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Background and Organization

This section of the Graduate Handbook contains historical information about Clinical Psychology at the University of Toronto Scarborough, its philosophy and mission, and its position within the larger Counselling and Clinical Psychology Graduate Program.

The Counselling and Clinical Psychology Graduate Program at the University of Toronto was borne out of a major modification to the existing Counselling Psychology Graduate Program housed at the Ontario Institute for Studies in Education (OISE). In 2013, a new field was introduced to the program to offer specialty research and professional training in Clinical Psychology, a field that is administratively housed at the University of Toronto Scarborough (UTSC). The graduate program is intended for students pursuing careers in research, teaching, and clinical practice.

Philosophy and Mission
Clinical Psychology at UTSC adheres to a Clinical Science model of training (see Kazdin, 2008; McFall, 1991). Housed within the Graduate Department of Psychological Clinical Science (GD-PCS), the primary and overriding objective of graduate training in Clinical Psychology at UTSC is to produce exceptional clinical scientists according to the highest standards of research and professional practice.

Graduate training in Clinical Psychology at UTSC has primary research strengths in the areas of clinical neuropsychology and neurosciences, personality and psychological assessment, and mindfulness- and acceptance-based psychotherapies. Distinguished by its innovative cross-disciplinary approach to psychological clinical science, Clinical Psychology at UTSC emphasizes scientific innovation through novel research collaborations that push traditional boundaries in clinical psychological science and practice. This theoretical knowledge is integrated into professional training that supports the delivery of evidence-based assessment and psychological interventions.
A unifying theme of faculty research in Clinical Psychology at UTSC is to advance the assessment and treatment of mental disorders, especially depressive and bipolar disorders, schizophrenia-spectrum disorders, borderline personality disorder, substance use disorders, and neurocognitive disorders secondary to traumatic brain injury and dementia. Faculty boast world-class expertise in brain imaging, web-based delivery of assessment and intervention, intensive methods of naturalistic assessment and cultural-clinical psychology.

**Administrative Structure**

The tri-campus graduate program is overseen by a Program Director. Clinical Psychology is offered by the GD-PCS at UTSC. OISE’s Department of Applied Psychology and Human Development oversees a separate field in Clinical and Counselling Psychology. Each field has a Director of Clinical Training (DCT) and a Program Coordinator. Clinical Psychology at UTSC also includes a Practicum Coordinator. The administrative structure of the GD-PCS at UTSC is displayed in Figure 1. See Appendix A for administrative positions currently (and previously) held by faculty.

![Figure 1. Administrative Structure of the Graduate Department of Psychological Clinical Science (GD-PCS).]
Administrative Positions Held by Clinical Psychology Faculty at UTSC

To view the names of faculty holding administrative positions in the GD-PCS, please see Appendix A.

Administrative Positions

The **Program Director** is responsible for coordinating academic and training activities across both fields. This is a rotating position with a two-year term that normally alternates between faculty members in the respective fields. The Associate Chair/Field Director, DCT, and Program Coordinator for both fields report to the Program Director as well as their respective Departmental Chairs at OISE and UTSC.

The **Graduate Chair** is broadly responsible for maintaining and improving the quality of scholarship in the GD-PCS. The Graduate Chair undertakes program development and long-term academic and strategic planning, and acts as a member of the Council of Deans for the Graduate Degree in Counselling and Clinical Psychology. The individual in this position oversees recruitment strategies and events, graduate student funding packages, and advocates for proposed changes on behalf of the program or field with the Deans. The Graduate Chair appoints graduate faculty to the Department, including full, associate, emeritus and status-only appointments, and plays a role in the evaluation and promotion of core faculty. In accordance with the School of Graduate Studies’ policies, the Graduate Chair makes reasonable efforts to locate an appropriate faculty advisor for students in the program and administers the University of Toronto’s Code of Conduct and the Code of Behaviour on Academic Matters as it pertains to students in the field. The Chair reviews recommendations of the admissions committee and makes final decisions about who to admit to the field. Finally, the Graduate Chair ensures that graduate courses to be included in the calendar have been approved, oversees the Department’s website, social media, and advertising campaign, oversees the budget and authorizes payment of professional and program fees for accreditation and to other relevant bodies.

The **Director of Clinical Training** (DCT) is primarily responsible for activities related to accreditation of the program, including but not limited to applications and annual reports to relevant accrediting bodies, including reports on ‘monitoring’ items. The DCT develops and maintains relationships with internal groups (e.g., UTSC Health & Wellness Centre) and those outside of UTSC (e.g., external practicum sites). This person identifies practicum placements, assists in matching students to placements, and receives evaluations of both the students and practicum placements. The DCT maintains contact with practicum supervisors midway through students’ placements and the end of the term of the placements. The DCT is responsible for the advising and annual review of students and provides input to
the Graduate Chair. Importantly, the DCT provides verification of readiness for students applying for internship, and advises students on their applications for internship by providing feedback on draft applications.

The **Program Coordinator** assists in drafting, revising and advertising policies and procedures, and maintains and updates the Graduate Handbook. This individual liaises with student representatives within the Clinical Psychology field and is the first response for problem resolution for academic-related matters for students, who may then be directed to the DCT, and/or Graduate Chair, when necessary. The Program Coordinator assists in strategic planning for the program and consults regularly with graduate faculty, students, and other significant stakeholders, to assess GD-PCS needs, strengths and weaknesses. This person manages and runs recruitment events and processes, chairs the Admissions Committee, and reports on the decisions of this committee to the Graduate Chair. The Program Coordinator is involved in student advising, annual review of academic and research progress of students, and provides input and support to the Graduate Chair regarding financial support. He serves as a first response for issues that may occur in the student-supervisor relationship. This person advises on course offerings and course content, maintains the Psychological Clinical Science Resource Library along with the Graduate Assistant, helps to coordinate social media and web presence, and assists in the development of the Program website, social media initiative, and advertising campaign.

The **Practicum Coordinator** works primarily on activities related to students’ internal and external practicum placements throughout the course of their clinical training. This individual works closely with the DCT to prepare, revise, and manage documentation and record keeping regarding students’ progression and evaluation during practicum placements. The Practicum Coordinator supports students with their applications to external practicum placements, and with overall planning of their clinical training leading towards internship. She is the student’s first response for problem resolution for clinical placements. The Practicum Coordinator liaises with counterparts at external practicum settings during students’ practica, ensures the completion of required practica documentation, and also serves as a point of contact within the program for students (on external practicum) should concerns arise. Along with the DCT, this individual develops and maintains relationships with internal practicum settings (i.e., UTSC Health and Wellness Centre) and external practicum settings in the Greater Toronto Area (GTA; e.g., attending the annual GTA practicum fair). The Practicum Coordinator also oversees the development and maintenance of a listing of practicum sites in the GTA, for use by students applying for external practica.

**Program Support Staff**

The **Program Manager** provides oversight on daily administrative operations, develops and implements processes according to SGS policy and assists in the
development of strategic initiatives that support graduate programs. Primary duties include managing all matters of curriculum (including development and modification), administering all scholarship and award opportunities, managing financial and budgetary matters including the implementation of graduate funding packages, assisting the Program Coordinator to address and resolve student concerns, and serving in an advisory role to Graduate Chair on all program-related matters.

The **Graduate Assistant** assists with the day-to-day, frontline administration of the program to ensure that a high quality student experience is maintained. The Graduate Assistant serves as a first point of contact for prospective and current students. In addition to providing front-line student services, the Graduate Assistant supports the delivery of effective program administration through coordinating all aspects of the admissions process, administering the Graduate Faculty Membership process, and supporting departmental committees and special projects.

**Graduate Student Leadership Roles**

Many graduate students in Clinical Psychology at UTSC assume leadership roles to represent students in the program and mentor their peers in various capacities. These roles are described below and students interested in applying to a position should consult the Graduate Assistant as well as the GD-PCS website. Further information can also be found in the GD-PCS Policies and Procedures on Departmental Governance (see Appendix D). To view the names of students holding these positions in the GD-PCS, please see Appendix B.

a) **Curriculum Committee Member (1 position):** The student in this position attends Curriculum Committee meetings with the core clinical faculty once per term to review and discuss course and program modifications. This person provides feedback on course syllabi, is responsible for informing peers of all curricular matters discussed at the meeting, and brings student questions and feedback regarding the MA and PhD program curriculum to the Committee for discussion.

b) **Award Mentor (1 position):** The student in this position coaches MA & PhD clinical psychology students on how to prepare competitive scholarship and award application packages. This individual works alongside the Program Coordinator to develop and administer the annual Fall-semester workshop on guidelines and advice for applying for graduate funding and is available for one-on-one consultations with students throughout the year to review and provide feedback on award application materials.

c) **Student Ambassador (1 position):** The student in this position represents the program both within the University of Toronto system and the broader community; attends recruitment events to promote graduate training in Clinical Psychology at UTSC; meets with incoming graduate students during orientation activities; and
works alongside administrative support staff to plan and coordinate social events for Interview Day.

d) **MA/PhD Graduate Student Representative (2 positions):** The students in these positions attend clinical psychology faculty meetings; serve as faculty liaisons, representing needs of MA & PhD clinical students; provides a regular line of communication between students, faculty and administrators; works alongside the Program Coordinator to develop effective strategies to manage student concerns; and co-chairs sessional student meetings with the Program Coordinator.

**Core Clinical Faculty Members**

*Note: Applicants to the MA and PhD programs should consult the GD-PCS website for an up-to-date listing of core and associate faculty who are considering accepting new graduate students for a given admissions cycle. Associate faculty members provide graduate co-supervision with a core faculty member.*

**R. Michael Bagby, Ph.D., ABAP., C.Psych.** (Professor and Graduate Chair of the Graduate Department of Psychological Clinical Science), is a clinical psychologist whose main research focus is on the relationship between personality and psychopathology, with particular attention to anxiety disorders, affective disorders and, more recently, schizophrenia-spectrum disorders. He is also interested in personality disorders, dimensional models of personality and the effect personality has on individual response to different modes of treatment for major depression (such as cognitive therapy and pharmacotherapy); psychodiagnosis and the detection of malingering. He is also Senior Collaborator Scientist in the Clinical Research and Clinical Imaging Programs at the Centre for Addiction and Mental Health; he also holds the rank of Professor in the Department of Psychiatry, University of Toronto.

**Andrew Cooper, Ph.D.* (Assistant Professor, Teaching Stream),** is a clinically trained psychologist whose research has primarily focused on examining how and for whom cognitive behavioural therapies work best. His specific areas of interest include processes and predictors of change in exposure therapy for PTSD, and novel approaches to predicting and attenuating risk of attrition. His teaching interests include psychotherapy outcomes, exposure therapy, methods and analyses used in contemporary research, and current issues and controversies in clinical psychology. He is also interested in applied research aimed at enhancing student success by predicting outcomes, and developing innovative methods of preparing students for graduate school.

*Note: Dr. Cooper does not provide research supervision to graduate students.*

**Jessica Dere, Ph.D., C.Psych.* (Assistant Professor, Teaching Stream),** is a clinical psychologist whose research interests lie at the intersection of clinical and cultural psychology. She has a particular interest in the interplay between cultural variables and emotional processes, including the experience and expression of
emotional distress. Specific topics within this research program include the cultural shaping of depressive and anxious symptom presentation, and cultural variations in beliefs about depression. She aims to conduct research that holds direct implications for culturally informed clinical practice.

*Note: Dr. Dere does not provide research supervision to graduate students.

Vina M. Goghari, Ph.D., C.Psych. (Associate Professor), is a clinical psychologist, whose research brings together multiple methodologies, including neuroimaging, behavioural genetics (i.e., family studies), cognitive and affective experimental psychology, and clinical assessment. The main aim of her research is to advance scientific knowledge in the causes, course and outcome, and treatment of psychosis. Her laboratory also studies other disorders that present with cognitive deficits, including mood disorders and addictive disorders. A secondary aim in her laboratory is to better understand basic cognitive and affective processes in the healthy population.

Anthony C. Ruocco, Ph.D., C.Psych. (Associate Professor), is an Associate Professor in the Department of Psychology and Program in Neuroscience at the University of Toronto Scarborough and the Graduate Departments of Psychology and Psychological Clinical Science at the University of Toronto. He is the Program Coordinator for the M.A./Ph.D. programs in Clinical Psychology at the University of Toronto Scarborough. He also holds academic appointments at the Centre for Addiction & Mental Health in the Mood & Anxiety Division and the Hospital for Sick Children in the Department of Diagnostic Imaging and the Neurosciences and Mental Health Program. Dr. Ruocco is a licensed psychologist registered with the College of Psychologists of Ontario. His research uses neurocognitive and brain-imaging measures to understand the pathophysiology underlying severe mental disorders, especially borderline personality disorder (BPD). His current studies focus on identifying neurocognitive and neural markers in adolescents and adults with BPD and their biological relatives, and he is studying the utility of these markers to predict the outcomes of psychological and brain stimulation interventions for suicidal and self-harming individuals with BPD.

Zinder V. Segal, Ph.D., C.Psych. (Distinguished Professor of Psychology in Mood Disorders), is a clinical psychologist whose research examines the use of mindfulness meditation in promoting affect regulation skills in people suffering from a depressive and anxiety based disorder. His research program has two broad thrusts involving 1) the use of brain imaging to identify neural markers of depressive relapse or resilience associated with long-term practice of mindfulness meditation and 2) evaluating the efficacy of mindfulness-based clinical interventions delivered via online or mobile platforms as a means of increasing access to care.
Amanda A. Uliaszek, Ph.D., C.Psych. (Assistant Professor), is a clinical psychologist with a research program exploring transdiagnostic factors related to borderline personality disorder (BPD). This includes exploration of the latent trait structure of BPD and related disorders, as well as common etiological factors. A primary aim of recent research is applying this framework to treatment efficacy in dialectical behavior therapy (DBT), with a specific focus on DBT skills. Dr. Uliaszek’s research is focused on applying sophisticated clinical methodology combined with basic affective science to explore questions related to the understanding and treatment of severe psychopathology symptoms associated with BPD.

Konstantine K. Zakzanis, Ph.D., C.Psych. (Professor), is a clinical neuropsychologist and psychologist interested in placing diagnostic science on firmer scientific grounds using various neuropsychological, neuroimaging, computer-based and virtual reality measures along with statistical methodology (e.g., meta-analysis). His current research program employs these methods to improve clinical diagnostic inference as it pertains to real world functioning in the context of various disorders including primarily that of traumatic brain injury, schizophrenia, depression and dementia.

Associate Members

Judith P. Andersen, Ph.D. (Assistant Professor), Judith Andersen is a health psychologist whose research interests focus on the biopsychosocial mechanisms by which stress impacts mental and physical health. In addition to lab studies, she uses ambulatory psychophysiological equipment to conduct field research with people who experience trauma and severe stress. Prof. Andersen’s on-going research projects include resilience training and research on the health and performance outcomes of psychophysiological stress intervention techniques for civilians, police and military personnel.

Sandra Black, O.C., O.Ont., M.D., FRCPC, FRSC (Senior Scientist, Sunnybrook Health Sciences Centre), is the Deborah Ivy Christian Brill Chair in Neurology at the University of Toronto and Sunnybrook Health Sciences Centre. Dr. Black’s research focuses on the cognitive sequelae of stroke and stroke recovery, the differential diagnosis of dementia, the use of neuroimaging techniques to elucidate brain-behaviour relationships in stroke and dementia, and more recently, imaging-genetics correlations.

Erika N. Carlson, Ph.D. (Assistant Professor), researches how well people know themselves and their reputation. Her primary line of research examines if, when, and how people figure out their reputation. In a second line of research, she examines bright spots and blind spots in self-knowledge of personality traits as well as whether self-knowledge can be improved. For example, can mindfulness interventions improve self-knowledge of our patterns of thinking, feeling, and behaving? She also studies personality pathology in the context of self-knowledge. When is pathology related to poor insight into one’s traits versus poor insight into the impact one has on others?
Melanie Cohn, Ph.D., C. Psych. (Assistant Professor), is a clinical neuropsychologist and clinician-investigator at Toronto Western hospital and Krembil UHN. Her main research interest is the cognitive function of the temporal lobes and related brain networks, and particularly, memory and social cognition. She uses behavioural paradigms as well as structural and functional neuroimaging techniques in healthy individuals and people with neurological diseases such as temporal lobe epilepsy and Parkinson’s disease. She also conducts clinical research involving neuroimaging diagnostic tools and neurosurgical interventions such as lobectomies and deep brain stimulation (DBS). In these projects, she is interested in identifying sensitive cognitive outcome measures as well as predictors of such outcome. A key aspect of her work is the translation of principles learned from the experimental cognitive neuroscience literature to enhance the practice of clinical neuropsychology.

William A. Cunningham, Ph.D. (Professor), studies the cognitive and motivational processes underlying emotional responses. Current research examines how motivation and emotion-regulation (which can occur at both automatic and controlled levels of processing) contribute to emotional and evaluative states. This work suggests that affective states are constructed moment to moment from multiple component processes that integrate relevant information from various sources such as automatically activated attitudes and situational contexts. To understand these processes, his lab uses methods and theories from psychology (e.g., models of attitudes and latency-based evaluation measures) and cognitive science (e.g., biological models of emotion, fMRI/EEG methods, computational modelling).

