and early rehabilitation to hospitalized patients with TBI of varying severity (mild to severe). The neuropsychology intern helps the multidisciplinary team establish discharge planning by assessing patients at bedside in order to have a better understanding of their cognitive prognosis.

OPTION 2: The Mild TBI Outpatient Clinic provides follow-up for patients in the Montreal region who have suffered a mild TBI. This monitoring is carried out on an external basis. The Mild TBI Outpatient Clinic works closely with a team of medical advisors (physiatrists and a neurosurgeon). The main goal is to evaluate the individual's cognitive and affective profile, to offer appropriate recommendations, and to create a targeted treatment plan with our doctors.

For both options, there are opportunities to participate in multidisciplinary rounds and neuropsychology rounds with other MUHC departments, shadow multidisciplinary members (e.g. neurosurgery, psychiatry, PT/OT, SLP, social work, etc.) and possibly participate in research.

o. Adult Neuropsychology Service

This service receives referrals primarily from inpatient and outpatient psychiatry, where diagnostic comorbidity is the norm. Other referrals may come from other medical missions within the hospital and

community-based healthcare partners. Trainees conduct neuropsychological assessments, perform diagnostic assessments for suspected neurodevelopmental disorders, and provide short-term group CBT and cognitive rehabilitation to individuals with attention deficits.

2. McGill University Hospital Centre (MUHC: Montreal Neurological Institute)

(Training Coordinator: Viviane Sziklas, PhD)

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 Neuropsychology Epilepsy Service's multidisciplinary team.

3. McGill University Hospital Centre (MUHC: Montreal Children's Hospital)

(Training coordinator: Yves Beaulieu, PhD)

The Montreal Children's Hospital is a major pediatric centre in Canada and is the pediatric teaching hospital of the McGill University Health Centre. The institution is a leader in the care and treatment of sick infants, children, and adolescents. The Montreal Children's Hospital provides a high level and broad scope of health care services with ultra-specialized care in many fields. In addition to its reputation for excellence and innovation of service delivery, the Children's functions as the primary clinical resource for teaching of medical, nursing, psychology, and other health professionals.

The Department of Psychology of the Montreal Children's Hospital is staffed with over 35 psychologists working on a full-time or part-time basis. The Department of Psychology is the primary professional affiliation for psychologists who work in a broad range of multidisciplinary teams and clinics. The Department provides services for children from birth to 18 years. Patients include children hospitalized for medical issues [e.g., leukemia, ICU, various medical conditions], as well as those followed in clinics for chronic medical conditions [e.g., gastrointestinal disorders, eating disorders, severe obesity, juvenile-onset arthritis]. In addition, children below five years of age with suspected neurological, metabolic, feeding or other problems that are likely to impact their development are also candidates for psychological services. Finally, psychologists are at the forefront of providing services to latency age children and adolescents presenting with severe behavioural and emotional problems.

The Resident Training Program in Psychology reflects a commitment to the scientist-practitioner model. In keeping with The Children's mission statement, the model of education was developed to train psychologists so that they are able to provide exceptional care that is informed by theory and empirical research. The training model proceeds from the view that the practice of psychology is enhanced by encouraging trainees to develop their clinical skills in an environment that promotes research and education. Accordingly, clinical training is provided by doctoral level psychologists engaged in clinical practice and teaching. Residents in the

program are encouraged to anchor their clinical service in a thorough review of existing scientific literature and evaluate their interventions systematically. Residents are also encouraged to use their clinical practice to generate critical questions for further investigation.

MCH: Rotations

There are three rotations which are offered in the training program. These rotations are presented schematically below and are then described in greater detail. Taken cumulatively, the programs and services described in the rotations comprise the various roles of the psychologist with the Montreal Children's Hospital. The program is constructed to allow the intern the opportunity to participate in each of the rotations and thereby to achieve a comprehensive exposure to the nature of psychological practice within a tertiary care setting.

Within each rotation there is a Coordinator of Training. The Coordinator of Training together with the intern develop a plan of training experiences in response to the skills and needs of the latter. Each intern is supervised by a number of psychologists within that rotation to maximize breadth of learning. Each intern also meets with the Director of Clinical Training on a regular basis. In these meetings, the Director of Clinical Training serves as a mentor for the intern, oversees the coordination of the intern's training program, and acts as the liaison between the intern and the Clinical Training Committee.

a. Pediatric Psychology Rotation

This rotation is designed to develop the intern's knowledge and skills in evidence-based behavioural medicine. The focus of the rotation is on the interactions between the physical and social environment, cognition, behaviour and biology in health and illness. Interns learn to provide cutting-edge psychological interventions to pediatric inpatients and outpatients and their families that foster health and rehabilitation.

The thrust of this rotation is on the prevention, diagnosis, and treatment of illness from a psychological perspective. This rotation lies at the intersection between mental health and medicine whereby each influences the other in a bidirectional relationship. Interns in this rotation are trained in the skills of tertiary care psychology. They develop the skills required for assessment and intervention in working with some of the most complex and difficult cases in the health care system.

Interns become proficient in evidence-based interventions where time is often a critical factor. Intervention requests and referrals span the full range of pediatric psychology and include but are not limited to: coping with illness and disability in catastrophic [e.g., leukemia, amputation, intensive care hospitalization] and chronic illness [e.g., severe obesity, eating disorders, Crohn's and inflammatory diseases, diabetes, end-stage renal disease]; acute care [e.g., preparation for medical procedures on an urgent basis]; adherence to medical regimens, as well as somatoform disorders.

Interns become well versed in the management of anxiety, depression, and grief in children and adolescents experiencing severe illnesses. As well, they are central in providing interventions to families whose functioning has been disrupted by illness or tragedy. Thus, the intern's training comprises the set of clinical skills acquired in mental health clinics and extends this training to include addressing the added complications of illnesses that further disrupt children's and families' functioning. Moreover, issues of compliance with treatment take on an increased level of difficulty and urgency as the consequences of non-compliance with

medication or surgery can lead to organ damage or failure, or death. Interns in pediatric psychology function as members of multidisciplinary teams and are involved in evaluation and consultation as well as short-term individual and family interventions throughout the hospital.

b. Mental Health Rotation

This rotation is designed to train interns in diagnosis and treatment of complex mental health problems in both inpatient and outpatient mental health settings. In the inpatient arm of the mental health rotation (Pediatric Psychiatry Care Program (PPCP)) interns have the opportunity to provide crisis intervention to suicidal youth and psychological interventions to youth with acute, complex mental health problems (i.e., mood disorders, conversion disorder, etc.) that are often comorbid with other conditions (i.e., personality disorder traits, gender dysphoria, severe anxiety, etc.).

Psychological interventions used in the PPCP include psychoeducation and cognitive behavior treatments for severe depressive disorders as well as short-term intervention modules in the areas of emotion regulation, distress tolerance and coping skills. In addition, psychology interns have the opportunity to conduct evaluations of the social/ emotional and personality functioning of their assigned patients. Psychology interns in the PPCP are involved with all services provided by psychology in the inpatient program and participate as active members of the multidisciplinary team. As such, they provide case conceptualizations of their assigned patients, report progress noted, etc. at tri-weekly multidisciplinary rounds, and do liaison work with community psychologists as part of discharge planning.

The model of supervision offered to psychology residents in the PPCP follows a developmental model that allows initially interns to observe PPCP psychologists in sessions with patients and then to work as a co-therapist with the PPCP psychologist prior to working alone with an assigned patient.

In the outpatient arm of the mental health rotation, interns have the possibility of working in the Adolescent Medicine eating disorders clinic, the Outpatient Department (OPD) of the MCH Psychiatry Department and the Children's Centre for Adolescent Mental Health. Interns gain experience in intervening with adolescents suffering from either anorexia nervosa or severe obesity, as well as their families. Interns have an opportunity to provide group therapy for adolescents or multi-family group therapy.

Psychologists working within the Adolescent Medicine clinic have designed these groups to fit the specialized needs of these complex patients. These groups utilize an integration of evidence-based approaches to help patients and their families understand and work with emotions that often arise around eating and that interfere with their capacity to take care of their health. Patients and their families are guided in developing skills including managing emotions, fortifying self-esteem and effective communication. Group interventions follow CBT, DBT and RDBT principles.

Interns training in the Outpatient Department provide psychological interventions to latency age and adolescent patients treated in one of the many specialized clinics operating in the Department of Psychiatry including Northern and Indigenous Population Services, Evaluation and Stabilization of Complex Cases (ESCC) and Behavioural Pediatrics. Interns also receive training in the management of various other mental health conditions which present in outpatient mental health clinics (e.g., complex trauma, obsessive-compulsive disorder, severe depression and/or anxiety).

MCH: Preschool Pediatric Psychology Rotation

The Preschool Pediatric Psychology Rotation (PPPR) provides inpatient and outpatient care to children primarily under six years of age. The PPPR is designed to develop the psychology intern's knowledge and skills with preschool children who have complex physical, medical conditions and associated developmental, behavioral and psychosocial needs. The mandate of programs within this rotation (Feeding Program, Back on Track, Brain Development and Behavior) has two general goals; (1) to ensure that the interns develop skills in differential diagnosis and cognitive evaluations, as well as socio-emotional and behavioral assessments of children with complex medical/neurodevelopmental disorders, (2) to ensure that the interns develop proficiency in a variety of therapeutic approaches that include modeling behaviors, cognitive-behavioral short-term intervention, as well as supportive therapy. Given the age range of the referred children, all treatment plans directly involve parents and/or caregivers, and often other health care providers. Whereas the Feeding and Back on Track Programs offer training in assessment and treatment, the Brain Development and Behavior offers primarily diagnostic assessment as well as psychoeducation and guidance for parents in arranging community services.