Zafiris Jeffrey Daskalakis, M.D., Ph.D. (Professor), is the co-director of the Temerty Centre and Temerty Chair in Therapeutic Brain Intervention at the Centre for Addiction and Mental Health. The Temerty Centre uses magnetic brain stimulation to study the role of cortical inhibition and plasticity as potential pathophysiological mechanisms in schizophrenia, depression and obsessive compulsive disorder. Dr. Daskalakis also conducts treatment studies using repetitive transcranial magnetic brain stimulation (rTMS) and Magnetic Seizure Therapy (MST) for refractory symptoms in these disorders. Dr. Daskalakis is also Chief of Mood and Anxiety and Professor of Psychiatry at the University of Toronto.

Suzanne Erb, Ph.D. (Associate Professor)’s research to date has focused on an examination of the long-lasting effects of prior drug experience on behavioural and neurobiological responses to stress. More recently, her research interests have extended to a consideration of how maternal experience and early life stress may serve to alter the relationship between stress and responses to psychostimulants in adulthood, and how early life stress (e.g., childhood trauma or neglect) may influence the subsequent effects of acute stress on reward processing and response inhibition in adulthood.

Norman Farb, Ph.D. (Assistant Professor), studies the social neuroscience of the self and human emotion, with a focus on how biases in self-representation shape emotional reactions that determine well-being. Dr. Farb’s work draws from multiple levels of analysis, including first and third-person qualitative reports, behavioral task performance,
physiological responses, and patterns of neural activity and connectivity derived through functional MRI. He is particularly interested in how cognitive training practices such as mindfulness meditation foster resilience against stress, reducing vulnerability to disorders such as depression.

**Brett Ford, Ph.D. (Assistant Professor)**, ’s research examines the basic science and health implications of how individuals think about and manage their emotions. Her research uses multi-method and interdisciplinary approaches — including experiential, behavioural, and physiological assessments — to examine the structure of emotion beliefs and emotion regulation strategies, the cultural, biological, and psychological factors that shape these beliefs and strategies, and their implications for health and well-being.

**Marc Fournier, Ph.D. (Associate Professor)**, is a clinically trained personality psychologist whose interests concern the causes and consequences of successful interpersonal functioning. His research uses intensive methods of both naturalistic and laboratory-based personality assessment, including event-contingent recording, round-robin rating, behavioral observation, and narrative coding, to examine how individuals both act upon others and react to them in ways that contribute to their capacity for autonomous self-regulation, to their vulnerability to depression, and to their self-knowledge.

**George Foussias, M.D., Ph.D. (Assistant Professor)**, is a clinician-scientist in the Campbell Family Mental Health Research Institute and Schizophrenia Division, Complex Mental Illness Progress at the Centre for Addiction and Mental Health. Dr. Foussias's research focuses on advancing our understanding and treatment of motivational deficits, and related negative symptoms, seen in severe mental illnesses. His approaches include longitudinal phenomenology and outcome studies, psychopharmacology treatment trials, neuroimaging, and the development of novel assessment methodologies using virtual reality, motion-tracking technology, and computerized assessments to tap into real-world performance and functioning. The ultimate goal of this work is to guide the development of more effective treatments for motivational deficits, which stand as an important barrier to functional recovery in severe mental illnesses.

**Ariel Graff, Ph.D., C.Psych. (Associate Professor)**, is the Head of the Multimodal Imaging Group in the Campbell Family Mental Health Research Institute at CAMH, and staff psychiatrist with the Geriatric Psychiatry Division. He is an Associate Professor in the Psychiatry Department with the Faculty of Medicine at the University of Toronto and Member at the Institute of Medical Science with University of Toronto. The primary focus of Dr. Graff’s research aims to describe the abnormal neurobiological mechanisms present in schizophrenia, as well as the characterization of biological markers for early diagnosis and for prediction in treatment response. Dr. Graff employs a multimodal neuroimaging approach, including Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI, fMRI and MRS).
Benjamin Goldstein, M.D., Ph.D. (Associate Professor), is a Scientist at Sunnybrook Health Sciences Centre. His research focuses on bipolar disorder among adolescents. Bipolar disorder is the fourth most disabling medical condition among adolescents worldwide. Adolescent-onset bipolar disorder can often be a particularly severe variant of this illness, underscoring the need for early identification and treatment. Dr. Goldstein's research focuses on biomarker validation and novel treatments. Psychological factors are central to Dr. Goldstein's work. For example, Dr. Goldstein's current studies examine neurocognition, fMRI, and the impact of psychological traits (e.g. impulsivity, lability) and environmental factors (e.g. family functioning, life events) on symptom course and treatment response. Dr. Goldstein is also interested in novel applications of evidence-based psychotherapies for adolescents with bipolar disorder and adolescent offspring of parents with bipolar disorder.

Christian Hendershot, Ph.D., C.Psych. (Associate Professor), received his Ph.D. in clinical psychology from the University of Washington (2009) and completed a clinical residency in the Department of Psychiatry and Behavioral Sciences, University of Washington. Dr. Hendershot’s research focuses on the etiology and treatment of addictive behaviors, with a primary emphasis on alcohol use disorders. His research includes a joint emphasis on human experimental and clinical trial methodologies. His recent projects have been supported by the Canadian Institutes of Health Research, the National Institutes of Health, ABMRF/The Foundation for Alcohol Research, the Ontario Mental Health Research Foundation, and the Canada Foundation for Innovation/Ministry of Research and Innovation. Dr. Hendershot is a Senior Scientist at CAMH and serves as Head of Psychology, Addictions Division. He holds a Canada Research Chair in the Faculty of Medicine (Department of Psychiatry), University of Toronto.

Cendri Hutcherson, Ph.D. (Assistant Professor), is the director of the Toronto Decision Neuroscience Laboratory and an Assistant Professor of Psychology at the University of Toronto with a cross-appointment to the Rotman School of Management. She received degrees in psychology from Harvard (B.A.) and Stanford (Ph.D.), and worked as a post-doctoral scholar studying neuroeconomics at the California Institute of Technology. Her research program applies computational modeling to behavior, eye tracking, EEG, and fMRI data, with the goal of understanding how we make decisions and why we sometimes make decisions we later regret.

Michael Inzlicht, Ph.D. (Professor), has a program of research which consists of three related lines of research, characterized by the integration of social, neuroaffective, and psychophysiological approaches. The major focus of his lab is on the neuroscience and psychology of self-control, investigating the function, role, and psychological correlates of one of the brain’s major nodes of executive control, the anterior cingulate cortex (ACC). This is a part of the brain located in the medial prefrontal cortex and indexed by an electroencephalographic (EEG) signal called the error-related negativity (ERN). By studying the ACC and the ERN, Dr. Inzlicht is gaining a better understanding of how self-control works and why it so often fails.
Rutsuko Ito, Ph.D. (Associate Professor), is interested in the neurobiology of schizophrenia, drug addiction and depression, with a particular focus on the function and dysfunction of brain regions comprising the cortico-limbic-striatal circuitry, and associated neurotransmitter systems. Her laboratory combines the use of pharmacological interventions in rodent models and human neuroimaging to examine the neural circuitries underlying incentive motivational systems, with one central hypothesis of her research being that a dysregulation in incentive motivational salience attribution to various internal and external stimuli can lead to manifestations of psychological disease. She is also interested in extending and applying her research to patient neuropsychology (patients with schizophrenia, depression, etc).

Sean Kidd, Ph.D. C.Psych. (Associate Professor), is the Psychology Division Chief and a Senior Scientist at the Centre for Addiction and Mental Health (CAMH). He is also Associate Professor in the Department of Psychiatry at the University of Toronto. The focus of Dr. Kidd’s career has been upon marginality and service enhancement. The populations of focus, often overlapping, are homeless youth and individuals with severe mental illness. Specific domains of contribution include publishing landmark papers in qualitative methods in psychology; international recognition for his research into youth homelessness, including being one of the most published scholars in that area; and extensive work in developing and testing psychiatric rehabilitation interventions and examining social inclusion among marginalized populations.

Nathan Kolla, M.D., Ph.D. (Assistant Professor), is a forensic psychiatrist whose lab aims to elucidate the neurobiological correlates of violence, anger, and aggression among individuals with borderline personality disorder, conduct disorder, antisocial personality disorder, and psychopathy. His research involves the use of multimodal neuroimaging techniques, including positron emission tomography and functional magnetic resonance imaging, in addition to genetic analyses.

Andy Lee, Ph.D. (Associate Professor), is interested in memory loss or amnesia, a common and debilitating syndrome that can occur after traumatic head injury, viral illness, alcoholism, or as a result of dementia such as Alzheimer’s Disease. A major goal of his research is to understand the mechanisms by which memories are formed, stored and retrieved in the human brain and how these memory processes can be disrupted following brain damage. His research uses neuroimaging (e.g. functional MRI, diffusion-weighted imaging), patient neuropsychology (e.g. patients with static brain lesions, or progressive dementia) and eye-tracking to address a number of theoretical issues.

Romina Mizrahi, M.D., Ph.D. (Associate Professor), is the Director of the Focus on Youth Psychosis Prevention (FYPP) clinic and research program at CAMH, and Head of the psychosis PET program in CAMH's Research Imaging Centre (CAMH-RIC) in the Campbell Family Mental Health Research Institute. Dr. Mizrahi is an Associate Professor in Psychiatry at the University of Toronto (U of T), Clinician-Scientist in the RIC, a full Member of the Institute of Medical Science (IMS) at U of T and a full Graduate Faculty Member in the Pharmacology & Toxicology Department at U of T. She received her M.D. (1998) from the
University of Buenos Aires and PhD (2007) from IMS. Dr. Mizrahi’s research focuses on developing a better understanding of how the brain functions in-vivo. Specifically, it focuses on the pathophysiology of the early course of schizophrenia and its treatment and those at high risk of developing psychosis. In pursuit of this goal, her lab uses phenomenology, magnetic resonance imaging (MRI), and positron emission tomography (PET). Dr. Mizrahi’s ultimate goal is to prevent schizophrenia in those at risk.

Lena C. Quilty, Ph.D., C.Psych. (Assistant Professor), is a clinical psychologist and Independent Scientist in the Campbell Family Mental Health Research Institute at the Centre for Addiction and Mental Health. Dr. Quilty studies personality and cognitive moderators and mediators of illness course and outcome, with a particular focus on reward processing and anhedonia in mood and addictive disorders. She further evaluates evidence-based assessment instruments in both clinical and research contexts, as well as cognitive behavioural therapy and associated therapies, and computer-based forms of cognitive retraining and modification.

Neil A. Rector, Ph.D., C.Psych. (Professor), is a clinical psychologist whose program of research focuses on the efficacy and mechanisms of action of cognitive behavioural therapy for the anxiety disorders, OCD and Related Conditions, and mood disorders. Current areas of investigation include: 1) the impact of CBT alone and in combination with physical exercise on the symptoms and cognitive vulnerabilities associated with OCD and depression, 2) the role of genetic vulnerabilities moderating symptom and cognitive change in response to CBT, and 3) prospective research examining the integrative genetic, cognitive, and psychological risk for OCD, anxiety and mood disorders. Dr. Rector is also the Director of the Mood and Anxiety Treatment and Research Program and the Director of Research for the Frederick W. Thompson Anxiety Disorders Centre at the Sunnybrook Health Sciences Centre, University of Toronto.

Gary Remington, M.D., Ph.D. (Professor), researches the pharmacotherapy of schizophrenia, particularly as it applies to psychosis and treatment response. He is currently part of a working group at the University of Toronto focusing on the different symptom domains and subtypes of schizophrenia, using a combination of preclinical and clinical investigations including animal models, neuroimaging (PET, MRI, fMRI), neuropsychology, electrophysiology, virtual reality, and human clinical trials. Dr. Remington holds the position of Chief, Schizophrenia Program at the Centre for Addiction and Mental Health.

Mark Schmuckler, Ph.D. (Professor)
Please note: Associate Members listed below provide clinical supervision only.

Allison Bury, Ph.D., C.Psych.

Joanne Coutts, Ph.D., C.Psych. (Lecturer), is a registered clinical and forensic psychologist with more than 25 years of experience. She began her forensic career at the maximum secure hospital Waypoint (formerly known as Oak Ridge) and currently works in the forensic department at Ontario Shores. She provides risk assessments, psychological assessments, and CBT and DBT focused group and individual therapy to forensic patients. Her clinical research interests include aggressiveness and social intelligence. She has been one of the leaders of a well respected internship program at Ontario Shores for more than 10 years. Joanne Coutts continues to be actively involved in the supervision of practicum students, interns and those individuals seeking college registration. She has also established a private practice over the course of 20 years. She offers CBT and DBT therapy to adults and adolescents exhibiting a variety of psychological issues, including depression, anxiety, post traumatic stress disorder, and relationship problems.

Donna Ferguson, PsyD., C. Psych., ABPP, (Assistant Professor), has been in independent practice since 2004, providing assessment and cognitive behavioural therapy in the area of Posttraumatic Stress Disorder and other Anxiety Disorders primarily with injured workers at the Centre for Addiction and Mental Health. Her clinical research interests and areas of specialty include concurrent disorders particularly in the area of anxiety disorders and/or co-morbid depressive disorders with gambling pathology. Dr. Ferguson has published scholarly articles in the areas of Posttraumatic Stress Disorder and problem gambling. She has also worked with clients in the area of addiction. Dr. Ferguson also works as an examiner for the College of Psychologists of Ontario, is chair of the Quality Assurance Committee at the College of Psychologists of Ontario and is Board Certified in Clinical Psychology.

Niki Fitzgerald, Ph.D., C. Psych. (Lecturer), is a clinical psychologist at the Centre for Addiction and Mental Health in the Work, Stress, and Health program where she assesses and treats workers injured at the workplace through WSIB. She is a certified cognitive therapist holding Diplomate status with the Academy of Cognitive Therapy. Dr. Fitzgerald is currently involved in a study utilizing an internet-based CBT program for depression and anxiety. She is the Director of Training (Interim) at CAMH.

Lance L. Hawley, Ph.D., C. Psych. (Assistant Professor), is the staff psychologist and co-director of clinical training for the Frederick W. Thompson Anxiety Disorders Centre at Sunnybrook Health Sciences Centre. Dr. Hawley is also an assistant professor in the Department of Psychiatry at the University of Toronto. He previously worked as a staff clinical psychologist for the Mood and Anxiety Outpatient Service and the Psychological Trauma Program at the Centre for Addiction and Mental Health. His clinical focus involves providing individual and group psychotherapy treatment to adult outpatients experiencing mood and anxiety disorders. Dr. Hawley has led training workshops and has provided clinical supervision to mental health professionals.
involving the treatment of mood and anxiety disorders using Cognitive Behavioral Therapy (CBT) and Mindfulness Based CBT (MBCT) approaches. He completed his clinical training in university and medical centers in Waterloo, Montreal, Hamilton and Toronto. Dr. Hawley’s clinical and research focus involves understanding the underlying mechanisms that contribute to improved psychological treatment response.

Longena Ng., Ph.D. C.Psych.

Stephanie Penney, Ph.D., C.Psych. (Assistant Professor), is a clinician-scientist within the Complex Mental Illness Program (Forensic Division) at the Centre for Addiction and Mental Health, and cross appointed at the Assistant Professor level within the Department of Psychiatry at the University of Toronto. Both her research and clinical work focus on the assessment and management of violence risk within adult psychiatric and correctional populations. Specifically, she is currently engaged in 3 central lines of research: modifiable risk factors for violence and adverse outcomes, motivational factors for violence and offending, and mental health systems research.

Tayyab Rashid, Ph.D., C.Psych., is a licensed clinical psychologist at the Health & Wellness Centre, and an associate faculty in the graduate psychological clinical science program at the University of Toronto Scarborough (UTSC) and an adjunct faculty at the Executive Master’s Program in Positive Leadership at the IE University, Spain. Trained with Dr. Martin Seligman, at the Positive Psychology Centre, University of Pennsylvania, Dr. Rashid's research expertise includes positive clinical psychology, strengths-based clinical assessment, resilience, multi-cultural counselling and mental health of young adults in post-secondary settings.

Lesley A. Ruttan, Ph.D., C.Psych. (Adjunct Lecturer), is a registered psychologist practicing in both clinical neuropsychology and clinical psychology. She spends much of her time on an out-patient acquired brain injury neuro-rehabilitation program at Toronto Rehabilitation Institute (TRI)/University Health Network (UHN) where she also serves as Practice Leader for Psychology. Lesley is interested in the enduring effects of concussion and is currently involved in research with the Canadian Concussion Centre looking at the neuropsychological and psychological impact of multiple concussions in professional athletes as well as in the design or adaptation of a range of evidence-based interventions to protect the brain from deterioration and to enhance neuroplasticity and neurogenesis. She is also involved in research with the Hull-Ellis Concussion Clinic at Toronto Rehab/UHN looking prospectively at individuals that have suffered concussions and their recovery course from the acute stages of injury. Dr. Ruttan co-chairs the UNH Psychology Professional Council and Psychology Education and Training Committee. She has been supervising graduate level practicum students and post-doctoral fellows for several years and has more recently been involved in the establishment of a formal UHN psychology pre-doctoral internship position in conjunction with University of Toronto-OISE’s Toronto Area Internship Consortium.