The Pediatric Feeding program provides assessment and treatment of infants and children who present with significant feeding or eating problems secondary to a medical condition. All children accepted in the program are followed actively in a medical clinic/program at the MCH. The difficulties may result in behavioral and interactional issues around mealtimes, inadequate intake, and/or poor growth. The purpose of the psychological assessment is to define the feeding/eating difficulties, identify relevant biopsychosocial factors, specify parental/individual goals and establish a plan to reach these goals. The purpose of the psychological interventions is to help the parents and/or the child cope and adapt to the challenges they are experiencing and to support them to find appropriate strategies to reach their goals. Multidisciplinary interventions in collaboration with occupational therapy, nutrition and pediatrics are frequent.

The Back on Track clinic for preschoolers provides assessment and treatment for infants, toddlers and preschoolers (typically 5 years and under and not in school) who have behavioral difficulties that interfere with growth and development; those who have pediatric illnesses complicated by behavioral, developmental and/or psychosocial problems; and those who cannot readily be assessed due to their behavioral, sensory, or physical limitations. The focus is on comprehensive assessment (developmental, cognitive, adaptive, etc.) and intervention with preschoolers with pediatric issues or medical problems coupled with behavioral problems. The treatment approach is short-term cognitive-behavioral intervention with parents and children, using evidence-based principles and programming that are individually tailored, including parental guidance and parenting interventions.

The Brain Development Behavior Clinic is a multidisciplinary clinic which offers assessment, diagnosis and recommendations for children ages 0 to 7 suspected of having autism spectrum disorders (ASD) and other developmental disabilities. The evaluations are multidisciplinary and include developmental assessment, as well as evaluation of cognitive and adaptive functioning of children with suspected ASD. The role(s) of the psychologists and residents on the team involve leading the diagnostic assessment within the multidisciplinary team and participation in case management, as well as providing diagnostic feedback and recommendations to the family. Interns have the opportunity to observe other professionals' assessments with a number of psychological tests and diagnostic tools for assessing ASD.

4. CIUSSS Centre-Ouest-de-L'Ile-de-Montreal (Jewish General Hospital)

(Training coordinator: Alessandra Schiavetto, PhD)

JGH: Institute of Community and Family Psychiatry

The philosophy of the JGH Department of Psychiatry is to treat each patient as an individual living within a larger social system that includes both family and community. Many services and treatments are available based on bio-psychosocial, family and cultural models. The Department offers specialty clinics, for example First Episode Psychosis, Couple and Family Therapy, Personality Disorders, Perinatal Mental Health, as well as non-specialized services.

The JGH's Department of Psychiatry, with a staff of approximately 35 psychiatrists, 20 psychologists, 12 Occupational Therapists, 10 Social Workers, 47 Nurses and 10 Orderlies, is responsible for a territory that includes some 220,000 residents, providing a wide variety of outpatient services at the Institute of Community and Family Psychiatry (ICFP) and the Department's 48-bed inpatient unit. Child psychiatry services are located in the Centre for Child Development and Mental Health.

The present Psychology Service consists of approximately 20 psychologists, of whom many are part-time. The number of interns varies from year to year, but each department offers clinical teaching. Facilities include conference rooms, library, an audio-visual department, and a computer facility.

The Psychology Service is a section within the Department of Psychiatry. Although much of the psychologists' service, teaching, and research functions are carried out in the Department of Psychiatry proper, Psychology participates in services and research of other hospital departments as well.

As professional psychologists, it is felt that an intensive experience with clinical practice is necessary to allow one to function in any of the traditional and emerging roles assumed by the profession. In this sense, we feel the intern must be well-grounded in skills of evaluation and treatment with a variety of patients. Our theoretical orientations range from psychoanalytic to behavioural to more eclectic approaches. Regardless of the approach, we emphasize competence in assessing problem situations, in exercising sound judgment, and in effecting thoughtful solutions. Our goal is to develop flexible and adaptive clinicians. The career of Clinical Psychologist is an ongoing learning experience, for both the experienced professional and psychologist-in-training.

a. Cognitive Behaviour Therapy Service (CBT)

The Cognitive Behaviour Therapy (CBT) Service is a service that provides treatment and consultation to adult patients. Referrals come from different clinics within the Outpatient Department of Psychiatry (such as mood and anxiety service, screening clinic, perinatal mental health, psychogeriatric, and first episode psychosis clinics, among others). The patient population is culturally, ethnically, and linguistically diverse. We see a wide variety of presenting problems (mostly anxiety and mood disorders, but also OCD, PTSD and trauma-related disorders, somatization, psychosis, acute crisis cases, comorbid personality disorders).