Prathiba Shammi, Ph.D., C.Psych.
Elizabeth Tarshis, Ed.D., C.Psych. is a registered psychologist who has been working at the UTSC Health & Wellness centre as a personal counsellor for over 20 years. She has also worked in children’s mental health and as a psychologist for the Toronto District School Board. She has provided clinical supervision for psychologists registering with the College of Psychologists and for MEd students in Counseling Psychology at OISE.

Sandra Yuen, Ph.C., C.Psych. is the Director, Professional Practice & Quality Assurance at Health & Wellness, Student Life Programs and Services, University of Toronto. She has 18 years’ experience in post-secondary student mental health as an administrator, manager, program evaluator, and clinical psychologist. She oversees a team of psychologists and social workers, who are part of a larger interdisciplinary team consisting of primary care and mental health professionals. Dr. Yuen is actively involved in program development of clinical services, including a mental health stepped care model, group therapy and workshop services, embedded counselling services, and the clinical psychology residency program (in partnership with the Centre for Addiction and Mental Health). Her research activities include overseeing program evaluation of mental health, primary care, and health promotion. More recently, she has partnered with McGill University and Queen’s University to develop a national consortium focused on best practices in student mental health services and programs. Dr Yuen’s clinical interests are in the provision of Cognitive-Behavioural Therapy for depression and anxiety disorders. She is a certified cognitive therapist holding Diplomate status with the Academy of Cognitive Therapy. She is particularly interested in interpersonal process, attachment, and metacognitive aspects of cognitive therapy. She has a private practice and enjoys teaching and supervising clinical psychology and psychiatry residents.
Program Requirements

This section of the Graduate Handbook describes course, research, and clinical training requirements for graduate training in Clinical Psychology at UTSC.

Requirements for the Clinical Psychology Field are also described in the School of Graduate Studies Calendar. Note that students normally may not transfer between fields in the broader Counselling and Clinical Psychology program once admitted.

Master of Arts

The full-time, two-year MA program is designed for applicants interested in working as researchers or practitioners in a variety of psychological and educational settings. This program enables students to apply for registration with the College of Psychologists of Ontario as a Psychological Associate. For information about the registration requirements of the College of Psychologists of Ontario, applicants are encouraged to contact the College directly.

Minimum Admission Requirements

Applicants are admitted under the General Regulations of the School of Graduate Studies. Applicants must also satisfy the Department of Psychological Clinical Science's additional admission requirements stated below.

- An appropriate bachelor's degree from a recognized university with at least an A- (or first-class standing) in the final two years of undergraduate study, and at least 4.0 to 6.0 full-course equivalents [FCEs] in psychology including statistics and some laboratory research experience. Students who are admitted to the program without 4.0 to 6.0 FCEs in required undergraduate coursework may be required to complete additional courses in the master's program. Applicants with a strong background in mathematics, computer science, statistics, biological science, or neuroscience are encouraged to apply even if they have fewer than the suggested number of psychology courses.
- Competitive scores on General and Subject (Psychology) tests of the Graduate Record Examinations (GRE).

- Two academic letters of reference.

- A personal statement.

- A curriculum vitae.

- Completion of the Psychological Clinical Science MA/PhD Program Faculty Selection Form

- Applicants whose primary language is not English and who graduated from a university where the language of instruction is not English must demonstrate proficiency in English. Applicants must complete the Test of English as a Foreign Language (TOEFL), or its equivalent according to SGS regulations, prior to submitting the application.

**Program Requirements**

The Clinical Psychology field for the MA in Counselling and Clinical Psychology consists of 5.0 FCEs of total coursework, which includes an ethics course, practicum-based courses, a clinical practicum, and a thesis.

- 4.5 FCEs as follows:

  Year 1: CPS 1601H Psychopathology (0.5 FCE); CPS 1701H Psychological Assessment I (0.5 FCE); CPS 1702H Psychological Assessment II (0.5 FCE); CPS 1801H Psychotherapy (0.5 FCE); and CPS 1901H Ethics (0.5 FCE).

  Year 2: CPS 1101H Clinical Research Design (0.5 FCE); CPS 1102H Statistical Techniques I (0.5 FCE); CPS 1802H Applied Interventions in Clinical Psychology (0.5 FCE); CPS 1803H Practicum in Psychological Interventions (0.5 FCE).

- 0.5 FCE: Students must complete a clinical practicum at a pre-approved placement site in the final summer of the program (CPS 2999H Summer Practicum).

Research thesis to be completed and orally defended in Year 2 of the program.

**Program Length:** 6 sessions (2 years) full-time

**Time Limit:** 3 years full-time
Doctor of Philosophy

The PhD program is designed for applicants interested in a career as a clinical psychologist based on a Clinical Science model of training. Graduate training in Clinical Psychology at UTSC prepares graduates primarily for research careers as psychological clinical scientists in university and academic medical settings. The PhD program has research strengths in clinical neuropsychology and neurosciences, personality and psychological assessment, and mindfulness- and acceptance-based psychotherapies. It is distinguished by its innovative cross-disciplinary approach that emphasizes scientific innovation through novel research collaborations that push traditional boundaries in clinical psychology. Importantly, the program meets the needs of students who plan to engage in research, teaching, and/or evidence-based clinical practice. This program is intended to meet the registration requirements of the College of Psychologists of Ontario at the doctoral level.

The Counselling and Clinical Psychology program (Clinical Psychology field) is offered on a full-time basis, and progress in the program will be reviewed annually.

Minimum Admission Requirements

Applicants are admitted under the General Regulations of the School of Graduate Studies. Applicants must also satisfy the Department of Psychological Clinical Science's additional admission requirements stated below.

- A Master's degree with specialization in Clinical Psychology (or its equivalent) from a recognized university, with a minimum A- average and excellent research performance.

- Competitive scores on General and Subject (Psychology) tests of the Graduate Record Examinations (GRE).

- Two academic letters of reference.

- A personal statement.

- A curriculum vita.

- Applicants whose primary language is not English and who graduated from a university where the language of instruction is not English must demonstrate proficiency in English. Applicants must complete the Test of English as a Foreign Language (TOEFL), or its equivalent according to SGS regulations, prior to submitting the application.
Program Requirements

The PhD program requires 6.0 full-course equivalents (FCEs) including coursework, three clinical placements, plus a comprehensive examination, thesis proposal, thesis, and thesis defence:

- 4.0 FCEs in coursework, normally completed by the end of Year 3 (CPS 1103H, CPS 1201H, CPS 1301H, CPS 1401H, CPS 1501H, CPS 1809H, CPS 3801H, CPS 3901H).

- 2.0 FCEs in clinical work:
  - 1.0 FCE in two separate part-time clinical placements during Years 1 and 2 (CPS 3999H and CPS 4999H).
  - 1.0 FCE in a one-year, full-time clinical internship at a Canadian Psychological Association- or American Psychological Association-accredited (or equivalent) clinical setting, which normally takes place during Year 5 (CPS 5999Y). Eligibility for the clinical internship will be assessed by the Director of Clinical Training (DCT) prior to Year 4 of the program.

- The comprehensive examination requirement consists of two mandatory components:
  1. An oral examination focused on clinical expertise (normally completed in the Summer session of Year 1); and
  2. A research-focused paper (normally completed in the Summer session of Year 2).

  - A pass on both components is required for a student to continue on to PhD candidacy. Students who fail the oral exam will have the opportunity to retake the exam. Students who fail the research paper will have the opportunity to revise and resubmit. Students who fail either or both component(s) on the second attempt should consult the SGS Academic Appeals Policy. If after the appeals process and second attempts at either or both component(s) result in a failure, the student will no longer be eligible to continue in the PhD program. Guidelines on the comprehensive requirement can be found in Section 3 of this graduate handbook.

- Thesis proposal, normally approved prior to the start of Year 3 of the program.
  - Completed thesis.
  - Successful defense of the thesis at the Final Oral Examination.
For students interested in acquiring additional clinical hours, the PhD program provides the following optional courses: CPS 6999H and CPS 7999H. Please note that optional courses for the PhD must be approved by the faculty supervisor, the DCT, and the Graduate Chair prior to course enrolment.

Supervisors will have annual meetings with students to assess academic progress and to develop plans of study. The DCT will also hold formal annual meetings with students to assess clinical and professional progress.

**Program Length:** 5 years (including pre-doctoral internship)

**Time Limit:** 6 years full-time

### Transfer Credit and Exemptions

Occasionally, students have taken courses outside of the Counselling and Clinical Psychology MA/PhD program that may qualify for transfer credits or exclusions. Section 6.2.9 (“Transfer Credit and Exemptions”) describes the policies and procedures for determining transfer credit and exemptions for courses taken in another program or university. Particular attention should be paid to the differences in transfer credit and course exemption categories, and their respective effects on overall course credit requirements for the degree.

To apply for a transfer credit or course exemption, students should complete the *Transfer Credit and/or Exemption Form* (and append necessary transcripts). Students should submit this form completed in full to the Program Coordinator. A meeting of the GD-PCS Executive Committee will evaluate the request. If approved, it will subsequently be forwarded to the Vice-Dean, Students, SGS for approval.

### Grading Practices

The *University of Toronto Assessment and Grading Practices Policy* outlines the guiding principles and standards for all for-credit degree work, to ensure fair and consistent grading practices. It is highly recommended that students familiarize themselves with this policy. Please note that the lowest non-failing grade for a graduate course is a B- (see section 1.2.2. **Graduate** of the Grading Practices Policy for the complete grading scale). All graduate students are accepted under the *School of Graduate Studies General Regulations*, which includes (but is not limited to) the satisfactory completion of all required coursework. Students are permitted two attempts at passing a course (see section 7 of the General Regulations).
Course List
Not all courses are offered every year. Registered students should consult the department’s website for current timetable information.

Note: GD-PCS has currently submitted to SGS for consideration, two PhD course proposals to make mandatory the following one-day courses:

- Clinical Supervision
- Consultation and Program Development and Evaluation

The proposals specify the grading scale appear as CR/NCR on the academic transcript. Any updates to curriculum will be brought forward at the next GD-PCS program meeting and will be reflected in the next iteration of the SGS Academic Calendar.

CPS1101H Clinical Research Design
This course is intended to help students develop a creative and methodologically sophisticated research program in the field of clinical psychology. Topics to be covered include philosophy of science, consistencies and inconsistencies in behavior, methods of assessment, selection of participants, tasks and control groups in clinical research studies, external validity, the determination of clinical significance, taxometric methods, the analysis of mediational hypotheses, and the analysis of change.

Exclusion: APH 1263H Seminar in Research Methods for MA Students

CPS1102H Statistical Techniques I
This course will cover the data analytic tools in univariate and multivariate statistics. Students will learn correlation and regression, as well as obtain instruction on general linear modeling, multilevel modeling, and factor analysis. Students will be expected to complete an independent statistical project using SPSS.

Exclusion: APH1287H Introduction to Applied Statistics

CPS1103H Statistical Techniques II
This course will cover the fundamental concepts of latent variable modeling in order to make students better consumers and producers of such models in their research. Students will learn how to evaluate the quality of such models when applied to real data by understanding the various fit indices.

Exclusion: APH1288H Intermediate Statistics and Research Design

CPS1201H Neurobiological Bases of Behaviour
This course will provide students with a broad overview of brain-behavior relationships extending from basic sensation and perception to higher-level cognitive functions, emotions, and social behaviors. A variety of techniques for studying neurobiological processes will be reviewed, including single-cell recordings, lesion-based studies, structural and functional brain imaging, and transcranial magnetic stimulation.
CPS1301H Cognitive-Affective Bases of Behaviour
This course will provide students with a broad overview of the relationships between cognition, affect, and behavior. Topics to be covered include the role of insight in psychotherapeutic change and the role of mindfulness in relapse prevention.

CPS1401H Social and Interpersonal Bases of Behaviour
This course will provide students with a broad overview of interpersonal psychology, from the early writings of Sullivan and Leary to the later writings of Keisler and Wiggins. Topics to be covered include the structure of interpersonal characteristics, the principles of interpersonal complementarity, and the role of interpersonal processes in psychopathological disturbance and psychotherapeutic change.

CPS1501H Personality
This course is intended to introduce students to core concepts in the field of personality psychology and to the questions and controversies that currently surround them. Topics for discussion will include personality architecture (structures/processes), personality development (stability/change), and the power of personality to predict a range of consequential life outcomes (e.g., health, longevity, happiness).

Exclusion: APH1201H Personality Theories

CPS1601H Psychopathology
This course is intended to introduce students to the signs, symptoms, and syndromes of psychopathology and to the DSM-V diagnostic criteria for psychiatric disorders. The goal of the course is to provide students with the capacity to think critically about how various psychiatric disorders are conceptualized and to competently make differential diagnoses in both clinical and research settings.

Exclusion: APH3260H Psychopathology and Diagnosis

CPS1701H Psychological Assessment I
This course is intended to introduce students to the adult assessment of personality and psychopathology. Topics to be covered include structured clinical interviewing, multi-scale self-report inventories, and performance-based (i.e., projective) measures. Students will become familiar with the administration, scoring, and interpretation of the measures that are commonly used in these domains and will practice integrating test results and writing assessment reports.

Exclusion: APH3224H Individual Cognitive and Personality Assessment

CPS1702H Psychological Assessment II
This course covers theoretical and applied topics in intelligence and cognitive assessment. Students will learn the history and theory underlying modern intelligence testing, acquire skills to administer and score intelligence tests, and be taught how to interpret the results of these assessments. The relationship of intelligence testing to the assessment of cognitive functioning will be discussed in the context of modern approaches to neuropsychological assessment. Students will be trained in the
administration of standardized cognitive assessments and learn how to interpret the results of these tests on the basis of neuropsychological theory and normative data.

**CPS1801H Psychotherapy**
This course is intended to introduce students to the prominent theories of psychological change (i.e., psychodynamic, cognitive/behavioural, humanist/existential) as well as to the empirical evidence of their efficacy. The role of the therapist, the patient, and the therapeutic alliance in producing positive outcomes will be examined.

Exclusion: APH1202H Theories and Techniques of Counselling

**CPS1802H Applied Interventions in Clinical Psychology**
This course covers fundamental skills required for clinical psychological interventions. Topics covered include risk assessment, history taking, case formulation, and treatment planning. Basic clinical skills such as empathic responding, active listening, the development and maintenance of the therapeutic alliance, and maintaining appropriate boundaries are explored through both didactic and experiential learning. Students have the opportunity to role play and participate in case simulations, allowing them to actively engage in skills acquisition. Ethical and legal issues in the provision of psychotherapy are also discussed, as is the role of socio-cultural factors in the therapeutic relationship. A practicum in psychological interventions (CPS1803H) is typically taken concurrently with this course.

Exclusion: APD1203Y Practicum I: Interventions in Counselling Psychology

**CPS1803H Practicum in Psychological Interventions**
This course focuses on the practical application of the material discussed in Foundational Skills in Psychological Interventions (CPS1802H). Students gain clinical intervention experience with selected clients under the clinical supervision of a qualified supervisor.

Exclusion: APD1203Y Practicum I: Interventions in Counselling Psychology

**CPS1809H Clinical Psychopharmacology**
This course will provide students with a broad overview of psychopharmacology and the effects that various psychotropic drugs have on sensation, cognition, affect, and behavior. Following an introduction to the principles of neuropsychopharmacology, the course will focus on the effects of specific drugs and their uses in clinical psychiatry. This course is designed to introduce students to the pharmacological treatment of psychiatric disorders and also to provide part of the requisite training for prescribing privileges that are currently awarded to clinical psychologists in some jurisdictions.

**CPS1901H Ethics**
This course is intended to acquaint students with the ethics and standards of professional conduct, including the Canadian Psychological Association’s Canadian Code of Ethics for Psychologists and Practice Guidelines for Providers of Psychological Services as well as the relevant provincial and territorial codes of ethics and professional standards.
Exclusion: APH1219H Ethical Issues in Professional Practice in Psychology

**CPS2901H Clinical Supervision**
The aim of this one-day course is to provide students with an overview of theory, research and practice in the clinical supervision of psychology trainees involved in mental health service provision. The course includes didactic lectures, reflective exercises, and group discussions. The course covers topics such as theories and models of supervision, empirical research on supervision, diversity issues in supervision, and the rights and responsibilities of supervisees and supervisors.

**CPS2902H Consultation and Program Development and Evaluation**
The aim of this one-day course is to provide students with an overview of the methods and theories of program design, implementation, evaluation and consultation in clinical psychology. It will also explore the roles of clinical psychologists in these professional practice activities. The course includes didactic lectures, problem solving scenarios, role plays, and group discussions. The course covers topics such as the science and practice of service implementation, fundamentals in program evaluation and consultation, and ethical considerations in organizational consultation.

**CPS2999H Summer Practicum**
Students must complete a full-time clinical practicum in the summer between MA2 and PhD1. The practicum site must receive the approval of the Director of Clinical Training.