This internship is an opportunity to follow several patients from the initial assessment to discharge. Interns are encouraged to incorporate "3rd wave CBT" skills such as mindfulness, values work, or self-compassion, as well as strategies from Dialectical and Behavioural Therapy (DBT), when appropriate. There are also

opportunities to run group therapy programs (e.g., transdiagnostic anxiety group). Psychology interns observe and later conduct suitability assessments to determine whether or not patients are a good fit for CBT, and if not, which services would be most appropriate. The length of treatment is usually between 15 to 25 sessions.

The CBT team includes psychologists, psychology interns, and psychiatry residents. Individual and group supervision are provided on a weekly basis. As part of the internship, psychology and psychiatry rounds are attended regularly, and cover a variety of topics related to psychiatry, psychotherapy, and psychology research and clinical intervention. Observation opportunities (e.g., therapy sessions, intake evaluations) within the CBT Service team, as well as other teams in the outpatient psychiatry department are possible, as well as participation in multidisciplinary team meetings.

b. Youth Services

Youth Service is an outpatient psychiatry clinic for adolescents and young adults aged 15 to 23 years old with complex mental health needs. Youth referred to this service display various moderate to severe mental health problems including anxiety and mood disorders, emerging personality disorders, complex trauma, suicidal or parasuicidal behaviour, gender dysphoria, autism spectrum disorder, and so on. The Youth Service is made up of an interdisciplinary team (2 psychiatrists, 2 psychologists, 2 family therapists, 1 nurse practitioner, 1 social worker, 1 occupational therapist) who offer specialized assessment and treatment services to a diverse population (i.e., culture, religion, ethnicity, language, etc.).

Training focused on individual psychotherapy (medium- and long-term follow-ups). Interns have the opportunity to be trained in CBT/DBT and attachment/trauma-informed approaches to psychotherapy, using an integrative approach adapted to the patient's needs. Interns participate in the psychiatric evaluation of new patients referred to the service, psychological evaluation via individual and family interviews, as well as psychometric tests/questionnaires, and crisis intervention and suicide risk assessment. Interns attend weekly interdisciplinary meetings, liaise with health, social, school and community services (e.g., youth protection, CLSC, hospitals), consult with interdisciplinary team members, and attend conferences in psychiatry and psychology.

c. Health Psychology: Psychosocial Oncology

The Psychosocial Oncology internship is designed for students with an interest in developing clinical skills in the assessment and treatment of patients with cancer. The internship training modalities include direct face to face patient contact, individual and group supervision, including on site supervision, observation and consultation skills on medical wards (e.g., at patient's bedside). 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 tumour board meetings as applicable.

Training opportunities for interns include: Multimodal intervention; Cognitive-Behavioral interventions specifically targeted to individuals supportive care needs along the cancer treatment trajectory; Psychosexual oncology treatment integrating medical, couple and sexual interventions; Psychodynamic-existential interventions, basic training in clinical hypnosis; Palliative care and end of life issues.

d. Adult Day Treatment Program

The Adult Day Hospital is a service that provides comprehensive treatment for adult patients referred from within the Hospital or from an external psychiatric provider. The patient population is culturally and ethnically varied. Patients present with a wide range of problems, including but not limited to anxiety and mood disorders, PTSD, psychosis and personality disorders.

The group-based program runs eight weeks long and takes place from Monday to Thursday. Groups cover a variety of skill-based and process-oriented topics, such as emotional regulation, cognitive behavioral therapy, mindfulness, life skills, and creative expression. Patients also receive weekly individual sessions by their appointed case manager. Opportunities for family involvement are also available on a case-by-case basis.

The training modalities include direct face-to-face patient contact, and individual and group supervision. Specific activities include conducting and writing biopsychosocial assessments, co-leading therapy groups, and following individual patients for case management. Other necessary modalities unique to the Day Hospital setting include frequent case consultation, discussion and collaboration with multidisciplinary team members, and administrative and record-keeping tasks.

e. Clinical Neuropsychology Service

Clinical Neuropsychology focuses on how cognition and behaviors are related to brain networks. It integrates knowledge of psychology and neurology to understand how the brain works, by carefully examining the relationship between the different parts of the brain and behavior. The mandate of the assessment may be either to make a differential diagnosis, or to inform clients and treatment teams about the interventions that are potentially most effective according to the abilities of the individuals assessed. Neuropsychologists are called upon to intervene in psychiatry in many circumstances, as psychiatric illnesses are often accompanied by cognitive disorders that hinder recovery or treatment.