**CPS3801H Multi-Person Therapies**
This course will introduce students to interventions used outside the traditional therapeutic dyad. Embedded within a lifespan, developmental perspective, students will learn about the different theories underlying couple and family dysfunction, and the specific interventions designed to promote adaptive functioning in couples and families. Particular emphasis will be placed on evidence-based theory and treatment featuring family systems, multicultural perspectives and problem-solving, cognitive behavioural therapies. Clinical issues that will be addressed include: infidelity, partner violence, sexual dysfunction as well as using the couple context to treat individual psychopathology in one of the partners. Recognizing the social construction of definitions of couple and family health, students will consider perspectives of race, ethnic status and sexual orientation when discussing case formulation and treatment planning.

Exclusions: APD 1261H Group Work in Counselling and APD 1228H Individual and Group Psychotherapy: Family and Couples Counselling

**CPS3901H The Historical and Scientific Foundations of Psychology**
A critical and comprehensive examination of the historical, philosophical, and scientific bases of psychology. The overarching goal of this course is to inform students to use the history of the field to evaluate and think critically about how psychologists generate knowledge and how that may inform clinical science research and practice. In this course, there is a strong emphasis on historical topics in psychology more broadly and their relation to themes in clinical psychology.
Exclusion: APH3204H Contemporary History and Systems in Human Development in Applied Psychology

**CPS3999H Clinical Placement I**
Students must complete a part-time clinical placement (i.e. minimum 400 hours) at a site approved by the Director of Clinical Training in their first year of the Ph.D. program.

**CPS4999H Clinical Placement II**
Students must complete a part-time clinical placement (i.e. minimum 400 hours) at a site approved by the Director of Clinical Training in their second year of the Ph.D. program.

**CPS5999Y Internship** (exclusion: APH 3268Y PhD Internship)
Students must complete a one-year, full-time pre-doctoral internship (i.e. 2000 hours) at a CPA or APA-accredited (or equivalent) clinical internship site.

Exclusion: APH 3268Y PhD Internship

**Required Workshops**
Invited Diversity Speaker Series

All students are expected this annual workshop which takes place in early September and features a clinical psychologist with expertise relevant to diversity issues in clinical research and practice. The speaker presents a three-hour clinical-research workshop in their area of specialty. Speakers are chosen to cover different topics and populations and augment training provided by the program. Students will be provided with a letter of attendance upon completion.

**Elective Courses**

**CPS 1810H Advanced Psychotherapy**
As a complement to the survey provided in Psychotherapy: Theories of Behaviour Change (CPS 1801), this course will explore a more limited number of evidence based therapies in greater detail. A mix of didactic methods, including a blend of classroom instruction, videotaped therapy sessions, observation, modeling, feedback and supervised practice will be used. The psychotherapy taught in any given year will depend upon the availability of instructors and may include (but not be limited to) Cognitive Behavioural Therapy, Interpersonal Psychotherapy, Emotion Focused Therapy, Brief Psychodynamic Psychotherapy, Dialectical Behaviour Therapy, or Mindfulness Based Cognitive Therapy.

**CPS5001H/CPS5002H* Directed Reading**
Under the supervision of a faculty member appointed to the graduate unit, this course will provide students with an opportunity to engage in an intensive examination of a topic of interest. The project will take place over 1 or 2 consecutive terms (to be decided by the supervisor). The student must demonstrate a background adequate for the proposed project and together with the supervisor, will submit a Directed Readings
Proposal Form before the start of the academic term in which the project will be initiated. The Program Coordinator will provide final approval on all project proposals.

*Note: Please refer to the GD-PCS website under “Courses and Timetable” for detailed application instructions and deadlines.

CPS6999H Clinical Placement III
Students may choose to complete this optional part-time clinical placement at a site approved by the Director of Clinical Training in their third year of the Ph.D. program. Students must receive approval by the faculty supervisor, the DCT, and the Graduate Chair prior to course enrolment.

CPS7999H Clinical Placement IV
Students may choose to complete this optional part-time clinical placement at a site approved by the Director of Clinical Training in their fourth year of the Ph.D. program. Students must receive approval by the faculty supervisor, the DCT, and the Graduate Chair prior to course enrolment.
Enrolling in Courses Outside of the Graduate Department of Psychological Clinical Science

SGS does permit graduate students to take courses not required for their degree (see SGS Calendar – General Regulations, section 6.2.6).

GD-PCS students should speak to their supervisor(s) if they are interested in enrolling in a course outside of the department; the supervisor(s) will consider whether the course aligns with students’ academic, research, and/or professional training goals; if they are in agreement, then they will email the Chair, who will make the final determination. The Chair will communicate his/her decision via email to the student, supervisor and program support staff. All GD-PCS students require departmental approval to enroll in coursework outside of the unit.
Monitoring Student Progress

This section of the Graduate Handbook describes the procedures for monitoring students’ progress through the Clinical Psychology field of the MA and PhD in Counselling and Clinical Psychology.

The academic, research, and professional training progress of students in Clinical Psychology at UTSC is monitored on a yearly basis by the Program Coordinator in conjunction with the supervising faculty.

Program and Research Progress

The relationship between a supervisor and student is critical to students’ academic success. Upon admission to the program, students and supervisors should review the documents prepared by SGS titled Graduate Supervision Guidelines: Student Edition and Graduate Supervision Guidelines: Faculty Edition. As early as is possible (and no later than the first semester of graduate study), students and supervisors should jointly review and complete the Supervision Checklist for Students and Supervision Checklist for Supervisors. These forms summarize suggestions about what students and supervisors should clarify before entering into a supervisory relationship. These forms should be maintained by students and supervisors and reviewed periodically throughout the graduate program to ensure that roles, responsibilities and expectations are as clear as possible and, if necessary, revised over the course of the degree program.

It is the student’s responsibility to complete the MA or PhD Annual Review Form (Form A1) located on UTSC’s GD-PCS website in the “Current Students” section. After completing the form, students are required to meet with their faculty supervisor(s) to review the form. For students that have two supervisors, it is best practice to have two copies of the form prepared and reviewed (one with each supervisor). Alternatively, one form may be jointly reviewed by both supervisors. The purpose of meeting with the supervisor(s) is to review the following on the Annual Review Form:

- Academic accomplishments as indicated by completion of required and elective courses and the Doctoral Examination (i.e., Comprehensive Examination).
Clinical training progress as indicated by completion of required and optional clinical practicum placements.

Student's plan of study for the following year and estimated timelines for achieving thesis and clinical milestones toward successful fulfillment of program requirements for the MA and PhD degrees.

Research and scholarly activities including but not limited to peer-reviewed publications, chapters in edited books, and presentations at local, national, and international scientific conferences.

Other notable professional activities for career development, including but not limited to teaching experience (as a teaching assistant and/or instructor), workshop attendance, and conference planning.

Interpersonal competence which includes ethical and professional behavior, the appropriateness of professional relationships that are established and maintained, the ability to self-reflect, have insight, be open to feedback in the supervision process, and demonstrate problem solving proficiency.

After reviewing this form with the student, the faculty supervisors should revise the annual review form (if necessary), provide feedback to the student on degree progress and academic accomplishments, and provide endorsement of the plan of study for the following year by signing the Annual Review Form. The forms are reviewed by the Program Coordinator to ensure that program requirements have been (or will be) completed on time and that any questions about the plan of study are addressed.

Although the Annual Review form contains a formal monitoring and evaluation of interpersonal competence, ongoing self-evaluation of this domain is expected by all students in the program. The professional practice of psychology comes with great responsibility. Students are expected to be familiar with and adhere to the Canadian Code of Ethics for Psychologists and the University of Toronto’s Code of Student Conduct. Any psychological, interpersonal and/or ethical conflicts that interfere with one’s professional development and role functioning must be explored and addressed in a satisfactory manner (i.e., a willingness and openness to respond constructively to feedback from supervisors, participating in and following through on remediation plans, seeking personal counselling, etc.).

The Annual Review Form also contains a section to record the clinical hours that students completed over the prior year during program-approved practicum placements. The annual review provides an opportunity for students to reflect on the breadth and depth of their clinical training profile, as well as the number of accrued clinical hours, as they consider the option of completing additional clinical practica and assess their readiness for internship.

To guide students through the MA and PhD programs in a coherent and timely manner, several milestones have been identified that signify the completion of important
requirements toward the fulfillment of the degree programs. Students should ensure that forms for each of these milestones are completed in a timely manner and submitted to the Graduate Assistant in advance of the specified due dates.
Milestones: Master of Arts

All MA Milestone forms can be found under “MA Forms” in the Current Students section of the GD-PCS website. Students are expected to comply with all documentation processes and deadlines.

1. MA Supervisory Committee Nomination Form (Form M1)

☑ Due: January 15 of MA Year 1

In addition to the supervisor and co-supervisor (if applicable), the committee must include at least two additional GD-PCS faculty members. MA Thesis Proposal Form (Form M2)

☑ Due: May 15 of MA Year 1

The MA thesis proposal includes two components: 1) a written document and 2) an oral presentation. The written document should total 15-20 pages of text (not including references, although this page range should only be used as a guide) and describe the background, hypotheses, methods and statistical analyses (including power analysis, where relevant) in sufficient detail that the supervising committee can provide feedback on the proposed research. Some supervisors have different expectations around the style and formatting of the MA thesis, including the final written product. Before writing the MA thesis, students should meet with their supervisor(s) to clarify these expectations (e.g., length of introduction/literature review). For the MA thesis, analyses of archival data are acceptable.

The MA proposal should be formatted according to the Sixth Edition of the Publication Manual of the American Psychological Association (including title page, abstract, in-text citations, and references, as well as tables, figures and appendices, where applicable). If a student does not already own a copy of the manual, they should borrow one from the library or purchase a copy. When preparing the written document, closely follow the American Psychological Association’s Journal Article Reporting Standards (see http://www.apa.org/pubs/authors/jars.pdf) and use all relevant headings and subheadings listed in the pertinent table contained in this document. This written document should be circulated to members of the MA supervisory committee at least five business days in advance of the presentation.

The oral presentation should be no longer than 20 minutes and should summarize the information from the proposal document. This will be followed by feedback and questions from the MA supervisory committee (lasting up to one hour). Students should remember to schedule their oral presentation as soon as is feasible and to book a room well in advance of the committee meeting when necessary.
On the date of the oral presentation, the student should bring a copy of Form M2 so their supervising committee may provide pertinent feedback on the written thesis proposal and oral presentation. Form M2 must be completed in full by the supervisory committee and submitted by the Chair of the Committee to the Graduate Office within 24 hours of the proposal presentation. In the event that the proposal requires revisions or reformulation, Section B must clearly outline the action plan and timeline for resubmission, and be submitted to the Graduate Office no later than one-week post presentation.

Students have the option to appeal the supervisory committee’s recommendation on their MA thesis proposal. Students should consult the GD-PCS Policies and Procedures on Student Complaints, Grievances and Appeals for information about the procedure (see Appendix E).

A Reminder

For studies conducting prospective data collection, it is strongly recommended that students consult members of their supervisory committee to review the proposed methods of the study prior to submitting the research protocol for approval by the Research Ethics Board. Note that approval by the Research Ethics Board is normally required for archival research. Please see the University of Toronto’s Office of Research Ethics and Protections for more information on research ethics review and approval: http://www.research.utoronto.ca/faculty-and-staff/research-ethics-and-protections/.

Prior to commencing any research, students are expected to complete the Tutorial Course on Research Ethics (CORE) for the 2nd edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (please visit: http://www.pre.ethics.gc.ca/eng/education/tutorial-didacticiel/).

2. MA Thesis Defense Form (Form M3)

☑ Due: July 15 of MA Year 2

Similar to the thesis proposal, the thesis defense consists of two components: 1) the written document and 2) an oral presentation. Refer to guidelines set out in the previous thesis proposal section, noting the different documentation requirement (i.e., Form M3).

Form M3 must be completed in full by the supervisory committee and submitted by the Chair of the committee to the Graduate Office within 24 hours of the examination. In the event the student receives a failed rating on either, or both, of the written document and oral examination, the student will have an opportunity to submit a revised written document and/or undergo an oral re-examination. In both instances the committee will specify the new deadline, however, the new deadline must be within 3 months of the initial MA thesis
defense. If a student then fails the revised written document and/or the oral re-examination by more than one failed vote of the committee, the student will be asked to withdraw from the program (as outlined in the GD-PCS Remediation Policy, see Appendix F).

Students have the option to appeal the decision(s) of either or both of the first and second examination attempts. Students should consult the GD-PCS Policies and Procedures on Student Complaints, Grievances and Appeals for detailed information on this process (see Appendix E).

3. Final Thesis Submission

** ✓ D ue: August 31 of MA Year 2**

Upon a successful thesis defense, and after the thesis supervisor has approved any corrections, students are required to submit an electronic thesis version (referred to as “ETD”) to the digital library repository. Once submitted, SGS will review the thesis and notify students of approval or any issues (usually related to formatting). Students should familiarize themselves with the requirements of producing and submitting their final thesis through the SGS “Producing your Thesis” webpage.

GD-PCS also requires an electronic submission of the final thesis copy to be sent to the Graduate Assistant no later than August 31.

**Milestones: Doctor of Philosophy**

All PhD Milestone forms can be found under “PhD Forms” in the Current Students section of the GD-PCSs website. Students are expected to comply with all documentation processes and deadlines.

1. Comprehensive Oral Examination (clinical competency component) completed in May of Year 1.

2. Doctoral Supervisory Committee Form (Form D1) submitted no later than July 1 of Year 1.

3. Doctoral Dissertation Proposal Form (Form D2) submitted no later than the third Monday of September of Year 2.

4. Comprehensive Examination review paper component completed by July 1 of Year 2 (review paper topic proposal completed by November 1 of Year 2).

5. Readiness for Internship Form (Form D4) completed by September 1 of the year prior to internship application AND again in the internship application year (normally Year 3 and Year 4).
6. Dissertation Plan of Study (Form D5) completed by September 1 of the intended internship application year (normally Year 4).

7. Final Oral Examination (Form D3) completed in Year 4 or 5.

- Please note that the doctoral supervisory committee is responsible for advising the graduate unit that a doctoral thesis is ready to proceed to examination. The graduate unit will then notify SGS nine weeks prior to the Final Oral Examination when the thesis is ready to go forward. Departmental guidelines for the Final Oral Examination are available on the GD-PCS website. The guidelines outline the various steps involved in the examination process from scheduling the examination to selecting committee members (including the selection of the external appraiser) and preparing the examination file. Further information on the Doctoral Final Oral Examination can be found in Section 8.3 of the School of Graduate Studies Calendar.

### Doctoral Supervisory Committee

The Doctoral Supervisory Committee consists of the supervisor, co-supervisor (if applicable), and at least two additional graduate faculty members. The additional committee members are usually, but not limited to, GD-PCS faculty. Further information on the composition of the committee can be found on the Doctoral Supervisory Committee Form (Form D1).

### Doctoral Dissertation Proposal

The Doctoral Dissertation Proposal includes two components: 1) a written document and 2) an oral presentation. Refer to guidelines set out in the MA Thesis Proposal section above, noting the different documentation requirement (i.e., Form D2).

### Comprehensive Examination

The Comprehensive Examination (also referred to as Departmental Examination) must be completed by all doctoral students. The examination consists of two mandatory components: 1) an oral examination focused on clinical competency, and 2) a written review paper. A pass on both components is required for a student to continue on in the PhD program. A fail on either or both of these components requires remediation. Section 2.0 Comprehensive Examination Failure in the GD-PCS Policies and Procedures on Remediation details this process at length (see Appendix F).

1. **Clinical Competency Oral Examination**: The purpose of the oral examination is to provide students with the ability to apply their knowledge of case conceptualization, assessment, treatment, and ethics to a clinical case. Questions pertaining to these issues, including case descriptions, will be provided by members of the clinical comprehensive committee. During the one-hour examination, students will be examined by two members of the GD-PCS. The committee may include any core or associate member of the department, but will exclude the Graduate Chair in the case of an appeal. Questions will fall into four broad areas: case conceptualization, assessment,
clinical intervention, and ethical and diversity issues. Students will be asked specific questions based on 1) their personal clinical experience (e.g., as part of their practicum and other professional training) and 2) clinical descriptions provided to them during the examination.

2. **Research Paper Requirement:** To satisfy the research component of the Comprehensive Examination, students will write a substantive review paper on a topic relevant to clinical psychology. The purpose of this component of the examination is to demonstrate breadth of knowledge in clinical psychology. Therefore, the topic of the paper must not be the same topic as the doctoral dissertation or the Master’s thesis, but may be related to the student’s research program.

   a. **Proposal:** The GD-CPS Comprehensive Requirement Topic Proposal Form must be submitted for approval to the Program Coordinator by **November 1 of Year 2 in the PhD program**. This form includes abstracts from the Master’s Thesis and doctoral dissertation proposal, proposed reviewers (from the GD-PCS pool of Associate Members who have broad expertise in the area of the proposed review paper), as well as a 1-page proposal on the topic of the Comprehensive Examination research paper requirement. The Program Coordinator will decide if the topic is sufficiently different from previous and future theses, and in conjunction with other members of the Clinical Executive, identify and contact suitable reviewers. Students should not contact reviewers. In addition, this paper cannot serve as a chapter in the student’s dissertation.

   b. **Review Paper:** Students should write the review paper (30-50 pages) according to the most recent author guidelines for *Clinical Psychology Review* and should browse the latest issues of the journal for examples of how to prepare and format the paper. The purpose of this paper is to produce a qualitative and/or quantitative (e.g., meta-analysis) literature and/or theoretical review on a topic in the student’s broad area of study. The topic should be broad enough that students are able to find a sufficient number of published papers to support the review. However, it should be focused enough that the paper has depth and students are able to thoughtfully explore the methodological and theoretical issues raised by the topic. The paper should not be a simple description of studies in the area; it should make a theoretical and/or methodological contribution to the literature.