Comprehensive evaluation often includes assessment of developmental (e.g. dyslexia, attention deficit disorder), acquired (e.g. stroke, head injury) or degenerative (e.g. Alzheimer's disease) neurological disorders that affect a person's cognition, behavior, personality, and emotions. The results of these assessments are then used to formulate, recommend, and implement an intervention plan, inform families and loved ones, and contribute to decision-making, in collaboration with the treating team. A very detailed assessment of a person's abilities is completed, and the pattern of strengths and weaknesses is interpreted to determine the level and nature of cognitive/behavioural and functional abilities. The results from the assessment are then used to formulate, recommend, and implement, in collaboration with the treating team, an intervention plan, educate families and caregivers and contribute to treatment decisions.

The Clinical Neuropsychology Service is focused on adults and geriatric outpatients. Referrals for this service are from all Psychiatric clinics. If time permits, in-patients and patients from other departments can be assessed as well. Interns work with patients experiencing a variety of neuropsychopathologies and psychiatric disorders. They conduct neuropsychological evaluations of a range of neurological and psychiatric disorders such as bipolar affective disorder, schizophrenia and depression, degenerative disease, traumatic brain injury, stroke and systemic disease to name a few. They attend weekly psychogeriatric team meetings. Neuropsychological assessment includes objective examination of memory, attention, perception, praxis, language, reasoning, judgment, executive function and emotional status for differential diagnosis, treatment planning and education for family members or caregivers.

Interns learn interview techniques, test selection and interpretation. They also learn how to conduct a medical/psychiatric chart review, and how to work within the context of a multidisciplinary team. They become familiar with psychopharmacological treatments and their effects on cognition. Interns prepare written reports based on these assessments and will provide feedback to the patients, families and treatment teams. They present their findings to the multidisciplinary teams as well.

f. Trauma-focused Therapy Program

The Trauma-focused Therapy (TFT) program is a specialized psychotherapy service dedicated to addressing the impact of childhood abuse and neglect. The program is co-directed by a psychologist, Dr. Kate Drury and a psychiatrist, Dr. Zoë Thomas, who make up the clinical team. This specialized psychotherapy service was created with several treatment objectives in mind, namely, to promote recovery from Post-Traumatic Stress Disorder (PTSD) and Complex PTSD symptoms, enhance resilience and post-traumatic growth, develop skills needed to manage post-traumatic symptoms, effectively processing traumatic memories, improve interpersonal relationships and foster reconnection within the community.

Patients are referred by a physician and need to reside within the CIUSSS West-Central catchment area. Patients referred to the Trauma-focused Therapy Program carry a wide range of psychiatric diagnoses. However, treatment focuses on the impact of trauma rather than the symptoms of any one particular disorder. The program follows a stepped-care and stage-based model of trauma therapy with patients moving between an initial stabilization phase, a trauma processing phase and an integration and reconnection phase. Though the stages are designed to be sequential, a client's progression through the phases may not necessarily be linear.

The primary treatment modality is group therapy focusing on regulating fear in the body, healing sexually, improving relationships, artistic expression, goal-setting, and couples work. Groups are generally held once a week for an 8-week period. Patients have the option of time-limited individual therapy (26 sessions) for trauma processing once stabilization skills are acquired. Psychology interns are responsible for participation in and eventual co-facilitation of groups as well as seeing cases in individual therapy.

Psychology interns gain experience and knowledge in evidence-based methods and approaches to treating traumatized individuals. More specifically, interns learn techniques and interventions from several therapeutic approaches including: Relational Therapy, Cognitive-behavioral Therapy, Psychodynamic Therapy, Psychoeducation, Mindfulness, Sensorimotor Psychotherapy, Mentalization-based Therapy, DBT-based Therapy, and EMDR. Interns are responsible for charting the patients' progress in therapy, and at termination of a group, they conduct assessments in order to determine patients' next steps in the program.

g. Childhood Disorders - 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.

JGH: Hertzl Family Practice Centre

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 HFPC 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 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 HFPC 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.

5. CIUSS Ovest-de-L'Île-de-Montreal

(Training Coordinator: Jessica Le, PhD)

Douglas Mental Health University Institute

The Douglas Mental Health University Institute (DMHUI) was designated a University Institute in 2006. It is a facility of the CIUSSS de l'Ouest-de-l'Île-de-Montréal. Built on a 150-hectare site on the banks of the St. Lawrence River in Verdun, the Douglas Mental Health Institute is one of the largest psychiatric institutes in Montreal. It provides services to local clients in the South-West Verdun area, as well as the Dorval, Lachine and Lasalle areas. In addition to 260 beds on 10 inpatient units and community support teams, DMHUI provides outpatient services to a population of more than 4,000 people. Ultra-specialised services are also offered to patients from different regions of the province of Quebec. The DMHUI's main areas of intervention are child psychiatry, mood disorders, psychotic disorders, specialized services and geriatric psychiatry.