Students should consult the GD-PCS website for the current year’s comprehensive examination deadlines. Questions about the Comprehensive Examination, including how to prepare for the examination, may be directed to the Program Coordinator.
As per the SGS Calendar Section 8.5.1 Achieving Candidacy: Requirements and Time Limits, students in doctoral degree programs must:

1. Complete all requirements for the degree exclusive of thesis research and courses such as ongoing research seminars that run continuously through the program; and

2. Have an approved thesis topic, supervisor, and supervisory committee.

For students in the Counselling and Clinical Psychology degree programs, point 1 above also excludes the one-year, full-time clinical internship from the degree requirements. Candidacy must be achieved by the end of the third year of the PhD program. In exceptional circumstances, a student who has not met these requirements may be permitted to register in the program for up to 12 months at the discretion of the Graduate Department of Psychological Clinical Science. Continuation beyond 12 months requires the approval of both the Graduate Department of Psychological Clinical Science and the School of Graduate Studies Admissions and Programs Committee. If a student is in need of an extension, the Extension to Achieve Candidacy form must be completed along with a letter explaining the cause(s) for the delay and evidence that the remaining candidacy requirements will be completed within the period of the extension requested. Completed forms should be submitted to the Graduate Assistant who will coordinate review by the Chair.

Completion of the program requirements identified above will signal the achievement of candidacy. Successful completion of candidacy is recognized by a notation on the transcript.

See also requirements and deadlines in the Degree Regulations and unit entries in the Graduate Programs section of the School of Graduate Studies calendar.

Section 12.1.2.8. (“Thesis”) of the School of Graduate Studies Calendar describes the program requirements for the thesis. This section of the calendar is reproduced below:

The candidate, through the graduate unit, shall present a thesis embodying the results of original investigation, conducted by the candidate, on the approved topic from the major field. The thesis shall constitute a significant contribution to the knowledge of the field and must be based on research conducted while registered for the PhD program.

A thesis should have a coherent topic with an introduction presenting the general theme of the research and a conclusion summarizing and integrating the major findings. Nonetheless, it may contain a collection of several papers. The collection of papers may be expanded or supplemented by
unpublished material, scholarly notes, and necessary appendices. In all theses, pagination should be continuous; there should be a common table of contents and an integrated bibliography for the whole thesis. A thesis must be prepared in a standard format (see National Library guidelines and Guidelines for the Preparation of Theses).

The thesis should normally be written in English, but with the permission of SGS, a graduate unit may permit or require students in that unit to write the thesis in French.

See also General Regulations section 8.1 Thesis Topic and Supervision.

All students must defend a thesis at a Final Oral Examination organized by the graduate unit with the cooperation of the FOE candidate, their doctoral supervisory committee and SGS. Departmental guidelines for the Final Oral Examination are available on the GD-PCS website. See General Regulations section 8.3 Doctoral Final Oral Examination for detailed requirements and deadlines.

When considering the above guidelines, students, supervisors, and the doctoral supervisory committee are asked to consider the complexity and challenge of the research when determining the number of studies to be included in the dissertation. The ultimate decisions about the scope, length, and number of study chapters included in the dissertation are determined by the doctoral supervisory committee in consultation with the student and in accordance with guidelines provided by the School of Graduate Studies.

Guidelines for formatting and submitting the thesis are provided on the SGS website: http://www.sgs.utoronto.ca/currentstudents/Pages/Producing-Your-Thesis.aspx. Once students have completed their degree requirements and thesis, they should ensure that the thesis is correctly formatted and contains all corrections as agreed upon by the final oral examination committee or supervisor.

SGS recommends that students use the following checklist to ensure that all requirements are completed:


GD-PCS also requires an electronic submission of the final thesis copy to be sent to the Graduate Assistant.

Resources

Students have many resources available to support their academic, research and professional training goals. The information provided below is intended to guide students through expectations, policies and procedures related to graduate awards,
financial assistance, and the Graduate Professional Skills Program at the University of Toronto.

**Graduate Awards**

Graduate awards form an important component of a student’s future applications for various scholarships, grant-funding opportunities, internships, and postdoctoral fellowships. Students are expected to apply for graduate awards and scholarships throughout the MA and PhD programs, when eligible. Notifications of award memos which include application instructions and eligibility requirements will be forwarded to students on behalf of the SGS Graduate Awards Office. Students who intend on applying for awards should notify the Program Manager. For assistance in preparing an award application, please consult the current graduate student Award Mentor, Program Manager, and Program Coordinator. The Campus Graduate Administrator may also be contacted for additional support.

**Canada Graduate Scholarships-Master’s Program**

The [Canada Graduate Scholarships-Master’s Program](#) (CGS-M) provides one year of funding for the MA degree program. Applicants to the MA program are expected to submit a CGS-M award application alongside their application to the program. Eligible students enrolled in Year 1 of the MA program are also expected to apply if they have not held a CGS-M award. The application process for the CGS-M program is harmonized, which means that applications are routed through a common application portal (the Research Portal) regardless of the tri-council agency under which a proposed research project falls (i.e., CIHR, NSERC, and SSHRC). Before preparing a CGS-M award application, prospective and current students should consult their proposed or current graduate supervisor to determine the tri-council agency that should be listed on the application form (i.e., whether the proposed research is most relevant to CIHR, NSERC, or SSHRC). Applicants must complete and submit the online application using the Research Portal. Students should refer to the CGS-M application instructions currently housed on NSERC’s website for details on how to complete their application. Additionally, the [Canadian Common CV](#) (CCV) must be completed and the confirmation number uploaded to the CGS-M application on the Research Portal. Students that did not submit a CGS-M application at the time that they applied to the MA program, or currently enrolled students in Year 1 of the MA program that have not held a CGS-M award and are eligible to apply, are expected to submit a CGS-M application to support Year 2 of the MA program. For more information about the CGS-M program, please see the [School of Graduate Studies awards website](#).

**Tri-Council Doctoral Awards Programs**

The Graduate Department of Psychological Clinical Science receives annual quotas (or limits) on the numbers of applications that may be submitted by the department separately to the SSHRC and NSERC Canada Graduate Scholarship Doctoral (CGS-D) awards competitions. The quota may change from one year to another based on the number of students enrolled in the doctoral program and the past successes of students in the program who applied for the awards. These applications undergo an initial internal departmental evaluation process and applications are then ranked according to the evaluation criteria provided by the respective tri-council agency. The number of
applications from students in our department to the SSHRC and NSERC CGS-D competitions usually exceeds the quota specified by SGS. Therefore, students considering applying to either a SSHRC or NSERC CGS-D award should consult the Program Manager to learn the quota of applications in a given year and to assess the competitiveness of their application. Doctoral Research Award applications to CIHR are made directly to the agency through ResearchNet. There is no quota on the number of applications that may be submitted to CIHR and there is no required internal (departmental) review of the applications. Please review the CIHR website for information about how to prepare an application.

A complete listing of federal, provincial, internal and external award and scholarship opportunities are available on the SGS Graduate Awards Office website. GD-PCS also offers an internal funding opportunity for students who wish to present at academic conferences. Details regarding the grant can be found on the GD-PCS Graduate Funding and Awards webpage. Although the Program Manager will circulate memos on upcoming award opportunities, all students are encouraged to visit the website to familiarize themselves with award details including deadlines and eligibility criteria. Information on the function and composition of the GD-PCS Awards Committee can be found in the Policies and Procedures on Departmental Governance (see Appendix D).

Students enrolled in the MA and PhD programs receive a financial assistance package based on a combination of components which include fellowships (these are internally allocated funds administered using SGS student eligibility criteria), research assistantships (RA’s) (these are research related work activities that support the supervisor’s program of research in a fundamental way), and teaching assistantships (these are paid positions which support undergraduate courses such as marking and invigilating exams). Students and supervisors seeking clarification around expectations of an RA should note that although official guidelines do not currently exist, there should be an explicit understanding of the number of working hours required (a rate of approximately $30/hour should be used as a standard). All graduate supervisors are normally responsible for guaranteeing funding for a student in the first two years of the Master’s degree and first four years of the Doctoral degree. Currently, the Graduate Department of Psychological Clinical Science offers students in good academic standing a guaranteed minimum funding package of $19,000 plus tuition and incidental fees each year for a total of 6 years (2 MA years and 4 PhD years). Students who successfully secure awards and scholarships should note that the total award value is not simply added onto the minimum funding commitment but typically increases the overall package amount. This is due to the funding formula, which redistributes the weight of the various components of the funding package based on award values. For example, a student who has secured a CGS-M award may work half the number of TA hours required of a student without a CGS-M award. Similarly, the number of working hours required as part of the RA would also decrease. Students wanting to discuss the details of their funding package should contact the Program Manager. Funding packages are distributed in installments. Please note that students must be making good progress towards completion of their degree in order to receive all installments. All funding package letters are distributed
annually, at the start of the Fall term. For more information about financial assistance for students in the program, please contact the Program Manager. SGS also details information about financial assistance for students in research-stream graduate programs (see http://www.sgs.utoronto.ca/currentstudents/Pages/Financing-Your-Graduate-Education.aspx).

The Graduate Professional Skills Program (GPS) focuses on skills beyond those conventionally learned within a disciplinary program—skills that may be critical to success in the wide range of careers that graduates enter, both within and outside academe. The program consists of a range of optional “offerings” with a time commitment roughly equivalent to 60 hours of work (to receive a certification recognized by a transcript notation).

Example offerings include: Conflict Resolution Fundamentals, Developing Resilience, Writing NSERC, CIHR SSHRC Proposals, Strategies for Developing & Organizing Your Ideas, Oral Presentation Skills, Leadership Essentials, etc. A complete list of current offerings can be found on the GPS website.

The Graduate Centre for Academic Communication (formerly ELWS) provides graduate students with advanced training in academic writing and speaking through a variety of methods: non-credit courses, single-session workshops, individual writing consultations, and writing intensives – all of which are free of cost. Example offerings including grant writing proposal workshops, thesis writing courses, dissertation and research article boot camps. A complete list of current offerings can be found on their website.

The UTSC Writing Centre supports student learning at any stage in the writing process, and offers appointments, drop-in hours, and writing groups. Interested students may also consider attending an academic writing retreat. Students seeking personalized support in writing and editing assignments, scholarship applications, articles for publication, or a thesis, should contact the Centre’s Graduate Student Support Coordinator.

Together with the support of SGS, GD-PCS is committed to providing students with resources to help them navigate challenging and difficult situations that can arise throughout the graduate school experience. If a student is encountering a problematic situation and is unsure how to resolve it, it is highly advisable that they first become familiar with the Graduate Supervision Guidelines Student Edition. These Guidelines provide helpful suggestions when dealing with a range of issues including (but not limited to) conflicts with a supervisor or thesis/dissertation committee member, financial concerns, and personal wellbeing. Below is a list of resources adapted from these Guidelines.

Students are strongly encouraged to familiarize themselves with the GD-PCS Policies and Procedures on Student Complaints, Grievances and Appeals, as well as the GD-PCS Remediation Policies, section 4.0 Interpersonal Difficulties (see Appendices E & F).
It is important to note here that graduate students have access to mental health resources on all 3 UofT campuses. Given MA students involvement in H&W in year 2 of the program, GD-PCS students may want to consider accessing mental health resources either at the Health and Wellness Centre located on the St. George campus and/or the Health and Wellness Counselling Centre at SGS.

Other relevant resources:

- PCS Graduate Student Reps
- Graduate Student Conflict Resolution Centre
- Graduate Student Union – GSAS, UTGSU
- Grad Wellness
- SGS Student Services Officers
- SGS Director of Student Services
- SGS Vice-Dean, Students
- Ombudsperson
- Family Care
- Accessibility Services
- Health Services
- Equity and Cultural Diversity Office
- Anti-Racism and Cultural Diversity Office
- The Centre for Women and Trans People
- Community Safety Office
- Sexual and Gender Diversity Office
- Sexual Harassment Office
Clinical Practica and Readiness for Internship

This section of the Graduate Handbook contains information about the procedures for applying to a clinical practicum placement, protocols for evaluating student performance in these placements, and the criteria used to assess readiness for internship.

Clinical Psychology at UTSC includes a sequence of practicum placements to provide students with training in professional practice, including evidence-based methods of assessment and intervention. Placements must be approved by the DCT and students are expected to obtain a minimum of 400 total clinical hours in MA level practica and 800 total hours in PhD level practica. Students are expected to familiarize themselves with the appropriate documentation process required for their clinical training, as described on the website and in the Practica Documentation section below.

After having completed required coursework in ethics, psychological assessment, psychopathology and psychotherapy, students will enroll in the Applied Interventions in Clinical Psychology (CPS1802H) course during the second year of the MA degree program. This course is run concurrent with students’ first practicum (Practicum in Psychological Interventions, CPS1803H). The practicum takes place in a clinical setting where students receive supervision from a doctoral-level psychologist registered with the College of Psychologists of Ontario. These training experiences are intended to provide students with requisite skills in interviewing techniques, reflective listening, rapport building, and other core clinical skills.

In the summer following the second year of the MA program, students are required to complete a 16-week full-time clinical practicum. The purpose of this practicum is to provide students with experiences in clinical interviewing, psychodiagnostic assessment, clinical report-writing and participation in multidisciplinary case conferences.
In the PhD program, students will engage in part-time clinical practica that are usually obtained through participation in a common application and match process with numerous sites across the Greater Toronto Area (GTA). Students are expected to attend the annual GTA Practicum Day Fair. Since 2010, students enrolled in psychology graduate programs in the GTA have been invited to attend this fair to learn more about the clinical practica available at institutions across the city. Sites are typically invited to present information about their practicum training opportunities in a poster-style session that often includes displays and brochures. This format allows students to converse with practicum site representatives to better understand whether the clinical training offered through these placements is consistent with students’ training goals. This fair has normally been held in November and is hosted at the site of a participating program or institution. The DCT alerts students to reserve a spot at the Practicum Day Fair via an online invitation. Reserving a spot is essential to remain apprised of the date, time and location of the event. While the large majority of practica sites take part in the Practicum Day Fair, and follow the common application and notification procedures, there are some clinics that do not participate but still offer practicum placements.

The common GTA application deadline for practicum positions is generally February 1st, and the “Match day” for students and practicum sites normally falls in mid-March. Start dates for clinical practica vary by site but typically fall in September of each year. In order to ensure that practicum placements meet our program’s training expectations and requirements, and that they will therefore be recognized as ‘program-sanctioned’, students are expected to keep the DCT and Practicum Coordinator informed about their plans regarding practicum applications and their progress during the application process. This is particularly important for students who are interested in a practicum placement at a site that does not participate in the common GTA application process. Those students should make a concerted effort to inform the DCT of their plans prior to making a commitment to a practicum site.

External practica during the PhD program are expected to be 8 months in duration with a frequency of 2 days per week. In exceptional circumstances, a student may request an extension of the duration of their practicum placement. This request would need to be submitted in advance in writing to the DCT, and no later than the midpoint of the placement for it to be considered. Students will be expected to provide justification for this request. Approval for such an extension is required from the student’s research supervisor(s) and from the DCT. Factors that are taken into consideration when reviewing the request can include the degree of research progress to date as well as the alignment with identified clinical training goals.

The total number of practica will vary between students, although most students will complete 4 to 6 practica across the MA and PhD programs. It is important to realize that although the total number of practicum hours is not the key element for internship selection, it usually takes between 1000-1400 hours to achieve the clinical experience that makes for a competitive profile. These totals must include a
substantial number of direct contact and supervision hours. Currently, the Canadian Psychological Association specifies that students applying for internship should already have a minimum of 300 direct hours and 150 supervision hours. Furthermore, 75% percent of supervision hours should be individual supervision and 25% can be group supervision. It should also be noted that these numbers may not guarantee a highly competitive application, as many students often report higher totals when they apply.

**Practica Documentation**

All practicum-related forms can be found in the Current Students section of the GD-PCS website. These forms have been designed to support training expectations, record clinical hours, and evaluate student performance. Students are expected to comply with the processes and deadlines outlined below. Should there be any concerns about completing the documents accurately and/or meeting the document deadlines, students must contact the Practicum Coordinator as soon as possible.

- **WSIB Declaration Forms**

  The Workplace Safety and Insurance Board (WSIB) Declaration forms ensure students and organizations engaged in approved training activities comply with the Ministry of Training, Colleges and Universities (MTCU) processes for insurance coverage during clinical placements.

  - **WSIB Student Declaration**  
    *By the starting date of the practicum*, students will complete and submit the WSIB Student Declaration to GD-PCS. The student declaration covers all practicum placements for the degree that the student is currently enrolled in; therefore, an MA student will submit one WSIB Student Declaration form for their MA degree practica and a second WSIB Student Declaration form for their PhD degree practica.

  - **WSIB Employer Declaration**  
    *Within one month of the practicum start date*, the WSIB Employer Declaration is completed by the clinical site and submitted to GD-PCS by the student.

- **Clinical Placement Learning Contract**

  The Clinical Placement Learning Contract establishes the training expectations and responsibilities for both the student and clinical supervisor(s) during the practicum. The learning contract serves as an agreement between both parties and should be consulted periodically to ensure its relevancy. Any changes impacting the original terms of the contract, whether initiated by the clinical supervisor or student, must be alerted to the Practicum Coordinator and approved in writing by the DCT.
The Clinical Placement Learning Contract is completed together by the student and clinical supervisor(s). GD-PCS must receive a hard copy of this form no later than the end of the second week of September (for placements starting in September). For the MA summer practicum and any other off-cycle practica (i.e. clinical practica starting outside of September), the deadline for the Clinical Placement Learning Contract will be two weeks from the placement start date.

Note: Students who have received approval for a practicum extension (as outlined in the Part-time Clinical Practica section above) will need to submit a revised learning contract by the originally agreed upon practicum end date.

☑ Clinical Placement Student Evaluation

The Clinical Placement Student Evaluation serves as a formal assessment of the student’s performance in various areas related to their clinical training. For this reason, the Clinical Placement Student Evaluation form is completed together by the student and clinical supervisor, and officially submitted by the clinical supervisor to GD-PCS. In co-supervisory arrangements, the supervisors may choose to complete and submit one form together or two separate forms.

The evaluation is completed twice for each practicum: once at the mid-way point of the placement and again near the end of the practicum. Both evaluation dates are determined early on and captured in the Clinical Placement Learning Contract. The second, or final, evaluation provides an official grade for the practicum: a “Pass” grade results in a credit (CR) for the practicum course.

Note: A student receiving a global rating as “inadequate” requires remediation (please see further details in Appendix F: Policies and Procedures on Remediation).

☑ Clinical Placement Clinical Hours Summary

The Clinical Placement Clinical Hours Summary form provides a formal mechanism for tracking all student clinical training hours obtained throughout program-sanctioned practica. Only hours that are approved on the Clinical Placement Clinical Hours Summary form will count towards internship applications. Thus, it is imperative that students complete the form accurately and in its entirety (tools such as Time2Track can aid this process). GD-PCS must receive a hard copy of this form no later than two weeks from the practicum end date.

☑ Clinical Placement Feedback

The Clinical Placement Feedback form allows students to provide honest feedback with their experiences of both the clinical training site and their clinical supervisor(s). The form is completed anonymously for each practicum placement and submitted to GD-PCS no later than two weeks after the practicum end date. The feedback is used for internal purposes only.
Readiness for Internship

Successful completion of a predoctoral internship is a requirement for the PhD degree program. Applications to the annual internship match are normally submitted during the Fall of Year 4 of the PhD program and the internship takes place during the following year. Due to the competitive nature of securing a predoctoral internship, careful attention is paid to the process of documenting, preparing and submitting a formal application. This involves multiple steps and requires signaling the intention to apply well before the application deadline. When students decide that they intend to apply for internship, they will be required to submit Form D4, the Readiness for Internship form, no later than September 1st of the year prior to the intended application year (this is normally PhD year 3). The first submission of Form D4 constitutes the “initial assessment” of readiness. This means the DCT will conduct a preliminary assessment of readiness and provide recommendations to the student to help ensure their internship applications are as strong as possible. Signaling the intention to apply for internship one year out provides students with the opportunity to action these recommendations (if any). The feedback is communicated to the student and their supervisor(s) on Form D4 for review and sign off. The DCT and Practicum Coordinator will also hold a group meeting with all students intending to apply for internship. In this meeting, a general introduction to internship applications and site selection will be discussed and the program procedures for readiness for internship will be reviewed. Students will also have an opportunity to ask questions. The following year, a “final assessment” is done. This takes place in the internship application year (normally PhD Year 4). The same form D4 is updated by the student and resubmitted no later than September 1st. The DCT's final assessment of readiness to apply for internship is based on the completion of a number of milestones related to practicum training, course completion, comprehensive examination completion, doctoral dissertation research progress, and the overall strength of the student’s training profile (including the number of accrued clinical hours). See “Forward Planning When Applying for Internship” below for more information on how progress in the program is assessed with respect to internship readiness. Depending on dissertation progress, students may also be required to submit a completed Dissertation Plan of Study, Form D5. It is not uncommon for the DCT to communicate directly with students and/or their supervisors during any stage of the assessment process (i.e., steps 1 or 2). The DCT may also consult with other GD-PCS faculty members.

To help prepare students for the interview process, the program will coordinate mock interviews with those students who have applied for internships. The use of mock interviews will prepare students for internship interviews, as students will get to practice responding to complex questions in real time regarding case conceptualization, previous experience and current interests, and honing self-presentation skills. The DCT and supervisor(s) will also make themselves available following the interviews to discuss the process and help students determine their rankings of internship sites prior to the ranking deadline.
If the student and/or supervisor is not in agreement with the DCT’s final evaluation of the student’s readiness for internship (i.e., approval or disapproval to proceed with submitting internships applications), they may present their case at a program meeting for further discussion.

The Self-Evaluation Checklist in Appendix H summarizes the GD-PCS 2-step readiness for internship process. Detailed instructions are also found on Forms D4 and D5.
**Annual Internship Match**

It is the case that applying for internship is becoming more competitive each year. Within Canadian and US jurisdictions, there are more applicants than there are internship positions. GD-PCS is committed to helping our students maximize their chances of success in the annual APPIC Internship Match (for details, see [https://www.appic.org/](https://www.appic.org/)). It bears mentioning that there is no single ‘optimal’ profile to be successful in being selected for internship. Internships vary considerably in the types of training they offer and no internship is intended to meet the training needs of all students who are applying in a particular year. Hence, “goodness of fit” is a vital component in making selection decisions. Goodness of fit is largely about the match between the type of clinical focus offered in a particular setting and an applicant’s prior training and career goals.

GD-PCS expects students to complete CPA- or APA-accredited internships. The Department will only consider approving a non-accredited internship in the unlikely circumstance that a student does not match after participating in all of the APPIC phases, and does not wish to participate in the APPIC match for a second time. If a student is considering requesting to complete a non-accredited internship, he/she must discuss their intentions with the DCT as soon as possible. Students are expected to have reviewed the GD-PCS’s Policy on Approving Non-CPA or APA Accredited Internships (see Appendix G) and complete a Request to Complete a Non-CPA or APA Accredited Internship, Form D6.

Once on internship, students will be expected to complete and sign a release of information form, which will allow the GD-PCS to communicate with the internship setting in which the student is placed. This “Communication Agreement between the Graduate Department of Psychological Clinical Science and the Internship Site” form can be found on the website.

**Forward Planning When Applying for Internship**

The DCT will assess progress in three key areas prior to beginning the internship application process: course work, dissertation research, and practicum training. The DCT may consult with PCS faculty about a student’s readiness for internship, as required. If a student and/or supervisor disagree with the DCT’s recommendation after discussion between parties, the student or supervisor can also present their case at a program meeting for review.

**Course Work**

The coursework required for the PhD program is normally completed in PhD years 1 through 3. If students plan on completing optional elective courses, we suggest that these are completed no later than the Fall session of the academic year in which they are applying for internship. Although most internships allow for courses to be completed throughout the application year, a small number of internship sites set
an earlier period (either the Fall session of the application year, or require courses to have been completed prior to or at the time of application).

**Dissertation Progress**
In recent years, dissertation progress has become an increasingly important criterion in the evaluation of internship applicants. Internship sites vary in the specific expectations that they have for applicants. In some cases, internship sites are looking for evidence that applicants will, at a minimum, have completed all data collection and analysis prior to commencing internship. For others, there is an expectation that students will have a draft of the entire dissertation completed prior to commencing internship. For this reason, students should be well-advanced on their dissertation prior to applying for internship. Of course, this requires considerable planning on the part of the student. Accordingly, we encourage students to work with thesis supervisors and the doctoral supervisory committee throughout all years of the PhD program to ensure that the dissertation is sufficiently advanced to allow for a timely internship application. Unless the dissertation is sufficiently advanced, students may face the necessity of delaying their internship applications. Any questions about this should be brought forward to the DCT.

**Practicum Training**
The third key element in assessing internship readiness is a student’s breadth and depth of practicum training prior to internship. Internship sites value and expect students to have strong skills in assessment, diagnosis, and treatment. The foundations for these components are laid in initial clinical practica during the MA program. In the PhD program, students begin to develop a more individualized clinical training profile that is explicitly designed to achieve congruence with the type of internship for which they wish to be competitive. When applying for practica, students are encouraged to reflect on their training and career goals, which should also inform the type of internship settings to which they intend to apply.

The optimal balance of assessment, treatment, and other experience again varies according to the type of professional profile that the student is working to develop. Because fit between the student’s profile and potential internship sites is so important, each student’s clinical training program is supported and monitored through an ongoing process of collaboration between the student and the DCT through the Annual Review Form and practica documentation. The Practicum Coordinator and DCT work closely to harmonize academic and clinical training activities so that each student can optimize their readiness and success when they enter the Internship Match. Additional individual and group meetings with the Practicum Coordinator and DCT will be scheduled as needed.
Appendix A:

Administrative Positions Held by Faculty
## Graduate Department of Psychological Clinical Science
### Clinical Psychology Field

<table>
<thead>
<tr>
<th>Fall/Winter 2017-2018</th>
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<tbody>
<tr>
<td><strong>Graduate Chair (on sabbatical)</strong></td>
<td>R. Michael Bagby, Ph.D., ABAP., C. Psych</td>
</tr>
<tr>
<td><strong>Acting Graduate Chair</strong></td>
<td>Zindel Segal, Ph.D., C.Psych.</td>
</tr>
<tr>
<td><strong>Director of Clinical Training</strong></td>
<td>Zindel Segal, Ph.D., C.Psych.</td>
</tr>
<tr>
<td><strong>Program Coordinator</strong></td>
<td>Anthony C. Ruocco, Ph.D., C.Psych.</td>
</tr>
<tr>
<td><strong>Practicum Coordinator</strong></td>
<td>Jessica Dere, Ph.D., C.Psych.</td>
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<tr>
<td><strong>Graduate Chair</strong></td>
<td>R. Michael Bagby, Ph.D., ABAP., C. Psych</td>
</tr>
<tr>
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<td>Zindel Segal, Ph.D., C.Psych.</td>
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<tr>
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<tbody>
<tr>
<td><strong>Graduate Chair</strong></td>
<td>R. Michael Bagby, Ph.D., ABAP., C. Psych</td>
</tr>
<tr>
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<td>Zindel Segal, Ph.D., C.Psych.</td>
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<tr>
<td><strong>Graduate Chair</strong></td>
<td>R. Michael Bagby, Ph.D., ABAP., C. Psych</td>
</tr>
<tr>
<td><strong>Director of Clinical Training</strong></td>
<td>Zindel Segal, Ph.D., C.Psych.</td>
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<tr>
<th>Fall/Winter 2013-2014</th>
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<tbody>
<tr>
<td><strong>Graduate Chair</strong></td>
<td>George Cree, Ph.D.</td>
</tr>
<tr>
<td><strong>Associate Chair and Field Director</strong></td>
<td>R. Michael Bagby, Ph.D., ABAP., C. Psych</td>
</tr>
<tr>
<td><strong>Director of Clinical Training</strong></td>
<td>Zindel Segal, Ph.D., C.Psych.</td>
</tr>
<tr>
<td><strong>Program Coordinator</strong></td>
<td>Anthony C. Ruocco, Ph.D., C.Psych.</td>
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Appendix B: Leadership Positions Held by Students
Graduate Department of Psychological Clinical Science
Clinical Psychology Field

<table>
<thead>
<tr>
<th>Fall/Winter 2017-2018</th>
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<tbody>
<tr>
<td>Curriculum Committee Member</td>
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<tr>
<td>Award Mentor</td>
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<tr>
<td>Student Ambassador</td>
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<td>Graduate Student Representatives</td>
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<td>Student Ambassador</td>
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<tr>
<td>Graduate Student Representatives</td>
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Appendix C:
Admissions Statistics
Fall/Winter 2013-2014 Admissions

Clinical Psychology Field

MA Applications Received: 67
MA Applicants Admitted: 5
Acceptance Rate: 6%
Attrition Rate: 0%
Graduated: -
Enrolled but not yet graduated: 5

Admitted Students

Ratio female/male: 60%/40%
Self-identified as other gendered, disabled, and/or originating from a minority/diverse background: 20%
Mean GRE Standard Score (Verbal + Quantitative): 158
Mean undergraduate GPA (4-point scale): 3.54

Age distribution
< age 24: 20%
25–29: 60%
30–39: 20%
40–49: 0%
> age 50: 0%

Mean time to completion of PhD (years): -
Median time to completion of PhD (years): -
Fall/Winter 2014-2015 Admissions

Clinical Psychology Field

MA Applications Received: 88
MA Applicants Admitted: 5
Acceptance Rate: 6%
Attrition Rate: 0%
Graduated: -
Enrolled but not yet graduated: 10

Admitted Students
Ratio female/male: 40%/60%
Self-identified as other gendered, disabled, and/or originating from a minority/diverse background: 40%
Mean GRE Standard Score (Verbal + Quantitative): 159
Mean undergraduate GPA (4-point scale): 3.89
Age distribution
< age 24: 40%
25–29: 60%
30–39: 0%
40–49: 0%
> age 50: 0%
Mean time to completion of PhD (years): -
Median time to completion of PhD (years): -
Fall/Winter 2015-2016 Admissions

Clinical Psychology Field

MA Applications Received: 134
MA Applicants Admitted: 5
Acceptance Rate: 4%
Attrition Rate: 0%
Graduated: 5
Enrolled but not yet graduated: 10

PhD Applications Received: 15
PhD Applicants Admitted: 5
Acceptance Rate: 33%
Attrition Rate: 0%
Graduated: -
Enrolled but not yet graduated: 5

Admitted (MA) Students
Ratio female/male: 80%/20%
Self-identified as other gendered, disabled, and/or originating from a minority/diverse background: 20%
Mean GRE Standard Score (Verbal + Quantitative): 156
Mean undergraduate GPA (4-point scale): 3.77
Age distribution
< age 24: 20%
25–29: 80%
30–39: 0%
40–49: 0%
> age 50: 0%
Mean time to completion of PhD (years): -
Median time to completion of PhD (years): -
Fall/Winter 2016-2017 Admissions

Clinical Psychology Field

MA Applications Received: 145
MA Applicants Admitted: 5
Acceptance Rate: 3%
Attrition Rate: 0%
Graduated: 10
Enrolled but not yet graduated: 10

PhD Applications Received: 23
PhD Applicants Admitted: 6
Acceptance Rate: 26%
Attrition Rate: 0%
Graduated: -
Enrolled but not yet graduated: 11

Admitted (MA) Students
Ratio female/male: 80%/20%
Self-identified as other gendered, disabled, and/or originating from a minority/diverse background: 40%
Mean GRE Standard Score (Verbal + Quantitative): 157
Mean undergraduate GPA (4-point scale): 3.89
Age distribution
< age 24: 25–29: 100%
30–39: 0%
40–49: 0%
> age 50: 0%
Mean time to completion of PhD (years): -
Median time to completion of PhD (years): -
Fall/Winter 2017-2018 Admissions

Clinical Psychology Field

MA Applications Received: 144
MA Applicants Admitted: 5
Acceptance Rate: 3%
Attrition Rate: 0%
Graduated: 15
Enrolled but not yet graduated: 10

PhD Applications Received: 38
PhD Applicants Admitted: 5
Acceptance Rate: 13%
Attrition Rate: 0%
Graduated: -
Enrolled but not yet graduated: 16

Admitted (MA) Students
Ratio female/male: 80%/20%
Self-identified as other gendered, disabled, and/or originating from a minority/diverse background: 20%
Mean GRE Standard Score (Verbal + Quantitative): 160
Mean undergraduate GPA (4-point scale): 3.85
Age distribution
< age 24: 100%
25–29: 100%
30–39: 0%
40–49: 0%
> age 50: 0%
Mean time to completion of PhD (years): -
Median time to completion of PhD (years): -
Fall/Winter 2018-2019 Admissions

Clinical Psychology Field

MA Applications Received: 174
MA Applicants Admitted: 5
Acceptance Rate: 3%
Attrition Rate: 0%
Graduated: 20
Enrolled but not yet graduated: 10

PhD Applications Received: 34
PhD Applicants Admitted: 5
Acceptance Rate: 15%
Attrition Rate: 0%
Graduated: -
Enrolled but not yet graduated: 21

Admitted (MA) Students

Ratio female/male: 40%/60%
Self-identified as other gendered, disabled, and/or originating from a minority/diverse background: n/a
Mean GRE Standard Score (Verbal + Quantitative): 158
Mean undergraduate GPA (4-point scale): n/a

Age distribution
< age 24: 40%
25–29: 40%
30–39: 20%
40–49: 0%
> age 50: 0%

Mean time to completion of PhD (years): -
Median time to completion of PhD (years): -
Appendix D:

Policies and Procedures on Departmental Governance
Policies and Procedures on Departmental Governance  
Approved in Revised Form by Program: January 26, 2018

1. The Graduate Department of Psychological Clinical Science (GD-PCS) has a Graduate Chair who is appointed by the Dean of Graduate Studies and Vice Provost, School of Graduate Studies, normally for a five-year term. The Chair reports to the Vice Dean Graduate at the University of Toronto Scarborough (UTSC) and the Vice Principal Academic and Dean (UTSC).