Psychologists are involved in most of the Institute's services. Interns are able to receive training in of the DMHUI clinics. Training can be combined in different ways, on a rotating basis or in parallel, in one or other of these departments. Interns also take part in various theoretical and clinical seminars. Clinical case presentations are an integral part of these seminars and interns are encouraged to take increasing responsibility for case presentations during their training. Communication skills are considered essential in the training of a psychologist. Consequently, the clear and concise expression of theoretical and clinical concepts, both verbally and in writing, receive particular attention during training. Since the DMHUI is a teaching institute, Interns benefit from the various seminars, case conferences and presentations offered by professionals from other disciplines.

a. The Child Psychiatry Outpatient Clinic/Severe Behavioural Disorders Program

The Child Psychiatry Outpatient Clinic offers specialized 2nd-line assessment and therapy services to children and adolescents (5-20 years) with complex mental health problems. The main problems encountered by young people treated at the outpatient clinic include adjustment disorders, anxiety disorders, mood disorders, personality disorders and behavioural disorders including ADHD. Following an in-depth assessment, children, adolescents and families are either taken into care for treatment by the interdisciplinary team or referred to internal or external resources. The Severe Behavioural Disorders Program designed for children aged 6 to 12 with severe behavioural disorders, often accompanied by developmental delays and/or mental health problems. The day hospital is designed for children who do not respond to outpatient treatment and who are experiencing major difficulties at school and socially. During their stay in the programme, the children benefit from a therapy environment where they have access to an integrated education service (school component) and individual and group psychotherapeutic and psycho-educational follow-up. The children's parents or guardians take part in weekly family psychotherapy or parental counselling sessions. A link is established with the school where the child will be reintegrated.

Teams are made up of psychologists, psychiatrists, social workers, nurse-clinicians, speech therapists, occupational therapists, an art therapist and a music therapist. Psychological assessments may target one or more of these areas: cognitive, attentional, behavioural, academic, affective or family assessment. The therapeutic approach is integrative (cognitive-behavioural, systemic, psychodynamic) and adapted to the needs of the young people and their families. Pharmacological medical treatment may be proposed by the attending psychiatrist where appropriate.

Interns develop their therapeutic skills in individual therapy with children and adolescents, family therapy, group therapy and psycho-educational support with parents. Where appropriate, using a range of psychological assessment approaches are used such as interviews, clinical observations and psychometric instruments. Interns learn to conceptualize clinical cases in order to guide a treatment plan. Interns are exposed to organizational aspects relevant to the provision of health services by actively participating in team meetings and liaison activities with the various services in the community (social, school and community services). These meetings and case discussions enable interns to integrate and consolidate their knowledge of psychopathology and intervention.

b. Depressive Disorders Programme - Youth Division

The Youth Division of the Depressive Disorders Program offers bilingual assessment and treatment services for young people aged 8 to 17 suffering from severe mood disorders. The client population is complex with depressive conditions often associated with suicidal behaviour or ideation, and co-morbidities such as anxiety, trauma, ADHD, etc. The preferred therapeutic approaches include cognitive behavioural therapy and third-wave cognitive therapies (DBT and ACT), as well as a systemic therapy. The preferred treatment modality is individual therapy.

Interns take part in the initial admission assessment, the psychological evaluation by means of interviews and questionnaires, and contribute to diagnostic clarification. Interns participate in the formulation of individualised treatment plans, weekly multidisciplinary meetings and liaison activities with the Institute's other child psychiatry programmes (e.g. inpatient unit) as well as social and community services, schools and youth centres.

Meetings and case discussions enable interns to consolidate their knowledge of psychopathology and develop their ability to formulate and revise treatment plans. Interns also attend or participate in clinical and theoretical presentations offered by the Department of Child and Adolescent Psychiatry and other departments.

Supervision takes a variety of forms, including case discussion, teaching of therapeutic modalities, review of psychological assessments, observation of therapy sessions behind the mirror, intern reports and the possibility of co-therapy.

c. Eating Disorders Continuum

The Eating Disorders Continuum at the DMHUI is the only large-scale specialized program for the assessment and treatment of adolescents and adults (ages 16 and up) suffering from anorexia nervosa, bulimia nervosa, or related eating disorders. The Eating Disorders Continuum 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 pharmacotherapy.

The Eating Disorders Continuum team embodies a multidisciplinary philosophy, the treatment team includes psychologists, psychiatrists, social workers, nutritionists and nurses. Guided by a biopsychosocial conception, psychotherapeutic management integrates psychoeducational, cognitive-behavioural, family-based, brief-dynamic, dialectical and interpersonal-therapy techniques.

The Eating Disorders Continuum provides an opportunity for interns to master a multidimensional assessment and treatment approach, and a highly integrated treatment style. ED sufferers, of course, display intense concerns with eating, weight and body image, but are otherwise surprisingly heterogeneous as to levels of functioning, co-morbid disturbances (e.g., mood, anxiety and personality disorders), personality structure and underlying dynamics. This affords diverse treatment experiences, and allows interns to develop the diagnostic and clinical skills necessary to work with this population.

Interns work in individual, group and family/couple modalities, and in various service areas (e.g., Inpatient Unit, Outpatient service and Day Program). Various combinations of experiences are possible, depending upon interns' interests.

Weekly individual and group supervision are conducted by the unit's psychologists. Supervision is conducted with the aid of case reports/discussions, audio and video tapes. Interns also participate in in-service teaching sessions on theoretical and clinical issues pertaining to the EDs. Interns can also participate in teaching sessions open to all students at Douglas University Institute.

The Eating Disorders Continuum enjoys a substantial reputation as a research unit. Ongoing research include predictors of treatment response, the role of neurobiological factors such as genetics and epigenetics, and development and application of virtual interventions. Since there is always ongoing research at Eating Disorders Continuum, training can (optionally) provide excellent opportunities for participation in an active program of research.

d. Anxiety Disorders Clinic

The Anxiety Disorders Clinic is a specialized clinic serving the adult population. Psychology interns work as part of a multidisciplinary team made up of various professionals. The main objective of this internship is to enable future psychologists to develop assessment and intervention skills, primarily using the cognitive-behavioural approach, by learning to use assessment strategies based on clinical interviews and various psychometric tests. The second objective of this training is to develop the intern's ability to carry out psychotherapy adapted to patients' needs.

The main task of the interns is to carry out clinical assessments and individual and group psychotherapy with people suffering from various anxiety disorders (panic disorder, agoraphobia, generalised anxiety disorder, social anxiety, specific phobia) and/or obsessive-compulsive disorder or post-traumatic stress disorder, the majority of whom have co-morbidities (e.g. mood disorders, anxiety disorders, anxiety disorders).

As well as providing individual and group psychotherapy, interns receive supervision, take part in multidisciplinary team meetings and psychologist/intern meetings/seminars where training is given on various psychiatric issues. Interns develop skills in psychological assessment (including learning how to write a psychological assessment and/or behavioural analysis report); intervention using the cognitive-behavioural approach on an individual or group basis; as well as other activities such as organizing groups, keeping records, university training activities, etc.

Interns receive supervision from the psychologists responsible for individual and group therapy activities. Supervision is carried out by means of intern reports, direct observation and/or listening to excerpts from audio recordings of the sessions.

e. Depressive Disorders Program

The Depressive Disorders Program is a specialized service for adults suffering from major depression. The treatment approach is multidisciplinary, making it an internship setting rich in learning opportunities to prepare future psychologists for professional practice in mental health.

Interns provide individual and group psychotherapy to this population. In addition to conducting assessments and psychotherapy, using psychometric tests and keeping patient records, interns will receive weekly supervision and take part in multidisciplinary team meetings. The psychology intern works as part of a multidisciplinary team made up of a range of professionals, including psychology and neuropsychology interns, psychologists, psychiatrists, psychologists, psychologists and neuropsychologists. Interns conduct psychological assessments to develop a treatment plan, using various psychometric tests as required. Interns provide individual psychotherapy and organize and lead psychoeducation and therapy groups for the clinic's clientele. Interns are responsible for keeping the records of the patients under their responsibility and write psychological assessment reports. Interns also take part in team meetings, attend seminars and training courses and contribute to knowledge transfer activities within the multidisciplinary team. Interns may take part in research projects if they wish, depending on their interests and availability.

f. Psychotic Disorders Program

The DMHUI's Centre for Personalized Psychological Intervention for Psychosis (CPPIP) offers psychological services to adolescents and adults aged 16 to 65 with schizophrenia and other forms of psychosis. Clients receive individual psychotherapy and participate, as needed, in group psychosocial interventions offered in cognitive-behavioural therapy [CBT] for psychotic symptoms, cognitive remediation and metacognitive skills training.

The CPPIP provides services to all the inpatient and outpatient clinics of the Psychotic Disorders Program. This includes young individuals at risk of developing a psychotic disorder, individuals presenting a first psychotic episode, clients receiving outpatient or inpatient services for psychotic conditions.

Interns have the opportunity to work in a team offering cutting-edge psychological services, and are exposed to a wide range of psychological problems and clinical profiles. Interns benefit from comprehensive training that combines cognitive-behavioural and mentalization-based psychodynamic approaches, depending on the needs of the clientele.

The majority of the intern's time is devoted to individual and group psychotherapy. Interns also have the opportunity to learn how to use various psychometric tools and attend the many training sessions and clinical case discussions offered each week at the Institute.

Individual and group supervision take place on a weekly basis and provide a forum for discussion and exchange on various themes relevant to psychotic disorders. Supervision activities are supplemented by team meetings, during which it is possible to exchange views with the other participants in a multidisciplinary context.