2. All departmental appointments and Standing and Ad Hoc Committees are advisory to the Chair, who is solely responsible for administrative decisions.

3. The Chair of the Psychology Department and Chair of the GD-PCS work collaboratively to engender the success of their respective portfolios.

4. The Chair is assisted in the administration of the Department by the Director of Clinical Training, Program Coordinator, and Practicum Coordinator. These Administrators are appointed by the Chair, for a term that will normally be for up to five years.

5. Core clinical faculty refers to tenure- and teaching-stream clinical psychology faculty with a full-time appointment at UTSC.

6. The departmental governance structure is based on Standing Committees and Ad Hoc committees. The standing committees are:

Program Committee
The purpose of the Program Committee is to discuss and vote on all aspects involved in the running of the department that are not under the purview of another standing or ad hoc committee. This includes cross-appointments, changes to policies and procedures, and the organization and scheduling of departmental events and milestones.

i. The membership of the Program Committee includes all core faculty members not on leave (voting members), two graduate student representatives (non-voting members), as well as program administrative staff (non-voting members).

ii. The Program Committee typically meets once per month, adhering to the schedule distributed in the beginning of each semester.

iii. Decisions made by the Program Committee will be communicated to relevant parties (e.g., graduate students, associate faculty members, etc.) through email and/or written documentation as the Program Committee deems appropriate.

iv. The Graduate Chair will serve as the Chair of the Program Committee.

Executive Committee
The purpose of the Departmental Executive Committee is to develop policy and procedural changes. Decisions requiring confidentiality and/or of a time-sensitive nature will be made unilaterally by the Departmental Executive Committee to
improve the efficiency of the department, while when possible all programmatic decisions will be brought before the Program Committee for a discussion and vote as appropriate.

i. The Departmental Executive Committee is comprised of the Graduate Chair, Director of Clinical Training, and Program Coordinator.

ii. The Practicum Coordinator is represented by the Director of Clinical Training and may be invited to attend as an ex-officio member.

iii. The Departmental Executive Committee will normally meet monthly to review program matters for discussion at Departmental Meetings.

iv. As appropriate, discussions of the Departmental Executive Committee will be communicated to the Program Committee through email and during departmental meetings.

v. The Graduate Chair will serve as the Chair of the Departmental Executive Committee.

Admissions Committee
The purpose of the Admissions Committee is to participate in all processes related to graduate admissions to the department. This includes and is not limited to:

a) reviewing all applications to the graduate department
b) decide on a list of students to invite for interviews
c) participate in the remote and in-person interviews of invited students
d) discuss and vote on which students to admit
e) attend all relevant meetings involved in the admissions process

i. The membership of the Admissions Committee includes all core faculty members not on leave, as well as the program administrative staff. Voting members consist of all core faculty.

ii. The Admissions Committee will meet at least twice during the admissions process: the first meeting will be to review applicants who are being considered for an interview and the second meeting will be to discuss which students will receive an offer of admission. Additional meetings will be scheduled as necessary.

iii. Decisions made by the Admissions Committee will be communicated to the associate faculty members via email.

iv. The Program Coordinator will serve as the Chair of the Admissions Committee.

v. The Chair approves all admissions offers to candidates.

Graduate Student Supervision

The GD-PCS allows sole supervision of graduate students by research-stream core clinical faculty members. The GD-PCS also allows co-supervision of graduate students by both research-stream core clinical faculty members and associate faculty members with the appropriate credentials and as designated in their appointment letter for the Graduate Department. Of note, associate faculty members can only co-supervise graduate students with a research-stream core clinical faculty member. All graduate supervisors are normally responsible for guaranteeing funding for a student in the first two years of the Master’s degree and first four years of the Doctoral degree.
The GD-PCS recognizes a number of different co-supervisory arrangements:

(1) Primary and Secondary Supervisors – consistent with School of Graduate Studies’ definition of a supervisor, the GD-PCS defines the primary supervisor as the one that takes “primary responsibility for assisting a student in learning the science and art of the scientific or scholarly investigative process as well as guiding them through the processes necessary for successful completion of the degree.” Both research-stream core clinical faculty members and associate faculty members can serve as primary supervisors. When admitting a student, faculty should discuss the role of the two supervisors, and whether one will take the role of the primary supervisor.

(2) Joint Supervision – both supervisors contribute approximately equally to the supervision of the graduate student. Of note, although, supervisors contribute approximately equally to graduate supervision, for the purpose of internal designation, the GD-PCS would like a primary supervisor designation as this information is required for CPA accreditation. In the specific case of joint supervision between two research-stream core clinical co-supervisors, a primary supervisor designation should be communicated, at the time of admission. In the case of joint co-supervision with a research-stream core clinical faculty member and an associate faculty member, the GD-PCS designates the core clinical faculty member as the primary supervisor given the core faculty member’s knowledge of all aspects of the GD-PCS. Please note, this is an internal designation to the GD-PCS and does not preclude a supervisor from designating a student as their joint/primary research supervisee on their CVs, performance review, tenure, or promotion applications as discussed between the co-supervisors.

Regardless of the supervisory arrangement, in matters of student remediation or difficulties with program requirements, the GD-PCS expects the core clinical faculty member co-supervisor to liaise between the program and the associate faculty member co-supervisor.

Awards Committee
The purpose of the Awards Committee is to evaluate the availability of awards in conjunction with the student award applications and decide which applications are most appropriate to put forward. This committee also provides applicants with feedback on how to enhance their application prior to the submission deadline.

i. The Awards Committee will consist of three core and/or associate faculty members (voting members), as well as the Program Manager. These positions will be chosen on an annual basis by the Graduate Chair.

ii. The Awards Committee will meet as per needed to adjudicate applications.

iii. Decisions made by the Awards Committee will remain confidential.

iv. The Program Coordinator will serve as the Chair of the Awards Committee.

Graduate Department Academic Appeals Committee
The purpose of the Graduate Department Academic Appeals Committee (GDAAC) is to evaluate and judge student appeals pertaining to substantive or procedural academic matters. These may include grades, evaluation of comprehensive exams or
other program requirements, decisions about continuation in any program, or any other decision with respect to the application of academic regulations and requirements to the student. Students are instructed to attempt to resolve the matter with the instructor or other person whose ruling is in question before seeking review by the GDAAC. The GDAAC is not involved in non-academic decisions (e.g., fee disputes) or decisions related to admission, which are not subject to appeal.

i. The GDAAC will be made up of five members and would serve on the committee for a period of 3 years: four graduate faculty members (one Chair), and one graduate student chosen by other students in the department.

ii. The GDAAC will meet on an ad-hoc basis in response to graduate students initiating an appeals process.

iii. After reviewing an appeal, the GDAAC Chair will present a written report describing evidence presented and recommendations reached to the Graduate Chair, the appellant student and all parties involved in the appeal. A copy of this document will be sent to the SGS Vice-Dean, Students by the Department Chair.

iv. The Graduate Chair will appoint a GDAAC Chair.

Curriculum and Procedures Committee
The purpose of the Curriculum Committee is to participate in all processes related to curriculum and academic program requirements for students in the department. These include:

a) Reviewing proposed changes to program requirements
b) Proposing new courses and changes to existing courses
c) Reviewing proposed changes to course sequences in MA and PhD programs
d) Reviewing course syllabi each term to provide feedback to instructors
e) Reviewing procedures and policies

i. The membership of the Curriculum and Procedures Committee includes all core faculty members not on leave, the program administrative staff, and the graduate student currently holding the curriculum committee student leadership position (or a delegate selected by the student).

ii. The Curriculum Committee meets at least once per academic term.

iii. Decisions made by the Curriculum and Procedures Committee will be communicated to relevant parties (e.g., graduate students, lecturers, etc.) through email and/or written documentation as necessary. The graduate student member is responsible for informing peers of all curricular matters discussed in this meeting.

iv. The Program Coordinator chairs the Curriculum and Procedures Committee.

Accreditation Committee
The purpose of the Accreditation Committee is to prepare the program for the Canadian Psychological Association (CPA) Accreditation process and assemble the self-study materials.
i. This committee consists of at least one other core clinical faculty member, co-jointly appointed by the Director and Graduate Chair, and the program administrative staff.

ii. This committee is convened at least one year before a CPA accreditation site visit is due.

iii. The Director of Clinical Training chairs this committee.

**Ad Hoc Committees**

Ad hoc committees will be appointed by the Chair as required. Ad hoc committees will have a defined purpose and will be time-limited in their activities.

**Procedures**

1. The Governance Structure should avoid real and perceived conflicts of interest. Spouses may not sit on the same committee.

2. Faculty members who serve on Standing Committees will be selected by the Chair in consultation with the Department Executive Committee. The Chair will select faculty members taking into account equity in workload, rank, and skill set. Student representatives normally will be selected by their peers and approved by the Chair.

3. The Graduate Chair together with the graduate assistant will provide a list of departmental meetings to members of the department in August of each year. Departmental meetings normally take place monthly on Thursday mornings. Extra meetings may be called at least one week in advance of the date.

4. All current core faculty members are expected to attend the departmental meetings, and to exercise the right to vote at such meetings. Retired, emeritus, and associate members, as well as graduate students of the department may attend for specific issues, with prior agreement of the Chair, but may not vote. Only core members present at the meeting may vote, including proxy votes to specific motion sent to the Graduate Chair.

5. There will be two graduate student representatives with a two-year term limit; normally, one each from the Master’s and Ph.D. programs. These student members attend departmental meetings as non-voting members, except for those that require confidentiality (e.g., student evaluations), and will have the right to speak on behalf of graduate students.

6. The Graduate Chair and Director of Clinical Training will develop and maintain a Manual of Policies and Procedures that will list all administrative policies, as well as keep track of all motions passed by the Program Committee. The Manual will detail the duties of all Administrators and the policies and procedures for the Standing and ad hoc Committees.

7. All policy decisions, to be discussed and voted upon in a Departmental Meeting, will be prepared by the Program Coordinator by providing:
   a) sufficient background information, and
   b) the text of relevant motions to be moved at the meeting at least one week before the date of the Departmental Meeting.
Quorum is 50% of voting members, excluding faculty members who are on leave. Proxy (i.e., written communication) votes will typically count towards quorum. If quorum is not met, then the item is moved to the next meeting for a vote.
Appendix E:

Policies and Procedures on Student Complaints, Grievances and Appeals
Policies and Procedures on Student Complaints, Grievances and Appeals
Approved in Revised Form by Program: February 1, 2018

The School of Graduate Studies stipulates policies and guidelines for graduate academic appeals. The policy states “graduate students registered in the School of Graduate Studies (SGS) may appeal substantive or procedural academic matters, including grades, evaluation of comprehensive examinations and other program requirements; decisions about the student’s continuation in any program; or concerning any other decision with respect to the application of academic regulations and requirements to a student (SGS General Regulations 11.1).” Excerpts of the SGS policy are provided below, along with departmental policies for student complaints and grievances. For more detail, please refer to the Graduate Academic Appeals policy on the SGS website. Also, see below for a list of appropriate resources that could be relevant to students.

Students who have a complaint must first attempt to resolve the matter informally with the instructor or other person whose ruling, evaluation or decision is in question, if they feel comfortable doing so.

Should the matter not be resolved and should the student wish to pursue the action, the student should discuss the matter with the Program Coordinator (if the issue is not clinical or practice-related) or Director of Clinical Training (DCT) or Practicum Coordinator (if the matter is primarily clinical- or practice-related) in the Graduate Department of Psychological Clinical Science (GD-PCS). [Note that teaching assistant-related complaints or grievances should be directed to the relevant Human Resources Advisor and/or union representative.]

Should such discussions fail to resolve the matter, or if the student’s supervisor is the Program Coordinator, DCT, or Practicum Coordinator, the student may choose to bring the matter to the Graduate Chair.

If the student’s supervisor is the Chair, the matter may be brought to the Undergraduate Psychology Chair at the University of Toronto Scarborough (UTSC), followed by the Vice Dean, Graduate (UTSC); Vice-Dean, Students, SGS; and Dean, SGS.

Should the matter remain unresolved, the student has the option to make a formal appeal in writing (see Notice of Appeal form on the SGS website and further below in this document) to the Chair of the Graduate Department Academic Appeals Committee (GDAAC).

The GDAAC is established by the Graduate Chair at the beginning of each academic year and no later than September 30.

Except for appeals related to Termination of Registration and Final Oral Examination failure (which are directly appealed to the SGS Graduate Academic Appeals Board discussed below), appeals are initiated in the GD-PCS, at the GDAAC. The Committee only considers academic matters and is advisory to the Chair, who is not bound by the Committee’s recommendation.

The GDAAC is composed of four graduate faculty members and one graduate student from the department. Neither the Chair nor the Program Coordinator of the Department should be a member of the GDAAC. The Chair of the Department will appoint a Chair of the Committee from amongst the faculty membership of GDAAC. Normally, one
associate faculty member will be included. The graduate students in the Department normally shall choose the student member.

Alternate Committee members and an alternate Chair of the Committee shall be appointed by the Graduate Chair each academic year. The graduate students in the Department also normally should choose alternate student members. Normally, alternate members from cognate departments will be chosen from the GDAAC of the cognate department. Once an alternate member is involved in an appeal, that alternate member shall continue to hear that same appeal until it is resolved.

Quorum for the Committee is three members, including the Chair.

The GDAAC meets on an ad-hoc basis in response to graduate students initiating an appeals process to the Chair of the Committee. After reviewing an appeal, the GDAAC Chair will present a written report describing evidence presented and recommendations reached to the Graduate Chair, the appellant student and all parties involved in the appeal. A copy of this document will be sent to the SGS Vice-Dean, Students by the Graduate Department Chair. The Graduate Department Chair may accept, amend, or reject any or all of the recommendations of the GDAAC. The Graduate Department Chair shall notify the student in writing of her/his decision with a copy to the Chair of the Committee, and a copy to the SGS Vice-Dean. If the Chair rejects or amends one or more of the recommendations of the GDAAC, reasons shall be provided. This is the final stage of the department appeal.

The student may appeal the decision of the Chair of the department by filing a Notice of Appeal to the SGS Graduate Academic Appeals Board (GAAB) within eight weeks of the decision of the Chair of the department. The GAAB is delegated from the Graduate Education Council and has the mandate to handle and decide upon all academic appeals by students in connection with SGS. The GAAB is the highest level of appeal within the graduate school. See the appeals policy in the General Regulations in the SGS Calendar for further information on timing.

Filing a Notice of Appeal to GAAB is the also first step for a student who is making an appeal regarding the failure of the Final Doctoral Oral Examination or termination of registration in a graduate program.

The Notice of Appeal must include the following:

a) a clear statement of the decision the student is appealing;
b) the name of the person or persons who made the decision, if known to the student;
c) the date the decision was communicated officially to the student;
d) a clear statement of the resolution the student is seeking on appeal;
e) a statement of the reason or reasons that the student feels that the decision was incorrect and that the student's proposed resolution is appropriate, including any arguments the student wishes to advance in support of the appeal;
f) copies of any documentary evidence the student has in her/his possession, and wishes the Committee to consider. Other documents may be used in the appeal only with the leave of the Committee.
A decision of the SGS GAAB may subsequently be appealed by a student to the Governing Council’s Academic Appeals Committee, in accordance with its guidelines and procedures. An appeal to this committee shall be commenced by filing a Notice of Appeal with its Secretary no later than 90 days after the date of the GAAB decision under appeal.

Students also have the option to consult with the University of Toronto’s Office of the Ombudsperson (http://ombudsperson.utoronto.ca/) and other relevant resources as listed below:

- Equity issues (http://ombudsperson.utoronto.ca/help/equity.html)
- GD-PCS Program Support Staff (http://www.utsc.utoronto.ca/psych/contact)
- UTSC Campus Graduate Administrator (http://www.utsc.utoronto.ca/vpdean/staff)
- GD-PCS Graduate Student Reps (http://www.utsc.utoronto.ca/psych/student-leadership-positions)
- SGS Student Services Officers (http://www.sgs.utoronto.ca/about/Pages/Staff-Directory.aspx)
- SGS Director of Student Services (http://www.sgs.utoronto.ca/about/Pages/Staff-Directory.aspx)
- SGS Vice-Dean, Students (http://www.sgs.utoronto.ca/about/Pages/Story.aspx?itemid=25)
- Graduate Conflict Resolution Centre (http://gradcrc.utoronto.ca/)
- Graduate Student Unions – GSAS and UTGSU (http://gsasutsc.weebly.com/), (https://www.utgsu.ca/)
- Family Care Office (http://www.familycare.utoronto.ca/)
- Accessibility Services (http://www.utsc.utoronto.ca/~ability/)
- Counselling and Psychological Services (http://www.sgs.utoronto.ca/currentstudents/Pages/Graduate-Counselling-Services.aspx)
- Health Services (http://www.studentlife.utoronto.ca/hwc/services-offered#node-1114)
- UTSC Health & Wellness Centre (http://www.utsc.utoronto.ca/hwc/)
- Equity and Cultural Diversity Office (http://www.utsc.utoronto.ca/edo/)
- Sexual and Gender Diversity Office (http://sgdo.utoronto.ca/)
- Recreation and Athletics (http://www.sgs.utoronto.ca/currentstudents/Pages/Recreation-Athletics-Campus-Groups.aspx)
- Safety and Sexual Violence Office (http://www.safety.utoronto.ca/)
- Libraries and Workshops (http://www.sgs.utoronto.ca/currentstudents/Pages/Libraries-and-Workshops.aspx)
- Graduate Professional Skills Program (https://www.sgs.utoronto.ca/currentstudents/Pages/Professional-Development.aspx)
- Graduate Centre for Academic Communication
  (http://www.sgs.utoronto.ca/currentstudents/Pages/GCAC.aspx)
- UTSC Writing Centre (http://www.utsc.utoronto.ca/twc/graduate-student-support)
- Financial Aid and Advising
  (http://www.sgs.utoronto.ca/currentstudents/Pages/Financing-Your-Graduate-Education.aspx)
- Exchange Opportunities
  (http://www.sgs.utoronto.ca/currentstudents/Pages/Exchange-Opportunities.aspx)
- Graduate Supervision Guidelines for Students and Supervisors
  (http://www.sgs.utoronto.ca/innovations/bestpractices/Pages/Supervision.aspx)
- Additional SGS Policies and Guidelines
  (http://www.sgs.utoronto.ca/facultyandstaff/Pages/Policies-and-Guidelines.aspx)
Appendix F:

Policies and Procedures on Remediation
Policies and Procedures on Remediation
Approved in Revised Form by Program: March 1, 2018

The Graduate Department of Psychological Clinical Science (GD-PCS) has policies to formulate specific plans when students do not satisfy specific program requirements. In addition, the GD-PCS has guidelines for addressing clinical practice-relevant and interpersonal-related difficulties, which complement existing guidelines provided by the School of Graduate Studies (SGS).

Remediation Plans for Addressing Problems with Student Competence
In cases where competence problems are identified in academic, practice, or the interpersonal domain, the GD-PCS will provide a remediation plan in written form, and which will be discussed with the student in person. The range of such plans could span between a simple requirement for additional coursework or additional clinical training, to more consequential outcomes such as formal termination from the program. The elements comprising a remediation plan will specifically outline the requirements for the student and a timeline for their successful completion. In rare cases where a student proves unable to resolve or complete the remediation plan in a satisfactory manner, they will be advised of other career options and be asked to voluntarily withdraw from the program (or their enrollment in the program will be terminated).

To standardize the approach taken to remediation in GD-PCS, the following elements must be present in each plan: I) identification of the supervisor(s), any additional faculty/personnel, and student’s roles and responsibilities in the process, II) identification of specific deficit areas related to expected competency development, III) formal criteria for improvement, IV) inclusion of a learning plan for remediation, V) a clear timeline for assessing whether the issues have been appropriately remediated, VI) opportunity for review and modification of the remediation plan with all parties involved, VII) review of the plan at a Program Committee meeting, VIII) acknowledgement by the student of the remediation plan, and IX) documentation of remediation status (need for remediation, remediation currently in progress, outcome of completed remediation) in the Annual Review Form. The student has the option to appeal a remediation plan or failure of the first examination decision at the Graduate Department Academic Appeals Committee (GDAAC), whereas a second failure of an examination would need to be appealed to the SGS Graduate Academic Appeals Board (GAAB). Please note that failure at the PhD Defense, as well as termination from the program, is appealed to the GAAB and a solution (including remediation) will be determined through that process.

The domains addressed by remediation plans include I) Inadequate research performance II) Inadequate clinical work, III) MA Thesis Defense failure, IV) Comprehensive Examination failure, V) Inadequate practicum placement evaluation, and VI) interpersonal difficulties. By including inadequate performance in research and clinical work as areas for remediation, the GD-PCS aims to remediate students’ difficulties as soon as they present and prior to an examination and/or practicum placement failure. This also allows remediation of other skills and behaviours that are not captured through the examination and practica failure processes.

Generally, remediation plans can include: I) a plan to enhance research and clinical skills, II) a plan to re-defend a thesis and/or redo a comprehensive exam, III) additional clinical
training or practica, IV) counselling/coaching within or outside of the program as appropriate in the interpersonal domain, and V) a leave of absence.

1.0 Inadequate Research Performance
Inadequate research performance is defined as deficiencies in conceptualizing and designing, executing, analyzing, presenting, and writing-related to research, that does not result in a failure of a thesis or examination but is sufficiently concerning (see below for specific remediation plans for failure). Some specific examples where students may experience difficulties include understanding the theoretical underpinning of their work, data entry errors, communicating their work orally, formulating their work into a written form, and implementing supervisor(s)/committee feedback into their work. Difficulties in any of these areas should be addressed and monitored by the supervisor(s) or other appropriate program faculty when the issues arise. Remediation of specific research difficulties will occur on a case-by-case basis in consultation with the student’s supervisor(s) and other program faculty as needed.

2.0 Inadequate Clinical Skills
Inadequate clinical skills are defined as deficiencies in any area of clinical practice which are not sufficient to result in a failed practicum placement (see below for specific remediation plans for failure), but either reflect a consistent pattern of difficulties (e.g., consistent low ratings in the same clinical subdomain) or are of a sufficient degree to warrant remediation. Additionally, remediation can be initiated in this domain if students are having difficulties with the applied work in their coursework which is not sufficient for a failure in the course. Some specific examples where students may experience difficulties include implementing assessments and interventions, case formulations, and written and oral communication in a clinical context. Difficulties in any of these areas should be addressed and monitored by the supervisor(s), Practicum Coordinator, Director of Clinical Training and/or other appropriate program faculty when the issues arise. Remediation of specific clinical difficulties will occur on a case-by-case basis in consultation with the student’s supervisor(s) and other program faculty as needed.

3.0 MA Thesis Defense Failure
The MA Thesis Defense has two components: a written document and an oral presentation. An unsatisfactory rating (i.e., fail) on either or both of these components requires remediation.

In the case of a failed written document, the committee provides the student with written feedback on their work at the time of the defense, as documented on the MA thesis defense form. If the committee chooses, members may also provide more detailed feedback on the written document no later than one week from the date of the defense, which also should be noted on the MA thesis defense form. At the time of the thesis defense, the committee will decide on a deadline for submitting the revised written document to the committee, which must be within 3 months from the date of the initial MA thesis defense. The committee must also decide on a date by which a vote of the committee will be conducted regarding whether the revised thesis is satisfactory or unsatisfactory. The vote may take place in person at a subsequent committee meeting (without the student present during the vote) or via email.

If both the written document and oral examination are failed, the committee will decide on a deadline for submitting the revised written document to the committee and re-attempting
the oral presentation, both of which must be within 3 months from the date of the initial thesis defense. As per above, the student will be provided written feedback on the written document and oral examination. Normally, the written document will be submitted to the committee at least 5 business days in advance of the second oral presentation.

In the situation where solely the oral examination is failed, the committee will decide, at the time of the initial thesis defense, on a deadline for re-attempting the oral examination, which must be within 3 months from the date of the initial MA thesis defense presentation. As per above, the student will be provided written feedback on the oral examination.

If a student fails the revised written document and/or the second attempt at the oral examination by more than one failed vote of the committee, the student will be asked to withdraw from the program.

4.0 Comprehensive Examination Failure
The comprehensive examination requirement consists of two mandatory components: an oral examination focused on clinical expertise and a research-focused paper. A fail on either or both of these components requires remediation.

In the case of a failed oral examination, the examining committee will provide the student with detailed written feedback regarding the nature of the concerns. The student will have up to one week to discuss the feedback with the committee and the committee members will prioritize meeting the student to discuss this. If the student still has questions, he/she can seek counsel from the Program Coordinator (alternatively, the Graduate Chair, if the student was examined by the Program Coordinator). The student will then have the opportunity to re-take the exam one month from the original examination date with a new committee. If a student fails the second examination attempt, the student will be asked to withdraw from the program. The student has the option to appeal the decision(s) at the GDAAC of either or both of the first and second examination attempts.

In the case of a failed research paper on the first attempt, the student will be given one opportunity to revise and resubmit the paper according to the feedback and comments provided by the examining committee. The student will be provided with detailed written feedback regarding the minor and major areas of concern. The Chair will review the feedback before it is provided to the student to ensure it is clear and provides sufficient guidance on how the paper may be revised to satisfy the evaluation criteria. The revised paper, together with a response to the examining committee’s feedback, must be submitted to the committee within two months of being notified of the initial decision.

5.0 Inadequate Practicum Placement Evaluation
Students receive two written evaluations from the practicum supervisor: mid-term and end-of-term. At the mid-term evaluation, the global rating of a student by the practicum supervisor as “inadequate” requires remediation. An individualized remediation plan will be formulated, implemented and monitored in consultation with the Director of Clinical Training (DCT), Practicum Coordinator, and Practicum Supervisor.

If the student fails, the hours completed at the practicum site will not be counted toward the student’s total number of hours accrued as part of the program of study. The remediation plan will be revised and reformulated as needed in consultation with the
DCT, Practicum Coordinator, and Practicum Supervisor. The DCT and Practicum Coordinator will monitor the plan and provide opportunities for remediation prior to beginning their second attempt to pass the practicum course. The student has only one second attempt at passing the practicum course, which may or may not be at the same practicum site or with the same clinical supervisor.

6.0 Interpersonal Difficulties & Other Professional Competence
GD-PCS must address any psychological, interpersonal and ethical considerations that interfere with a student’s professional development and role functioning. Students are expected to be familiar with, and adhere to, the Canadian Code of Ethics for Psychologists and the University of Toronto’s Code of Student Conduct. Students are expected to maintain appropriate professional relationships, have an ability to self-reflect, have insight, be open to feedback in the supervision process, and demonstrate problem solving proficiency (in the context of professional functioning).

Difficulties in any of these domains should be addressed by the supervisor(s) or other appropriate program faculty when the issues arise and monitored, at minimum, at the annual review with the supervisor(s). Remediation of specific interpersonal and other professional difficulties will occur on a case-by-case basis in consultation with the student’s supervisor(s) and other program faculty as needed.

Students and faculty may also consider addressing interpersonal difficulties within the context of a supervisory relationship using the Graduate Conflict Resolution Centre (http://gradcrc.utoronto.ca/), which supports the University of Toronto’s graduate community in “taking steps to prevent, manage or resolve conflict…to discuss early and effective conflict resolution strategies and opportunities for skills development.”
Appendix G:

Policies and Procedures on Approving Non-CPA or APA Accredited Internships
Policy and Procedures on Approving Non-CPA or APA Accredited Internships
Approved in Revised Form by Program: August 24, 2017

The Graduate Department of Psychological Clinical Science (GD-PCS) expects students to complete CPA- or APA-accredited internships. To maximize students’ ability to secure an accredited internship, all students will participate in all phases of the APPIC match, submitting a robust number of applications, typically at least 10. Students are not permitted to drop out of the APPIC match except due to exceptional circumstances and with the approval of the Director of Clinical Training (DCT).

The GD-PCS will only consider approving a non-accredited internship in the unlikely circumstance that a student does not match after participating in all of the APPIC phases, and does not wish to participate in the APPIC match for a second time. In a rare situation such as this, the Department’s position is that the non-accredited internship should meet training and professional standards that are substantially the same as sites that are accredited with CPA. For the DCT to approve such placements, documentation must be provided to demonstrate that the training is equivalent to an accredited internship. Students should attempt to provide the DCT with information as soon as possible.

Congruent with the CPA and/or APA standards, the following criteria must be present:

1. The internship setting must demonstrate support for training, ideally, through adequate and stable budgeting for training operations. Preferentially, internships should have financial support for interns.

2. The training should be coordinated by a psychologist registered by the appropriate professional governing body (e.g., College of Psychologists of Ontario). All supervisors should be credentialed by the appropriate professional governing body for psychologists as well.

3. The internships will consist of one year of full time training, or half-time over a period of two years (i.e., a minimum of 1600 hours).

4. The internship must have a formal system for evaluating the progress of the students. There must be a system for performance feedback, plus due process, remediation, and grievance procedures.

5. The internship training consists of an organized and coherent set of experiences, allowing for the integration and synthesis of clinical experiences. There should be an organized didactic component.

6. Supervision on both an individual and group basis must total a minimum of 4 hours per week. However, individual face-to-face supervision must comprise a minimum of 3 hours per week.

Below are other highly appropriate criteria, some of which can best be judged by a visit to the setting rather than through documentation. These include:
a) A respect for issues of cultural and individual differences. Trainees and staff should espouse these values.

b) Adequate facilities are provided, including office space, audio-visual resources and computer resources.

If a student wishes approval for a non-accredited internship placement, the following procedure should be followed:

For students who, in exceptional cases are considering an unaccredited internship, please bear in mind that the GD-PCS is responsible for ensuring that non-accredited settings meet accreditation standards as much as possible. As such, the DCT will work collaboratively with you and the setting to ensure the highest quality placement for your clinical training.

1. Documentation must be provided to the DCT, which demonstrates that the proposed program meets the criteria as outlined above. The documentation is necessary to demonstrate that the internship is potentially accreditable. Documentation should include CVs of the relevant supervisory personnel.

2. The proposal should describe how the potential setting addresses each of the points below:

   - Provide a brief philosophy of training (explicates its values and principles re teaching and training) including goals and objectives (which operationalize the philosophy of training).

   - By the end of the internship, interns must be eligible for registration and accordingly must have experience in a range of assessment and intervention procedures, consultation, and program development and evaluation. This includes training in empirically supported interventions, and in more than one treatment modality.

   - Written individualized training plan is completed by the internship’s Director of Training or primary supervisor and the intern at the beginning of the year and/or each rotation, including detailed training objectives and caseload expectations.

   - Scheduled supervision is provided at a minimum of 4 hours per week by licensed psychologists (3 individual supervision hours).

   - Interns are given feedback about their progress on an ongoing basis (written and consistently applied format that reflects program's goals and objectives, with explicit assessment of interns progress in meeting these); completed at regular, predetermined points; intern and training director given a copy.

   - Intern progress is reported in writing to the DCT of the doctoral program at least twice and in the event of remediation/difficulty, based on a synthesis of supervisors’ evaluations.
- Program has written minimum standards for successful completion of the program that are presented to the intern in advance of the internship year.

- Programs demonstrate understanding and respect for diversity in intern evaluation procedures and in training/educational experiences.

- At least two interns are enrolled in this training site.

- Facilities and resources include a quiet workspace, secure storage, means of communication, appropriate space to carry out client activities, clerical support including means of documentation, AV resources for supervision, computer access, & library facilities.

3. Following receipt of the documentation, the DCT or his/her delegate should assess the setting (e.g., review of online materials, conference call) if necessary.

4. The final step in this process involves the DCT reviewing the application and deciding if approval is warranted for the proposed internship placement.

5. If the DCT wants consultation on the decision about the CPA- or APA-equivalency of a non-accredited internship site, he or she may consult with the faculty at a faculty meeting. If a student and/or supervisor disagree with the DCT’s decision after discussion between parties, the student or supervisor can also present their case at a faculty meeting for review.
Appendix H:

Readiness for Internship: Self-Evaluation Checklist and Process Flow Chart
READINESS FOR INTERNSHIP: SELF-EVALUATION CHECKLIST

☐ Completed all required courses in the PhD program.

☐ Completed and submitted Annual Review Forms for all years enrolled in the PhD program and signed by the faculty supervisor(s).

☐ Passed Comprehensive Examination (both clinical and research components).

☐ Completed all required clinical practica (CPS3999H and CPS4999H).

☐ Completed a minimum of 300 direct client hours.

☐ Completed a minimum of 150 supervision hours (75% of which are individual supervision hours).

  ☐ Accrued between 1000-1400 total practicum hours to meet the minimum required direct client and supervision hours noted above.

☐ Doctoral Supervisory Committee Form for the Degree of Doctor of Philosophy (Form D1) and Doctoral Dissertation Proposal Examination (Form D2) completed and signed in full and submitted to the department by the respective deadlines.


☐ Completed the Readiness for Internship Form D4 to signal to the DCT that they would like to be reviewed for readiness to participate in the pre-doctoral internship match. The form must be completed and submitted to the Graduate Assistant no later than September 1 of years 3 and 4. (Please note that readiness for internship is formally assessed by the Director of Clinical Training—submission of the Readiness for Internship Form does not necessarily signify that a student will be permitted by the DCT to apply for the internship match in that application year.)

At the time that students signal their readiness for internship to the DCT, they must have made substantial progress on their dissertation:

☐ Data collection for the dissertation must have begun.

If dissertation data are not entirely collected by the time that students signal their readiness for internship, they must complete the Dissertation Plan of Study Form D5, which must specify the approximate dates that all dissertation data will be collected, analyses will be completed, first draft of the dissertation will be submitted to the supervisor, and the final oral examination will take place.
*Includes "Not currently ready but on track" recommendation in the initial assessment.

Additional notes:

- A 2-step process that begins one year prior to the intended internship application year.

- Student initiates this process through completion of the Readiness for Pre-Doctoral Internship Form D4.

- Currently the process is the same for the first and second form submissions (a Dissertation Plan of Study Form DS8 may accompany the second submission).