Various clinical research projects are currently being carried out at the CPPIP. Research activities include the development of group or individual psychological interventions aimed at improving cognitive abilities or social cognition in schizophrenia and associated psychoses. Research is also being carried out on the effectiveness of interventions and factors predicting response to treatment. Other projects address the

neural correlates of cognitive impairment in psychotic disorders, cognitive or social-cognitive remediation to increase cognitive functioning, and interventions for social anxiety following a psychotic disorder. Psychology interns have the opportunity to be involved in research activities and to attend conferences and symposia at the research centre, depending on their availability and interests.

g. Psychotic Disorders Program - Neuropsychology

The Neuropsychology Department of the Douglas Institute's Centre for Personalized Psychological Intervention in Psychosis (CPPIP) offers specialized services to individuals with schizophrenia and other forms of psychosis. The centre is staffed by psychologists, neuropsychologists and psychology interns. Neuropsychological assessments are offered to an adult clientele mainly from outpatient clinics in the Psychotic Disorders Program. Depending on demand, services may also be offered at other psychiatric outpatient clinics (e.g. bipolar disorders), meaning that the selected intern will be exposed to complex psychiatric disorders such as psychosis and bipolar, personality and mood disorders. Co-morbidities are frequently present and include neurological problems (e.g. CBT, trauma), substance use issues and a complex psycho-legal picture.

Interns conduct assessments where they carefully examine the relationship between the different parts of the brain and behaviour. Assessment mandates include differential diagnosis (e.g. neurodevelopmental disorders) and neurocognitive profiling to assist the team in treatment planning and guide clients and their families in decision-making.

Interns are trained to independently manage a complete neuropsychological evaluation process. This includes reviewing the medical file, conducting the history-taking interview, selecting, scoring and analyzing neuropsychological tests and writing reports. Interns also learn how to communicate the results to their clients and to the multidisciplinary team. Interns are encouraged to develop their role as neuropsychologists by taking part in clinical case discussions and hospital training activities, and, depending on availability, train in virtual cognitive remediation for a 2nd-3rd line psychiatric population. Interns first learn the theoretical bases of this approach, then become familiar with group intervention techniques aimed at re-educating impaired cognitive functions (e.g. didactic presentation, cognitive exercises, simulations, etc.).

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-Montréal.

Dr. Vitor Teixeira Nascimento (vitor.teixeira.nascimento.comtl@ssss.gouv.qc.ca;
Stage.universitaire.comtl@ssss.gouv.qc.ca)

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

Mme. Moira MacDonald (moira.macdonald.cvd@ssss.gouv.qc.ca)
Stage.universitaire.comtl@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'évaluation des programmes de doctorat en psychologie* (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 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

_____/_____/_____
Clinical Supervisor (print) Signature Date

_____/_____/_____
CIUSSS Academic Affairs Signature Date

Appendix D

MPIC Mid-Placement Evaluation of Practice Competencies

Student Name: _____ Student ID: _____

Supervisor Name: _____

Training Site/Course Number: _____

Period of Training: Start date: ____/____/____ End date: ____/____/____

Total number of hours completed: _____

Please provide a brief assessment of the student's involvement in your practicum/internship that highlights the student's level of participation, skill development, strengths or weaknesses in each of the following competency domains.

Competency Domain 3.1: Interpersonal Relations

Central to this domain of competence are the processes and techniques relevant to establishing a therapeutic relationship that will facilitate a client's full engagement in assessment and intervention.

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.

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.

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.

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.

Appendix E

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'évaluation des programmes de doctorat en psychologie* (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 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.

_____ /_____/_____
Clinical Supervisor (print) Signature Date

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

Appendix F

MPIC Student Evaluation of Internship

1. Identification

- a) Name of setting: _____
- b) Primary supervisor: _____
- c) Was this your:
_____ 1st Half-time Internship
_____ 2nd Half-time Internship
_____ Full-time Internship
- d) Start date and end date of internship? From _____ to _____
mo. yr. mo. yr.

Part 1

- a) Were the content, structure and procedures of the internship consistent with your expectations?

0 1 2 3 4 5 6 7 8 9 10
Not at all Completely

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?

0 1 2 3 4 5 6 7 8 9 10
Not at all Completely

Comments:

Part II

The items below ask for ratings of the quality of your experience with your primary 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).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

4. Adequacy of Teaching Methods: (e.g. 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 internship:

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

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

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

9. 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:

10. How would you rate your learning experience?

1	2	3	4	5
Poor	Marginal	Satisfactory	Very Good	Excellent

Comments:

11. Would you recommend this internship to other students in your program?

0	1	2	3	5	6	7	8	9	10
Not at all					with some reservations				Enthusiastically

Comments:

12. 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?

Comments:
