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| School | British Columbia School and Applied Psychology Residency Programme <i>- Hosted by ABLE Developmental Clinic -</i> |
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| BCSAP | |
| Community | |

POLICIES & PROCEDURES

Revised: July 2025



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THE BRITISH COLUMBIA SCHOOL & APPLIED PSYCHOLOGY CONSORTIUM

The British Columbia School and Applied Psychology (BCSAP) Consortium is a group of service providers who have agreed to create and fund a consortium for the sole purpose of providing a doctoral residency programme for students who have completed their doctoral coursework in School Psychology or other areas of psychology compatible with School Psychology. For 2025/2026, these agencies include ABLE Developmental Clinic, Compass Clinic, and School District No. 36 (Surrey). ABLE Developmental Clinic is the host agency.

We acknowledge that the lands on which we live and work and learn, are the shared traditional lands of the Musqueam, Squamish, Tsleil-Waututh, Katzie, Kwantlen, Semiahmoo and other Coast Salish Peoples. We recognize their continuing connection to land, waters, and culture. We pay our respects to their Elders past, present, and emerging.

THE SCHOOL AND COMMUNITY CLINIC RESIDENCY PROGRAMME

The BC School and Applied Psychology Residency (the “Residency Programme”) is a professional psychology training programme. The Residency Programme consists of a 12-month, 1600-hour professional psychology training experience. For the 2025/2026 year, the Residency Programme has one training track: School and Community Clinic (three positions).

CONSORTIUM GOAL

The goal of the Residency Programme is to facilitate the growth of knowledgeable doctoral students into autonomous professional psychologists who practice competently in public or private settings and will understand the complexities of practice in either. This goal is achieved through a developmental process that provides residents with a variety of experiences, in terms of the systems in which they work and learn, the supervisors with whom they work, the range of clients they encounter, and the services they provide.

Through the School and Community Clinic partnership, residents acquire the experience of working both as a psychologist in a publicly funded school district serving children with diverse backgrounds from kindergarten to grade 12 and working as a psychologist in one of two private community clinics, serving a more expansive age range of children (preschool to adolescence) as well as adults. In the private community clinics, residents perform neurodevelopmental and psycho-diagnostic assessments, and carry out individual and small group interventions to enhance their clinical skills. In the school district, residents complete neurodevelopmental assessments but are also involved in Tier 1, 2 and 3 interventions, that include consultation and collaboration, individual and programme assessment, intervention, in-service and professional development, research, and education.

Through the course of this residency, we are committed to providing access to quality didactic experiences to develop residents’ skills to the level necessary for them to be independent clinicians. We provide access to a range of qualified and experienced supervisors who will enhance residents’ perspectives with respect to the varieties of practice and the unity of practice in psychology that originates in our professional values. With these elements, we believe that our Residency Programme will produce the kinds of practitioners needed in our field.

OUR VALUES

As psychologists, we practice within our values and our adherence to the ethical guidelines of the Canadian Psychological Association.

The first of our training goals (below) is that residents will conduct themselves in ways that reflect the values and attitudes of professional psychology. In this regard, we strive to represent the values in the *Canadian Code of Ethics for Psychologists*, 4th Edition. And we adhere to the guidelines within the *Code of Conduct* (2014) of the

designated Profession of Psychology within the College of Health and Care Professionals of British Columbia.

Training begins with our supervisors modeling respect for the dignity of persons and respect for the dignity of peoples. Our supervisors accord to residents the same respect that they try to create and maintain with their clients; and while we are clear about the evaluative nature of supervision, we work hard to meet the needs of our residents and that includes collaborating with them in writing their residency plans and, as possible, reflecting their interests in the content of monthly seminars and group supervision. We aim to be respectful of our residents' needs and as transparent as possible, from recruitment onward.

We are careful to model attention to developmentally appropriate privacy and confidentiality for client communication and document storage. As needed, we discuss these foundational issues, including consent. We begin the residency each year by reviewing expectations, procedures, appeal avenues, and the planned schedule for the year.

We emphasize the importance of supporting the rights and needs of our vulnerable clients, especially those with diverse abilities or disabilities, children or youth in the care of the Ministry of Child and Family Development, refugees, members of minority groups, and those who are gender diverse. Within the congress of all the peoples of this land, we attach special importance to the Indigenous peoples of Canada. Because of their histories, we devote time and attention to the provision of equitable support to Indigenous clients.

In British Columbia the Ministry of Health and the Ministry of Education & Child Care eschew restrictions on services that are based upon stereotypes of culture, religion, national origin, linguistic background, sexual orientation, lifestyle, gender, or socio-economic status. The agencies that comprise the BCSAP consortium likewise do not condone restrictions based on these variables; nor do the practitioners within these agencies who provide supervision to residents employ any of these variables in either access to or provision of services, to the extent possible.

Residents receive didactic instruction and practical experience regarding the variability in human diversity represented within the student population enrolled in Surrey School District. In Surrey School District there are more than 3,200 students of Indigenous ancestry (First Nations, Métis, and Inuit), and more than half of students attending school in the district are from a household in which a language other than English is spoken. Of the more than 190 languages represented in Surrey schools, the highest percentages, other than English, are Punjabi, Mandarin, Tagalog (Filipino), Hindi and Arabic. Resident experience with a diverse range of clientele is encouraged by ensuring a wide range of exposure to clients who might reflect variables of age, gender, heritage, 1st language and SES. Supervisors do their best to select cases for assessment and intervention who represent clients who are diverse in these and other characteristics.

Surrey School District offers a range of educational options, specific to languages other than English (e.g., French, Punjabi) and district communications may be translated into more than 100 languages. Surrey schools strive to provide inclusive learning and working environments that are not only free of stigma or discrimination, but rather recognize and embrace individual differences.

As well, Surrey School District routinely accommodates residents and staff with required accommodations (e.g., provision of an American Sign Language Interpreter).

We understand the importance of self-care for our residents at all times and especially when they encounter clients dealing with challenging circumstances. We support adaptations to residency training when these are needed (Appendix G). Furthermore, we take care, when offering supplemental learning opportunities, to be clear when these are optional. Some of our residents have responsibilities that fall outside the scope of the residency, and we do our best to be flexible in relation to the time that they need for those responsibilities.

We address responsible caring through didactic presentation and discussion of trauma-informed assessment and intervention. As well, we accord to residents the opportunity to participate in determining how to accomplish the goals in their learning plans (this may require revisions of plans from time to time; we believe that is appropriate as residents' knowledge and skills develop individually). We recognize the importance of each resident self-reflecting on their competencies; we adjust supervision according to the degree to which they have become independent in performing activities.

We embody responsibility to society by placing our residents in school-based, interdisciplinary teams in which they work in partnership and collaboration with others. Through this work, our residents demonstrate the usefulness of the psychology discipline in the resolution of issues that confront individuals and systems, including public education. One of our core activities involves evaluation of an individual or system programme – which contributes to the well-being of our society. This activity can be a positive legacy for an individual client or for the systems or agencies in which our residents work.

Supervisors model integrity in relationships, commitment to honesty and accuracy, and careful application of psychological principles and knowledge. Dual relationships are avoided, as are conflicts of interest. Self-knowledge as well as self-care are prompted throughout the residency year.

During supervision, we encourage openness to suggestions, criticism and candour in discussing services; and we provide for collaborative reflection on the process of supervision during mid-term evaluation. We believe that this openness will accustom residents to the importance of transparency and objectivity in the improvement of their skills and in the professional services they deliver.

TRAINING GOALS

The BCSAP consortium is a member of the Canadian Council for Professional Programmes in Psychology (CCPPP) and the Association of Psychology Postdoctoral and Internship Centers (APPIC). We subscribe to the training standards for internships described in the Canadian Psychological Association's *Accreditation Standards and Procedures for Doctoral and Residency Programmes in Professional Psychology*, 6th Revision.

The following goals of training are common to all consortium affiliates and residents. Within each agency, there will be unique applications of some of these goals relevant to setting, client population, and the services being provided. The Resident Competency Evaluation (Appendix H) is designed to assess Resident growth toward these training goals.

Our training goals reflect the Mutual Recognition Agreement between the Canadian Psychological Association and the American Psychological Association, as well as the *Professional Practice Guidelines for School Psychologists in Canada* (CPA, 2007). We begin with Relational goals that are fundamental to the practice of psychology.

BCSAP RESIDENCY PROGRAMME GOALS AND OBJECTIVES:

Relational

Goal 1 Develop awareness, knowledge, and skills needed to apply the ethical principles of psychology to practice and professional life.

Objective 1.1. Professional Values and Attitudes: Residents will model behaviour and comportment reflecting the values and attitudes of professional psychology.

Objective 1.2 Ethical/Legal Standards and Policy: Residents will apply ethical concepts in the

Canadian Psychological Association's Code of Ethics for Psychologists, conduct their practice according to the Code of Conduct of the designated Profession of Psychology within the College of Health and Care Professionals of British Columbia, and will demonstrate awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Goal 2 Develop interpersonal competencies needed to establish and maintain effective working alliances with clients and professional colleagues.

Objective 2.1 Relationships: Residents practice effective and meaningful interactions with individuals, groups, and/or communities.

Objective 2.2 Knowledge of key concepts in related disciplines: Residents are aware of these and are able to interact effectively with professionals in multiple disciplines.

Goal 3 Develop understanding of the importance of reflection and self-awareness and practice self-care.

Objective 3. Reflective Practice/Self-Assessment/Self-Care: Residents will be encouraged to develop personal and professional self-awareness of limits to their competencies and reflection on their own biases, and will be encouraged to practice self-care.

Goal 4 Enhance understanding of issues of diversity and develop cultural competency.

Objective 4.1 Individual and Cultural Diversity: Residents demonstrate awareness, sensitivity and skills in working with diverse individuals, groups, and communities representing varied cultural and personal backgrounds, characteristics, and values. This includes awareness that a client's cultural and linguistic background is an important consideration for all aspects of assessment, intervention, and consultation, including communication with families, case conceptualization, information-gathering, selecting assessment measures, interpreting test scores, and communicating assessment results.

Objective 4.2 Indigenous interculturalism: Residents will enhance their understanding of the history and consequences of indigenous contact with colonial immigration and will demonstrate culturally appropriate and strength-based approaches in the provision of services to indigenous clients.

Goal 5 Develop competence in the application of a scientist-practitioner model to practice.

Objective 5. Scientific Knowledge and Methods: Residents demonstrate and incorporate understanding of research, research methodology, techniques of data collection and analyses, biological bases of behaviour, cognitive-affective bases of behaviour, and development across the lifespan in their practice. Residents apply and/or generate research that contributes to the professional knowledge base and/or evaluates the effectiveness of professional activities.

Functional

Goal 6 Develop competence in psychodiagnostic assessment of individuals from preschool to adulthood.

Objective 6. Assessment: Residents will become competent in the assessment and diagnosis of neurodevelopmental disorders and externalizing and internalizing disorders common to school-age clients, as well as to young adults and pre-school children.

- Goal 7** Develop competence in the planning and delivery of direct, evidence-based interventions.
- Objective 7. Direct Intervention: Residents carry out direct, evidence-based interventions with individuals and groups, as appropriate for their rotations.
- Goal 8** Develop competence in providing consultation services to clients, teachers, programmes, schools, and/or districts.
- Objective 8.1. Indirect Consultation: Residents will become competent in providing indirect client/student-focussed consultation promoting success and well-being by:
- recommending and/or developing programmes or interventions,
 - collaborating with administrators, teachers, and parents,
 - assisting in setting goals for learning or behaviour, and/or
 - facilitating referrals to other agencies or services.
- Objective 8.2 Direct System-wide (School or District) Consultation. Residents will support system-wide (e.g., district or school) prevention and intervention programmes by providing:
- evaluation of mental health or special education interventions and/or
 - screening to identify students at-risk for academic, behaviour or mental health problems and/or
 - in-service education to staff and/or
 - support for planning, developing, or delivering prevention or intervention programmes.
- Goal 9** Develop competence in providing clinical supervision to junior students and/or non-psychology staff.
- Objective 9. Supervision: Residents will have opportunities to provide training and supervision to practicum students or to school district staff in a manner that enhances and monitors their professional functioning.

ORGANIZATIONAL STRUCTURE

EXECUTIVE COMMITTEE

The administrative head of each employing agency is a member of the Executive Committee. The Director of Training (DoT) consults with members of the Executive Committee frequently during the year. The Committee approves the Consortium budget and participates in review of resident applications and rankings. Members second members in their agency, as needed, who will review applications, interview applicants, and participate in the rank ordering of candidates for the National Matching Service.

CONSORTIUM TRAINING COMMITTEE

The work of the Consortium Training Committee is facilitated by the DoT. The committee reviews the development of documentation and the implementation of procedures related to the functioning of the Residency Programme. The committee serves a critical role in reviewing the effectiveness of the Residency Programme and is the final authority for the appeal process for residents. Its focus is on systemic and programme issues that affect the operation of the consortium.

The Consortium Training Committee consists of representatives from each consortium affiliate, Consortium staff, and a Resident representative, as well as representatives from agencies with an interest in the Consortium. Current membership includes Dr. Glen Davies, Ms. Kate Colter, Dr. Erin Knudsen, Dr. Rachel Weber, Dr. Simon Lisaingo, Dr. Bill McKee, Dr. Michelle Schmidt, and Dr. Ted Wormeli.

Representatives from each consortium agency have a responsibility to assist with the brochure description of their site, its staff, and the rotations at their site, and to liaise with the management of their agency. Representatives may be site-coordinators, or other administrators, or primary supervisors.

Representatives attend regular Training Committee meetings or send an alternate representative. This committee will meet at least four times per year, with resident representatives invited to participate in each meeting. A standing agenda item in these meetings involves the resident representative being asked to report on cohort-related questions, concerns, or ideas.

ADMINISTRATIVE STAFF

Executive Director

Glen Davies, PhD, Licensed Registered Psychologist
Director and Owner/Operator of ABLE Developmental Clinic
glen@ableclinic.ca

The Executive Director serves as liaison with relevant ministries, agencies, and regulatory bodies (e.g., CPA, CPBC, BCTF, BCASP); solicits agency affiliates; and works with the Director of Training and the Professional Practice Leader to support the development and functioning of all aspects of the Consortium, including future needs and directions. The Executive Director provides oversight of consortium operations and serves as an additional line of appeal for issues identified by residents regarding placement or supervision.

Director of Training (DoT)

Ted Wormeli, EdD, Licensed Registered Psychologist
twormeli@ableclinic.ca

The role of the Director of Training includes responsibility for the operation of the Residency Programme, the function of the Consortium Training Committee, contact with APPIC and CCPPP, development and revision of the *BC School and Applied Psychology Residency Policy and Procedures Manual*, and evaluation of the Residency Programme. The DoT serves as the first line of appeal for issues identified by residents regarding placement and/or supervision. The Director of Training works closely with the Executive Director to identify and support consortium affiliates; to maintain ongoing contact with all participating agencies; and to promote the role and needs of the Residency Training Programme in the professional community.

Professional Practice Leader (PPL)

Rachel Weber, PhD, Licensed Registered Psychologist
drweber@compassclinic.ca

The role of Professional Practice Leader includes responsibility for staffing supervisors and maintaining cohesion in supervisory practice across agencies. The PPL serves as the second line of appeal for issues identified by residents regarding placement and/or supervision or as the first line of appeal for complaints regarding the DoT. The PPL works with the DoT and the Executive Director to maintain the integrity of the programme and evaluate the success of supervision practice.

LOCATION

For 2025/2026, administrative staff are located in the host agency: ABLE Developmental Clinic, at the Pacific Autism Family Network (PAFN) at 3688 Cessna Dr, Richmond, BC V7B 1C7 and in Compass Clinic at #302 - 1720 Grant Street Vancouver, BC V5L 2Y7.

PROGRAMME EVALUATION

Twice annually, in February and in August, feedback is solicited from participants in the Residency Programme. Results are analyzed and used in programme review and development. This process is shared with the Consortium Training Committee.

KEY COMMITMENTS TO RESIDENTS

RESIDENCY PLAN

The training programme has a broad range of supports in place for residents that include development of an individualized residency plan, daily access to supervisors, weekly one-on-one supervision sessions, collegial didactic and group discussion/supervision activities, structured formative feedback, and appeal procedures should conflicts arise. We adapt training plans individually, as needed (Appendix G).

SALARY AND EQUIPMENT

For 2025-26, residents receive an annual salary of \$44,000; half is paid by each agency in which the resident is placed for a rotation. All residents are allowed 3 weeks of paid vacation (see below: Rotations). All residents are also entitled to 5 paid education days to attend professional conferences, workshops, or dissertation-related meetings or activities, as approved by the DoT. An additional \$475 is provided to each resident for expenditure on independent professional development activities. Residents are eligible for reimbursement of CPA professional practice student liability insurance for 12 months, if needed.

All residents will be provided with loan laptops and IT support for the duration of their residency. All materials necessary for the completion of their tasks at each agency will be provided by that agency, along with support by office staff, as needed. Residents are also provided with access to the Test Library and to the Materials Library in the Psychological Services and Counselling Training Centre in the Education Faculty (Scarfe Building) at the University of British Columbia.

SUPERVISORS

The day-to-day work of a resident is guided and supervised by an experienced and qualified practitioner (a doctoral trained, licensed psychologist or licensed school psychologist). Each resident has access to at least two qualified supervisors. Supervisors are supported with funding for development of supervision skills, accessed through the Professional Practice Leader.

EXTENDED PROFESSIONAL DEVELOPMENT

Attendance at scheduled Group and Didactic Activities is required for all residents and recommended for primary supervisors. The emphasis of these activities is on providing training experiences to enhance practice and broaden the repertoire of skills for application in the practice of psychology. In addition, all residents participate in a variety of professional development activities, conferences, and workshops through their residency placements. Residents are also encouraged to attend annual conferences of relevant professional associations such as the British Columbia Association of School Psychologists (BCASP), the Canadian Psychological Association (CPA), the Council for Exceptional Children (CEC), and the National Association of School Psychologists (NASP). Consortium agencies offer support or release time for some of these activities.

PROCEDURES FOR DUE PROCESS AND REMEDIATION

The Consortium is committed to supporting residents who may struggle with the requirements of their residency. Appendix A (p.23) contains the elements of due process that are available to facilitate support of residents, should informal resolution and remediation of difficulties be insufficient at any time.

RESIDENT RECRUITMENT

APPLICANT REQUIREMENTS

We accept applicants attending universities in Canada or the United States who are citizens of either country or who have qualified for permanent residency in Canada. Canadian citizens or residents are given preference when their qualifications are equivalent to those of applicants from the United States. Doctoral students who may apply for placement with the Residency Programme are enrolled in a CPA or APA accredited doctoral training programme or a programme with equivalent academic and practicum preparation, with membership in APPIC. To be eligible to begin the residency, students must:

- successfully complete all required academic coursework and practicum experiences (600 hours) in their training programme or have committed to do so ***prior to submission of the application***,
- pass comprehensive examinations,
- gain approval of their doctoral dissertation proposal, and
- commit to uphold, the ethical principles of the Canadian Psychological Association (CPA) and the Profession of Psychology within the College of Health and Care Professionals of British Columbia (CHCPBC).

RESIDENCY PROVISIONS

Commuting: Within Surrey School District, the district is able to offer accommodations with respect to internal travel and rotation locations for residents who require adaptations. However, our agencies are geographically separate; applicants should be aware that public transportation is available but might require two to three times more travel time than driving.

Vaccinations: Our clinics operate in compliance with guidance from the Ministry of Health of British Columbia.

Health Insurance: Applicants should determine whether they are able to maintain extended health benefits through their university programmes. For residents who do not have access to their university's extended health insurance, application for assistance may be made to the Consortium, however, assistance is not guaranteed.

APPLICATION PROCESS

APPIC MATCH

We participate in the National Matching Services APPIC computerized matching programme. Qualified doctoral students interested in seeking placement in the Residency Programme are required to participate in the APPIC Match. Applicants submit an online *APPIC Application for Psychology Internship (AAPI)*. Information regarding the application process is available on the APPIC website. **This residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant.**

CONSORTIUM STRUCTURE

The Residency Programme for 2025/2026 is hosted by ABLE Developmental Clinic, which includes offices located at the Pacific Autism Family Network (PAFN) in Richmond, British Columbia. The consortium provides office space and office support for the DoT at ABLE Clinic offices at the PAFN.

The Residency Training Programme for 2025/2026 is comprised of three affiliate agencies which together provide six rotations. ABLE Clinic and Compass Clinic together provide 3 rotations. The department of Student Support within School District No. 36 (Surrey) also provides 3 rotations.

ROTATIONS (2025/2026)

Residents meet their training requirements in rotations within the following agencies:

- ABLE Developmental Clinic
- COMPASS Clinic
- School District No. 36 (Surrey), Student Support Department

Current timelines and rotation placements:

| Duration | APPIC #1865 Placement Site/Agency | Time Commitment |
|-------------------------|--|---------------------------|
| September 2 – August 28 | Community Clinic ABLE Developmental Clinic <u>or</u> COMPASS Clinic | <u>2.25</u> days per week |
| | School Surrey School District | <u>2.25</u> days per week |

In a typical School and Community Clinic Track residency, consisting of 2 rotations, the resident will spend 2.25 days per week in Surrey school district (one rotation) and 2.25 days per week at an ABLE Developmental Clinic location or at COMPASS Clinic (a second rotation). One BCSAP Residency FTE \approx 4.5 days/week agency commitments + 1 day per month seminar attendance. Residents are expected to be on-site at Surrey School District and a clinic 4 days/week. Residents can expect to spend between 12 and 16 hours per week in face-to-face direct service delivery.

The fifth day of the week is intended for:

- support activities that may be performed at one of their sites or at home and
- attendance one day per month at Advanced Training Seminars (TBD) for group supervision and didactics throughout the residency year.

Specific responsibilities vary across placement sites; however, each resident is required to meet all of the residency programme goals, objectives, and activities outlined in this *Policies and Procedures Manual* and detailed in their individual residency plan.

Residents are expected to adhere to individual agency policies with regards to agency schedules, holidays and procedures. Three weeks paid holiday are provided during the year. One and a half - two weeks must be taken in December at both rotations (December 22- Jan 1). The remaining time is discretionary, but must exclude attendance at Advanced Training Seminars, and the last two weeks in August. Residents are requested to determine dates for discretionary vacation time in conversation with their supervisors, as soon as possible after the beginning of the residency year.

It is expected that residents will be on-site but will not provide psychological services during the last week of August. The last week is intended for administrative activities that include completing evaluation forms, final meetings with supervisors, and returning Surrey School District equipment and supplies.

CONSORTIUM TRAINING SITES

The Residency Programme is currently affiliated with several service agencies in the greater Vancouver area of British Columbia. Affiliates embrace the policies and procedures outlined in the *BC School and Applied Psychology Residency Programme Policies and Procedures* and work together to provide a quality Residency Programme. Training site rotations provide access to diverse training opportunities in the provision of services to a broad range of child, youth, and adult clients with significant educational and psychological needs. Individualized residency plans allow each resident to meet all the goals, objectives, and activities required by the Residency Programme over the course of the residency year.

ABLE DEVELOPMENTAL CLINIC

ABLE Developmental Clinic Inc. is a large, private, multidisciplinary clinic serving children, youth, and adults with neurodevelopmental disorders and other mental health problems. The ABLE Clinic system consists of 18 licensed psychologists, 10 behaviour analysts, 6 speech-language pathologists, 6 registered clinical counsellors, and 3 pediatricians. Services provided include assessment, diagnosis, individual treatment, group treatment, and consultation. Dr. Glen Davies, a licensed psychologist and owner/director of ABLE, is the site coordinator for ABLE Developmental Clinic.

The Role of the Resident

The resident will participate in assessment, diagnosis, and treatment for children, youth, and adults with neurodevelopmental disorders including autism spectrum disorder, ADHD, learning disabilities, and other conditions. The resident will also observe and participate in the treatment of other mental health concerns including anxiety, depression, and parent-child relationship problems.

COMPASS CLINIC

Compass Clinic, located in East Vancouver, offers psychological and support services to children, youth and parents. The team of practitioners at Compass is multidisciplinary, including 13 licensed psychologists. The clinic holds contracts with numerous health authorities in the province of British Columbia, which allow for specialized assessment services serving children and youth with complex neurodevelopmental and behavioural conditions. Clients at Compass are self-referred, referred by practitioners in the community, or seen under health authority contracts. Dr. Rachel Weber, a licensed psychologist, is the Clinical Director at Compass and will serve as the coordinator for this site.

The Role of the Resident

The resident joins a multidisciplinary team of licensed psychologists, clinical counsellors, psychometrists, and medical professionals in providing assessment, consultation, and intervention services to clients.

SCHOOL DISTRICT NO. 36 (SURREY)

School District No. 36 (Surrey) is a large public school district serving a highly diverse population of students from kindergarten to Grade 12. The school district is in the Greater Vancouver area, in Surrey, British Columbia on the shared traditional territory of the Katzie, Kwantlen, Semiahmoo and other Coast Salish Peoples.

Student Support staff support students with diverse abilities and disabilities and include licensed psychologists,

licensed school psychologists, behaviour specialists, speech-language pathologists, counsellors, helping teachers, inclusive education teachers, education assistants, ABA Support Workers, child/youth care workers, and others. Ms. Kate Colter is the Director of Student Support.

Psychologists work collaboratively with school- and district-based personnel, parents/guardians, students, and community partners, to provide Tier 1 and 2 prevention programmes and Tier 3 interventions. School psychologists understand school systems and are an integral part of the school team that establishes evidence-based support strategies for students with diverse needs.

The Role of the Resident

The resident will participate in assessment, diagnosis, consultation, and treatment for school-age children and youth, including students with neuro-developmental conditions and other challenges. The resident will also observe and participate in the treatment of students' mental health needs, including anxiety and depression, as well as peer and adult-child relationship problems. Residents consult with school-based, District and community partners, parents/guardians, and students, as appropriate, to:

- a) assist schools in the identification and planning process, at both the school and District levels, for learners with complex needs;
- b) collaborate with school-based teams to develop and implement pre-referral interventions;
- c) offer suggestions/recommendations surrounding educational programme planning;
- d) conduct psycho-educational assessments in accordance with District guidelines;
- e) attend meetings (e.g., School-Based Team, Integrated Case Management);
- f) develop information resources;
- g) provide in-service to paraprofessionals, teachers, principals/vice principals;
- h) conduct research on topics relevant to the profession including literacy, numeracy, social-emotional health and well-being, behaviour, etc.;
- i) provide input and recommendations in relation to district-level placement or placement review meetings;
- j) collaborate with individual teachers, school administrators, and school system staff to develop and evaluate prevention programmes.
- k) provide supervision, as appropriate, to practicum students, other residents, and school psychology department staff.

Residents strive to be knowledgeable of current curriculum and evidence-based instructional practices; participate in on-going professional development/in-service in both regular and inclusive education; and committed to inclusion.

2025/2026 SUPERVISORS

| | |
|--|--|
| Mark Bailey, PhD, Licensed Psychologist | Diana Jahnsen, EdD, Licensed School Psychologist |
| Krista Johnston, PhD, Licensed Psychologist | Erin Knudsen, PhD, Licensed Psychologist |
| Kristen McFee, PhD, Licensed Psychologist | Rick Miners, PhD, Licensed Psychologist |
| Andrea Stelnicki, PhD, Licensed Psychologist | Rachel Weber, PhD, Licensed Psychologist |

REQUIRED TRAINING ACTIVITIES

The list below identifies the required activities that ensure that each resident meets all goals and objectives outlined in this document. Residents and their supervisors across rotations will work together to develop an individualized Residency Plan that includes, to the greatest extent possible, each activity in a manner relevant to the setting(s) in which they work and relevant to the learning needs of the resident. The specific application and weight of activities may vary across rotations; it may be that not every activity occurs within each rotation, but all should be included in at least one rotation during the residency year. All activities should include elements dedicated to diverse clients and contexts.

1. Neurodevelopmental, psychodiagnostic assessments and diagnoses with links to intervention and treatment planning
2. Planning and implementation of individual interventions
3. Planning and implementation of small group interventions
4. Participation in multi-disciplinary team(s)
5. Provision of individual, group, or systems-level consultation
6. Planning and implementation of a skill-building activity with peers, site personnel or practice colleagues
7. Supervision or co-supervision of an assessment case or an intervention
8. Programme evaluation
9. Participation in Advanced Training Seminars, including:
 - Case presentations and reviews of relevant literature
 - Ethics round-table discussions
 - Rounds

CONSORTIUM GROUP SUPERVISION AND DIDACTIC TOPICS

A series of meetings and workshops provide group supervision, skill development, and enrichment opportunities for residents. All residents receive eight days of training in diagnosis of autism spectrum disorder. As well, all residents are expected to attend seminars that are scheduled monthly on Mondays for 5 hours. Topics for 2024/2025 are shown below. Residents also meet regularly in Surrey School District for group supervision and peer consultation activities.

| Topics |
|---|
| Consortium Orientation: Residents, Supervisors & Administrators |
| Special Education and Disability Services in BC |
| Cattell-Horn-Carrol Theory/Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition--Text Revision/Ministry of Education Designations |
| Trauma-informed Assessment |
| IDD; ASD (MoE; CLBC) |
| Providing Psychology Services to Refugee and Immigrant students, and English Language Learners |
| Providing Psychology Services to 1 st Nations |
| Neuropsychology in schools |

| |
|--|
| Assessment of Language Disorders |
| ADHD Assessment and Treatment |
| Legal Issues in Family Law relating to Psychologists Legislation |
| BC Association of School Psychologists Annual Conference |
| Ethics and Jurisprudence Roundtable & Discussion |
| Systems/policy changes/advocacy |
| Advanced Consultation Skills |
| Rounds/case conferences |
| Preparing for Registration |
| Year-end Documentation & Celebration |

OVERVIEW OF REQUIREMENTS AND PROCEDURES FOR RESIDENTS

ROLE IDENTIFICATION AS “PSYCHOLOGY RESIDENT”

The resident is identified as “Psychology Resident” in all professional contacts and written work, including interaction with parents/guardians, colleagues, and other persons. Residents work on a paid contract with host agencies under the supervision of qualified psychologists. **They are guided by the following requirements and procedures:**

- Residents work full-time over the course of one year (September to August).
- Residents log a **minimum of 1600 hours** of supervised professional experience over the course of their residency.
- Residents spend **no more than two-thirds of their time** commitment providing direct professional service to clients (providing intervention, assessment, or consultation services).
- Specific activities completed by each resident are detailed in the Residency Plan and ensure that the resident has the opportunity to meet all goals and objectives of the Residency Programme.
- Residents will meet with their supervisors for at least 4 hours weekly, 3 of these involve individual supervision.

The Resident Agreement (Appendix C)

Page 31

The Residency Agreement outlines the relationship between the site coordinator (where applicable), the resident, and the supervisor. It specifies the time commitments and salaries or stipends provided to the resident and supervisor, and briefly outlines the core requirements for both roles in order to meet training programme criteria. It is the responsibility of the resident and supervisor to work together with the site coordinator to complete the document at the commencement of the residency and submit it to the Director of Training.

The Supervisor/Supervisee Agreement (Appendix D)

Page 34

The Supervisor/Supervisee Agreement is a statement of the working alliance between supervisor and supervisee in terms of responsibilities and procedures. Both resident and supervisor sign and keep a copy of the agreement; a third copy is filed with the Director of Training.

BCSAP Individual Resident Training Plan Priorities (Appendix E)

Page 36

Applicants who match are asked to complete a list of their personal priorities for the Residency year. These priorities are shared with supervisors who develop plans for the Residency year and meet with Residents before the year begins to draft their Residency Plan (below).

Guidance for Time Allocated to Training Activities (Appendix F)

Page 41

This guidance document is included to assist Supervisors and Residents in developing the Residency Plan (below). The proportions suggested for activities may vary from those listed, depending on resident training needs and interests.

The Residency Plan (Appendix G)

Page 42

The Residency Plan is completed jointly by the resident, the primary supervisor, and the site coordinator (where applicable). Across each resident's plans for their respective rotations, the resident must document how they will complete each of the required resident activities. They will also set at least one goal for their training that is specific to each rotation. Training plans are completed as early as possible in September; they may be modified at any time and must be reviewed at mid-term and summative evaluations. It is important that ALL of the required training activities be represented by an activity in at least one rotation.

The Log of Supervised Professional Activities (Time2Track)

Residents maintain a log of all activities and time spent in each activity on a weekly basis and consult with their supervisor about the allocation of time and assignment of activities across the appropriate categories. Review of the log as well as the Residency Plan are components of both formative and summative evaluation processes.

Resident Competency Evaluation (Appendix H)

Page 50

Primary supervisors complete formal evaluations of residents at two points during their residency. The formative evaluation takes place approximately halfway through the resident's contract period (typically February), and the summative evaluation occurs toward the end of the contract period (typically August). Both are submitted to the Director of Training. The Director of Training provides reports to Directors of Clinical Training for residents' doctoral programmes.

The content of the Rating Form is discussed with the resident and co-signed as an indication that the discussion has taken place. Disagreements on ratings may be solved through discussion between resident and supervisor or addressed using due process procedures.

Mid-Term (Interim) Evaluation of the Supervisory Experience (Appendix I)

Page 61

At their mid-term formative evaluation, after completion of the Resident Competency Evaluation, residents, complete a formative reflection on supervision to date. This involves discussion with their supervisors with respect to what residents have found helpful.

Summative Evaluation of the Supervisory Experience (Appendix J)

Page 62

At the end of their residency year, residents submit a formal evaluation of their supervisory experience with each supervisor. The evaluation consists of both an anonymous rating form directed toward programme feedback and improvement (Part 1), and a brief open-ended questionnaire which is shared with the supervisor and co-signed by resident and supervisor (Part 2). Both portions are completed following the resident's summary evaluation process with the supervisor and submitted to the Director of Training.

Residency Programme Evaluation by Participants (Appendix K)

Page 66

After completion of the Summative Competency Evaluation, feedback from residents, supervisors, and administrators is solicited to evaluate the overall performance of the Residency Programme.

CRITERIA FOR COMPLETION OF THE RESIDENCY TRAINING PROGRAMME

1. Satisfactory completion of all required training activities as outlined in the Residency Plan.
2. Supervisor ratings on the summative evaluation as follows:
 - No objectives rated Unsatisfactory (0)
 - A minimum of 80% of observed objectives rated Competent (3) or better
3. The log of supervised professional experience meets CPA requirements for both hours of professional practice activities and for supervision.
4. Participation in all scheduled components of the Group Supervision and Didactic Schedule unless written consent for absence is provided by the Director of Training.

With successful completion of the residency year, and in combination with their graduate programme training, doctoral residents have the knowledge and skills to render them eligible to apply for registration as professional psychologists in any jurisdiction in Canada.

AUTHORITY AND RESPONSIBILITY IN RESIDENCY PLACEMENTS

The residency experience draws on multiple interactive levels of authority and responsibility as defined below. Both residents and supervisors acknowledge the administrative structures within the systems in which they work and support the integrity of those systems in a professional manner. They foster a team approach to the development and implementation of strategies for planning, prevention, intervention, assessment, and monitoring of student/client progress.

LEVELS OF RESPONSIBILITY/AUTHORITY

- The Director of Training is responsible for ensuring that the academic preparation of applicants meets all criteria for placement through the BC School and Applied Psychology Consortium.
- Each hiring agency holds administrative control over the resident in the role of employee. Such things as working schedules, holiday times, and financial reimbursement are the domain of the employer. In private clinics, the owner/operator or the clinic director is the administrative authority. In school districts, a Director of Instruction, or District Principal, of Student Services is the administrative authority.
 - For school-based practice, the school principal or vice principal maintains operational control of the daily functioning of the school and holds ultimate responsibility and decision-making authority for the instructional programming and emotional/behavioural welfare of

all students. The principal relies on the shared roles of various staff members in providing the best services for students.

- Primary supervisors assume responsibility for the professional work of residents, including caseload, quality of service provision, and any written reports or case notes produced by residents. The last responsibility requires approving and countersigning all written reports, as well as resident activity logs. Primary supervisors ensure that residents are fulfilling the activity agreements in the Residency Plans and complete two written evaluations for each resident: formative at mid-term, and summative at the end of the residency year.

AFFILIATION AGREEMENT

The Affiliation Agreement (Appendix B) represents a memorandum of understanding between each affiliated agency and the Residency Programme. It outlines the commitment and responsibilities of participating agencies (affiliates) as members of the BC School and Applied Psychology Consortium and is renewed on an annual basis.

The Affiliation Agreement, together with the specific Residency Agreement (Appendix C) and the Residency Plan (Appendix E), provide the details of the Residency Programme requirements for each resident and agency.

SUPERVISION

OVERVIEW OF THE RESIDENCY SUPERVISOR

The role of supervisor requires a devotion to the professional responsibility of training psychologists. Supervisors enhance their opportunities for reflective practice and play a critical role in promoting professionalism and expertise in the practice of school psychology.

The residency supervisor is a doctoral trained, licensed psychologist or licensed school psychologist, and an experienced master practitioner. The supervisor recognizes the role of supervision as a contribution to professional practice through training and mentoring new entrants to the field, and as having personal value through reflective practice and exposure to new learning.

Supervisors and residents meet for Site Group Supervision and Didactic sessions, to participate in group supervision exercises, skills training activities, and presentations by field-based psychologists or subject area experts.

Supervisors are also asked to meet at least four times during the year as a group with the Professional Practice Leader to discuss programme-wide issues and activities. Primary supervisors are encouraged to attend Consortium Group Supervision and Didactic sessions, engage in group supervision discussions, and actively participate in the didactic programme through scholarly presentations and discussions on topics having relevance to the practice of school psychology in a variety of settings. Secondary supervisors are also welcome at these activities.

ROLE DEFINITIONS

Qualifications. Supervisors are doctoral-prepared, licensed psychologists who are experienced in the practice of psychology and in the nature of psychological services for which they are providing supervision.

It is expected that all supervisors will provide appropriate professional role modeling and a continuum of progress monitoring to include instruction, support, and constructive feedback, beginning with intensive contact

and support/intervention as indicated individually for their resident(s), and working toward increasingly autonomous practice by their resident as justified by the resident's performance.

Assignment to residents. Each agency coordinator will assign at least one primary supervisor to each resident, where appropriate, and maintain a pool of accessible secondary supervisors, where appropriate.

Primary Supervisors. Primary supervisors act as role models, mentors, consultants, instructors, and evaluators for their assigned residents. They assume responsibility for the case load of the resident; the quality of service provided by the resident; and approve and countersign all of the resident's written reports, log hours, and treatment plans or case notes. In fulfilling these requirements, primary supervisors ensure that residents are meeting the professional, ethical, and legal guidelines established by their training programmes, their professional affiliations, and their placement sites.

Primary supervisors meet with residents and site coordinators at the beginning of the residency and work together to complete the following documentation:

- Residency Agreement
- Supervisor/Supervisee Agreement
- Residency Plan

Primary supervisors make themselves available to their residents on an ongoing basis. This is accomplished through direct discussion, email, or telephone contact. Primary supervisors should also be in consistent contact with the site coordinator.

Secondary Supervisors. Secondary supervisors are available by request of a resident or primary supervisor, to provide additional support when the primary supervisor is not available, when a need for immediate consultation or support arises, to provide a second or alternate perspective, or to help broaden the information and experience base of the resident.

DEVELOPMENT OF THE RESIDENCY PLAN

The primary supervisor works closely with the resident and in consultation with the site administrator in the development of the Residency Plan. *It is the responsibility of the supervisor to ensure that all goals and objectives of the Training Programme are addressed and that activities related to the attainment of the objectives are reviewed and clearly specified.* It is also the responsibility of the supervisor to identify additional activities specific to the needs of the placement site or to the learning needs of the resident and to include these in the written copy of the Residency Plan.

The Residency Plan is intended to assist residents and supervisors in accomplishing Consortium residency training goals. It reflects priorities with regards to the needs and abilities and personal goals of individual residents (Appendix E).

Individual applicants vary in their preparation for a BCSAP residency. If an invitation to join the Residency programme is extended to an applicant, it is common for variation in individual preparation, needs and personal goals to be reflected both in the construction of the initial Residency Plan and, when necessary, revision of the Plan when either the performance of a Resident becomes a concern with respect to Training Goals or when the goals of a Resident change, over the course of their residency.

Supervisors formally evaluate competency twice during the residency year with regards to specific objectives:

- 0 = Unsatisfactory:** The resident's skills reflect insufficient proficiency in this competency and require remediation and/or additional course-based instruction
- 1 = Needs Improvement:** The resident requires extra practice in this competency; plans to accomplish this should be included in the overall assessment summary
- 2 = Satisfactory:** The resident's skills in this area are adequate for entry level practice; however, the resident should continue to develop this competency through access to supervision and/or mentoring
- 3 = Competent:** The resident is ready for independent practice in this area
- 4 = Outstanding:** The resident's skills in this area are exceptionally strong; the resident could serve as a model psychologist in this area

Supervisors' responsibilities throughout the residency include identifying difficulties in competency and initiating processes to address these. Procedures are outlined in Appendix A; interventions to support residents range from increased supervision to formal instruction.

THE PRACTICE OF SUPERVISION

- Supervision is regularly scheduled and provided at the minimum rate of four hours per week, with at least three of these hours involving individual supervision. For each rotation, at least 1.5 hours of individual supervision should be scheduled.
- The individual hours are directed towards supervision of the psychological service provided by the resident directly to a client.
 - Psychological service is defined as either time directly spent interviewing, assessing, consulting about, or intervening with clients, or time spent indirectly in activities related to client care (e.g., progress notes, report writing, etc.). The Residency programme subscribes to the *Documentation of Professional Psychology Training Experiences* (CCPPP, 2021) to assist in defining activities and hours.
- The fourth hour may be provided in either group or individual format and directed towards any other training or service-related activity.
- **Individual supervision** (three of four hours per week; 1.5 hours of two hours at each site) consists of in-person visual and/or verbal communication between a supervisor and resident whereby:
 - The supervisor observes the resident deliver psychological services either in person or via recordings or case discussions.
 - The supervisor and resident discuss the resident's case work and projects.
 - The supervisor and resident review the resident's written reports or case studies.
 - The supervisor and resident review the Residency Plan to ensure all activities are being implemented.
 - The supervisor serves as consultant for special projects or assignments.
 - The supervisor and resident review the resident's log activities.

Individual supervision may occur between the supervisor and supervisee only, **or** in a group format with other supervisors and supervisees present.

- **Group Site supervision** (one hour weekly; .5 hr. at each rotation) may include activities or meetings in which some combination of residents and supervisors meet weekly or bi-weekly, inperson or online, at each site to review or discuss:

- case issues
 - methods or techniques of psychological service delivery
 - particular client problems or disorders
 - professional or ethical issues affecting practice
-
- **Consortium Group Supervision and Didactic Instruction** activities (monthly, five hours at ABLE Clinic at the Pacific Autism and Family Network in Richmond, BC) are included within the Consortium Group Supervision and Didactic Schedule and may count towards group supervision hours.

PROCEDURES FOR DUE PROCESS, REMEDIATION, AND APPEAL

The following due process procedures deal with: (A) concerns regarding resident performance, and (B) residents' concerns regarding aspects of the training programme. These procedures include the steps of notice, hearing, and appeal. Residents, supervisors, and agency administrators are informed regarding the due process procedures at the beginning of the residency period. All concerns are initially directed to the primary supervisor for response and intervention as deemed necessary by the supervisor. If a solution cannot be found or concerns prevail, the following steps are implemented:

A. Procedures to address concerns regarding resident performance

Supervisors are required to provide the Director of Training with a written evaluation of each resident's performance on two occasions – a formative evaluation at the midpoint of the residency, and a summative evaluation at the end of the residency. In the event that a supervisor believes that a resident's performance is unsatisfactory or as needing improvement at any point in the residency, or if a concern is expressed to the supervisor by another individual involved with the resident, the following sequence is initiated:

Stage I: The supervisor is expected to immediately discuss the concern with the resident. If, after initial discussions with the resident, the supervisor continues to deem the resident's performance to be below expectations, the supervisor must:

- A.I.1 increase supervisory guidance; and/or
- A.I.2 direct the resident to other appropriate resources such as additional instruction and readings, and where appropriate, additional individual support (e.g., consultation with a secondary supervisor). If the concern is substantial, the Director of Training must be informed.

Stage II: *When these customary educational and supervision techniques are unsuccessful, remediation is indicated, and the supervisor and resident will proceed to discuss a remediation plan.* For the purposes of this document, remediation is defined as a documented, procedural process that addresses observed deficits in trainees' performance with the intent to provide trainees with specific means to remedy their difficulties. The plan for remediation should meet the following criteria:

- A.II.1 Must be completed in consultation with the Director of Training;
- A.II.2 Must be in the form of written communication to the resident, using the Competency Remediation Plan;
- A.II.3 Must outline specific behaviours and goals, including criteria for successful remediation; and
- A.II.4 Must include a timeline for successful completion, the specific timeline of which will be approved by the supervisor and the Director of Training.
- A.II.5 *If the resident is not satisfied with the decision to implement this stage, or with the plan, timeline, or approach developed and/or implemented by the supervisor and/or Director of Training, they may appeal for review by the PPL of any of the above. If the resident is not satisfied by that review, they may appeal to the Executive Director.*

Stage III: If concerns are not resolved or if the resident's performance does not improve within the assigned time, the supervisor will bring the matter to the Director of Training, whose practice will generally be as follows:

- A.III.1 The Director of Training will use reasonable efforts to notify the resident of concerns in writing and invite him or her and the supervisor to meet with the Director of Training and the Executive Director to discuss the matter. The resident will be informed of their option to invite

a single advocate to accompany him or her to the meeting.

- A.III.2 The Director of Training and the Executive Director will meet with the resident and the supervisor to review the concerns. During this meeting, the resident will be given the opportunity to respond to the concerns. This may resolve the matter satisfactorily for all parties. If the resident does not respond to the invitation or if he or she refuses to meet with the Director of Training and the Executive Director, the meeting will proceed without the resident, and the resident will be informed in writing of the outcome of this meeting.
- A.III.3 If the matter is not resolved as a result of the meeting described in paragraph 2 above, the supervisor, within two weeks after the meeting described above, will submit to the Director of Training a written detailed account of the concerns (including the names of any professionals or facts that support his or her account). The Director of Training will provide the resident with a copy of this written account.
- A.III.4 Within two weeks after the Director of Training has provided the resident with a copy of the supervisor's written account, the resident will be requested to submit to the Director of Training, his or her own detailed account of the concerns (including the names of any people or facts that support his or her account).
- A.III.5 The Director of Training will ask the Executive Director to review the information provided in paragraphs 3 and 4 above. If, in the opinion of the Executive Director an investigation is required, the Executive Director will ask a sub-set of the Consortium Training Committee to investigate the matter and to provide a summary of their findings to the Director of Training and the Executive Director. The sub-committee may proceed in two ways:
- i. The sub-committee may find that the complaint is unsubstantiated. The sub-committee will notify the Director of Training and the Executive Director of their decision in writing. The Executive Director will notify the resident in writing.
 - ii. The sub-committee may find that the complaint is substantiated. The sub-committee may determine that further remedial actions should be undertaken (e.g., repeating coursework, practicum, or the residency year), or may determine that the resident is unsuited to proceed with the residency and should be required to withdraw from the programme. The sub-committee will notify the Director of Training and the Executive Director of their decision in writing. The Executive Director will notify the resident and the relevant academic training programme in writing.
- A.III.6 In the event that a resident is not satisfied with the decision outlined in step 5ii, the resident may appeal, for review of the decision by a second sub-committee to be identified by the Director of Training.

B. Procedures to address residents' concerns regarding the Residency Programme

Residents may have concerns about features of the residency programme, including supervision, placement, or evaluation. To address concerns, the Residency Programme has adopted the following stepwise procedure to guide residents to successfully identify and resolve any problems that may arise:

1. Discuss the concern with the supervisor. If, after the initial discussions with the supervisor, the concern is not resolved, the resident will bring the matter to the Director of Training, whose practice will generally be as follows:
 - a) The resident will be invited to meet with the Director of Training and, if the resident prefers, also the relevant third party to discuss the concern. The Director of Training will summarize the concerns in writing. If concerns are not resolved during this meeting, proceed to B2.
 - b) The Director of Training and the Executive Director will meet with the relevant third party and the resident to review the concerns. During this meeting, the relevant third party will be given the opportunity to respond to the concerns. This may resolve the matter satisfactorily for all parties. If the relevant third party

does not respond to the invitation or if he or she refuses to meet with the Director of Training and the Executive Director, the meeting will proceed without the relevant third party and the relevant third party will be informed in writing of the outcome of this meeting.

- c) If the matter is not resolved as a result of the meeting described in paragraph 2 above, the resident, within two weeks after the meeting described above, will submit to the Director of Training a written detailed account of the concerns (including the names of any professionals or facts that support his or her account). The Director of Training will provide the relevant third party with a copy of this written account.
 - d) Within two weeks after the Director of Training has provided the relevant third party with a copy of the resident's written account, the relevant third party will be requested to submit to the Director of Training, his or her own detailed account of the concerns (including the names of any people or facts that support his or her account)
 - e) The Director of Training will ask the Executive Director to review the information provided in paragraphs 3 and 4 above. If, in the opinion of the Executive Director an investigation is required, the Executive Director will ask a sub-set of the Consortium Training Committee to investigate the matter and to provide a summary of their findings to the Director of Training and the Executive Director. The sub-committee may proceed in two ways:
 - i. The sub-committee may find that the complaint is unsubstantiated. The sub-committee will notify the Director of Training and the Executive Director of their decision in writing. The Executive Director will notify the relevant third party in writing.
 - ii. The sub-committee may find that the complaint is substantiated. The sub-committee will determine any further steps. The sub-committee will notify the Director of Training and the Executive Director of their decision in writing. The Executive Director will notify the relevant third party in writing.
2. If either the resident or the relevant third party is dissatisfied with the decision outlined in Step 5, the resident or relevant third party have the option to request a hearing directly with the Consortium Training Committee.

Note: At any point during the above outlined process the resident or the relevant third party has the option to invite a single advocate to accompany them to the meeting/s.

COMPETENCE REMEDIATION PLAN

Date of Competence Remediation Plan Meeting: _____

Resident: _____

Supervisor: _____

Names of All Persons Present: _____

Follow-up Meeting date(s): _____

Indicate the goal domain(s) in which the resident's competence indicators have been judged unsatisfactory:

Description of the problem(s) in each goal domain listed above: _____

Date(s) the problem(s) was brought to the resident's attention and by whom: _____

Steps taken by the resident to rectify the problem(s) that was identified: _____

Steps taken by the supervisor to address the problem(s): _____

| Goal Domain/ Essential Components | Problem Behaviours | Expectations for Acceptable Performance | Resident's Responsibilities / Actions | Supervisor's Responsibilities / Actions | Timeframe for Acceptable Performance | Assessment Methods | Dates of Evaluation | Consequences for Unsuccessful Remediation |
|---|-----------------------|---|---|---|--|-----------------------|------------------------|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

I (*resident*), _____, have reviewed the above competency remediation plan with my supervisor, and the Director of Training. My signature below indicates that I fully understand the above. I agree / disagree (***please circle one***) with the above decision. My comments, if any, are below (***please note: If resident disagrees, comments, including a detailed description of the resident’s rationale for disagreement, are REQUIRED. Feel free to use additional pages.***).

All persons with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Resident

Date

Director of Training

Date

Supervisor

Date

SUMMATIVE EVALUATION OF COMPETENCY REMEDIATION PLAN

Follow-up Meeting(s) Date (s): _____

In Attendance: _____

| Goal Domain Essential Components | Expectations for Acceptable Performance | Outcomes Related to Competence Indicator(s) (met, partially met, not met) | Next Steps (e.g., remediation concluded, remediation continued and plan modified) | Next Evaluation Date (if needed) |
|--|---|---|--|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I (*resident*), _____, have reviewed the above summative evaluation of my competency remediation plan with my supervisor and the Director of Training. My signature below indicates that I fully understand the above. I agree/disagree (***please circle one***) with the above outcome assessments and next steps. My comments, if any, are below. (***PLEASE NOTE: If trainee disagrees with the outcomes and next steps, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED.***)

Trainee's comments (Feel free to use additional pages):

Trainee

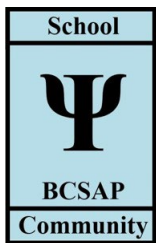
Date

Director of Training

Date

Supervisor

Date



BC SCHOOL AND APPLIED PSYCHOLOGY CONSORTIUM AFFILIATION AGREEMENT 2025/26

The following agreement specifies the commitment to, and roles of, participating agencies (Consortium Affiliates) as members of the BC School and Applied Psychology Consortium. By their signature on this document, a Consortium affiliate agrees to hire one or more residents during 2025/2026 according to the specifics in the individualized Residency Agreement.

In recognition of the fact that a single independent agency may not have the capacity to support a resident in fulfilling all of the multiple goals, objectives, and activities required by the Residency Programme, Consortium affiliates agree to enter into a collaborative relationship with the express purpose of jointly developing a residency plan that will assist in achieving the resident's training needs.

ABLE Developmental Clinic serves as the coordinating body and host agency for the Residency Programme. The Executive Director, who is the Owner/Operator of ABLE, and the Director of Training of the Residency Programme in 2025-26, works with all agencies both individually and collectively to ensure consistency and quality of the training programme across all facilities and for all residents. At the individual agency level, there is ongoing interaction between agency administrators and supervisors to further support and maintain the standards of the Residency Training Programme.

A Consortium affiliate accepts the purpose and implementation of the Residency Training Programme as it is defined in the *Manual*. Critical components include the following:

- Commitment by ABLE Developmental Clinic, Compass Clinic, and School District No. 36 (Surrey) Student Support to uphold the Standards and Criteria of the Canadian Psychological Association;
- Acknowledgement of ABLE Developmental Clinic as the coordinating body for the Residency Programme, and the Executive Director as the administrative leader;
- Participation in Executive Committee Meetings, as needed;
- Participation in quarterly training committee meetings during which due process and appeal processes will be reviewed;
- Agreement to provide the resident with a salary commensurate with the guidelines in the individualized Residency Agreement (Appendix C);
- Agreement to provide access to qualified supervision, outlined in the Residency Agreement (Appendix C);
- Participation in the development of the Residency Plan (Appendix D), which details the activities the resident will undertake to meet the required goals and objectives;
- Provision of training and resources to allow the resident to work toward implementation of the activities specified in the Residency Plan;
- Participation in an annual review initiated by the Director of Training and the Executive Director that allow for feedback regarding the broad functioning of the Residency Programme to review the collaboration of the programme and the agency. Adherence to the due process and appeal process if there are concerns about resident performance (Appendix A);
- Participation in the annual feedback rating of the Consortium and Training Programme (Appendix G).

DOCUMENTATION

The *Affiliation Agreement* represents the broad terms of commitment to the Consortium and the relationship to the coordinating body, *ABLE Developmental Clinic*.

- The *Residency Agreement* specifies the details of the administrative commitment among an individual resident, supervisor, and agency.
- The *Residency Plan* is a working document that outlines the specific work the resident will undertake in meeting all goals, objectives, and activities of the Residency Training Programme in the context of the individual agency and under supervision. The Residency Plan is resident-specific and relates only to the year of their residency (2025-2026).

Name of Agency: _____

Name of Agency Administrator: _____

Name

Signature

Consortium Executive Director: _____

Name

Signature

Director of Training: _____

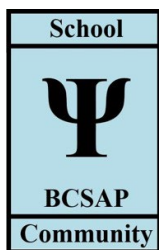
Name

Signature

Date: _____

(yyyy-mm-dd)

**This agreement applies to the 2025-2026 residency year only.
Affiliation agreements are reviewed and renewed on an annual basis.**

**BCSAP AGENCY
RESIDENT AGREEMENT****2025/2026**

The Agency Resident Agreement provides details of the roles of residents and supervisors and the compensation or release time agreements required. Note that this agreement is distinct from contractual employment documents developed with individual residents and supervisors. Further information is available in the *Policies & Procedures Manual* or by contacting the Director of Training of the BC School and Applied Psychology Consortium.

Name of Agency: _____

Name of Agency Administrator: _____

Phone: _____ E-mail: _____

Agency Site Address(es): _____
_____**Name of Resident:** _____

Phone: _____ E-mail: _____

Name of Supervisor: _____

Phone: _____ E-mail: _____

Name of Supervisor: _____

Phone: _____ E-mail: _____

Dates of Residency: _____

DESCRIPTION OF THE RESIDENCY:

The residency is a *full-time commitment* over the course of one calendar year. During this time the resident is required to complete a total of *at least* 1600 hours of supervised experience. Most direct service hours and support hours for direct service occur between October and the middle of August. The first four to six weeks include orientation and substantive didactic instruction. The last portion of August is intended for summative evaluation and completion of end-of-residency paperwork.

THE RESIDENCY PLAN:

The residency requires a breadth of experiences in a wide range of psychological services including assessment, intervention and consultation at both the individual and systems level.

The agency agrees to provide opportunities to work with a diverse range of clients and to enhance professional skills in a community-based context. The nature of residency activities and psychological services provided are defined in a detailed individualized Residency Plan developed by the supervisor and resident in consultation with the agency administrator. Further goal-related activities requested at a placement site may be discussed with the supervisor and added to the plan. A copy of the Residency Plan is filed with both the agency administrator and the Director of Training of the BC School and Applied Psychology Consortium.

TERMS OF THE AGREEMENT:

➤ Resident

- a. *Hours:* 2 days per week at rotation site | BCSAP Residency equivalent: .5 FTE. Specify days: _____
- b. *Hours on Site:* Resident is expected to be on-site during normal working hours, unless alternate arrangements are approved by supervisor(s). Specify: _____
- c. *Salary:* \$1833.33 per month (includes 1½ weeks paid vacation holidays + statutory holidays, sick leave and benefits, etc.).
- d. *Title:* For the period of the residency, the resident will use the title *Psychology Resident*.

➤ Supervisor

- a. *Hours:* per week at residency site: _____ OR days per week: _____
- b. *Salary*
 - for sites hiring associates or contractors: as determined in consultation with the supervisor and sufficient for two hours of direct supervision/week + up to two hours of indirect supervision, as needed for a .5 FTE resident, when the resident is on on-site.
 - release time for supervision duties equivalent to 0.1 FTE or 1/2 day per week for a resident at .5 FTE.

ADMINISTRATION:

The resident works under the administrative control of (agency). The resident is expected to follow the same daily schedule as other psychology staff employed by the agency. *The resident is not guaranteed employment beyond the term of the residency.*

RESPONSIBILITY TO THE RESIDENCY TRAINING PROGRAMME:

The agency, the resident, and the supervisor are responsible to the training standards and criteria of the Residency Training Programme. All parties agree to act in a manner consistent with the commitment of the Consortium as a member of the Canadian Council of Professional Psychology Programmes (CCPPP), and with the standards and criteria for internship training of the Canadian Psychological Association (CPA) as outlined in the *Policies and Procedures Manual*.

RESIDENCY ACTIVITIES:

Residents understand and play an integral role in the application of the agency's mission; however, residents' primary roles are as trainees. While training needs may be accommodated through service demands, those demands do not erode the full complement of training goals. Therefore, *residents do not spend more than two-thirds of their time commitment providing psychological service to clients*. Other applied activities are necessary and are identified in the full statement of goals and objectives in the *Policies & Procedures Manual* as well as adapted per resident needs and agency options in the individual Residency Plan.

THE RESIDENCY PLAN:

The full list of required activities during the residency year is included below with the acknowledgement that not all of them will apply to any single setting. At each agency, the resident will engage in the activities developed together with the supervisor, delineated in the individualized Residency Plan, and agreed upon in consultation with the agency administrator. ***It is the responsibility of the resident and supervisor(s) to ensure that all activities are implemented in at least one or the other rotation agency.***

1. Psychodiagnostic assessments and diagnoses with links to intervention and treatment planning.
2. Planning and implementation of individual interventions.
3. Planning and implementation of small group interventions.
4. Participation in multi-disciplinary team(s).
5. Provision of individual, group, or systems-level consultation.
6. Programme evaluation.
7. Planning and implementation of a skill-building activity with peers, site personnel or practice colleagues to disseminate an empirically supported assessment, intervention, or consultation methodology.
8. Supervision of an assessment or intervention by a junior student.

THE SUPERVISOR:

The supervisor is a licensed psychologist/school psychologist with a doctoral degree and experience in the field(s) of school psychology and/or child psychology.

The supervisor has responsibility for the professional practice of the resident and ensures that the services provided by the resident meet high professional standards, including adherence to the Canadian Psychological Association's *Canadian Code of Ethics for Psychologists* and *Practice Guidelines for Providers of Psychological Services*, and the *Code of Conduct* of the designated profession of Psychology within the College of Health and Care Professionals of British Columbia.

The supervisor(s) will provide the resident with a minimum of two hours per week of direct supervision (1.5 hours individual supervision and one-half hour of individual or group supervision). The supervisor has professional responsibility for all casework undertaken by the resident, is identified on informed consent forms signed by parents or clients and co-signs all written reports and case work records produced by the resident.

SITE ADMINISTRATOR:

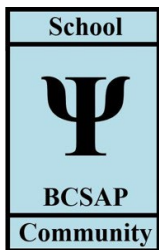
The agency administrator plays a key role in the residency experience and agrees to engage in ongoing involvement with the resident, the supervisor, and the Consortium. Any concerns about the work of the resident should be discussed directly with the resident's supervisor.

Agency Administrator Signature: _____ Date: _____

Resident Signature _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



British Columbia School and Applied Psychology

SUPERVISOR/SUPERVISEE AGREEMENT

Residency Year: _____ to _____

Name of Psychology Resident (Supervisee): _____

Name of Supervisor: _____

The purpose of this agreement is to clarify our roles and responsibilities as supervisee and supervisor.

AS THE SUPERVISOR:

1. In assisting you to develop your clinical skills, I agree to:
 - facilitate a positive learning environment which will enhance your professional growth and autonomy
 - work with you to apply empirically demonstrated assessment and intervention techniques
 - discuss with you the application of ethical standards and codes of conduct including diversity themes
 - concentrate on the development of your skills and help you to identify weaknesses or limitations that you will need to address
 - provide timely information about emergency procedures in critical situations for clients, and support you through any such emergency responses
 - discuss with you how best to arrange appropriate supervision for cases that may not be within my area of competency to supervise. We will determine together the appropriateness of a case, given your level of skill and my areas of competency.
2. In providing feedback, I agree to:
 - provide ongoing informal feedback
 - provide scheduled formal feedback using the *Resident Competency Evaluation* (formative and summative)
3. I agree to take steps to continually improve our relationship and my supervision practice by:
 - responding in an open and professional manner to any concerns you bring to me about the supervisory relationship and engaging in finding solutions
 - discussing specific issues arising in my supervision with you and, if unresolved, with the Director of Training

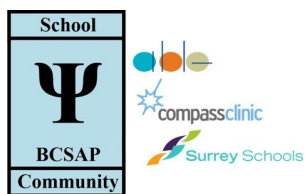
AS THE SUPERVISEE:

1. I agree to:
 - a. act in accordance with professional ethical standards and codes of conduct (CPA, CHCPBC)
 - b. observe the policies and procedures of my placement site
 - c. seek clarification when needed

2. I agree to provide clients with:
 - a. written informed consent and limits of confidentiality at initial contact; explaining informed consent and the limits of confidentiality; and noting this discussion in the client file
 - b. your credentials, indicating that you supervise me, that we will be discussing their assessment and intervention, and that you will be co-signing any documents or reports
3. I agree to participate in the supervisory process and specific activities, including:
 - a. case discussions
 - b. supervisor observations
 - c. discussion of ethical issues and related codes
 - d. identification of my weaknesses, with commitment to address these issues as needed
 - e. exploration of possible sources of counter-transference, i.e., overly positive or negative reactions to clients or their parents
 - f. providing feedback about supervision, including suggestions for improving the supervision experience
 - g. engaging with you in a professional manner regarding disagreements, differences of opinion, and conflicts in the supervisory relationship
 - h. being open to learning and being receptive to feedback
 - i. seeking consultation from others as requested or needed
4. I agree to provide timely information on:
 - a. problems arising in my case work or work setting
 - b. clients who are at high risk for harming themselves or others and how I have responded in relation to established emergency procedures

This agreement will be formally reviewed as necessary and may be revised at the request of either the supervisee or the supervisor. Revisions will be made only with the joint consent of supervisee and supervisor.

By our signatures, we, _____ (supervisor) and _____ (supervisee), agree to the terms outlined in this document and to conduct ourselves in keeping with our stated Ethical Standards and Codes of Conduct, laws, and regulations.



Appendix E

BCSAP Individual Resident Training Plan Priorities

| | |
|-----------------------------|----------------------------|
| Resident | |
| Track | School and Community Track |
| Year | 2025-2026 |
| Director of Training | |
| Rotation 1 | Surrey School District |
| Rotation 2 | _____ Clinic |

The purpose of this document is to make sure that, as a whole, the programme has a plan in place that will (a) meet the resident's key training goals and (b) expose them to the competency areas important for supervised practice.

The Resident should complete a draft version (draft 1) of this form (in which only Priority Levels are indicated – see below) prior to a planning meeting with their Supervisors. A rough draft (draft 2) that includes Sources (below) will be completed with supervisors in June, and a final draft (draft 3) will be completed with each supervisor within the first month of the residency year. Draft 3 will be used to complete the Residency Plan. The resident and DoT will review and finalize draft 3, which will guide planning of individual rotations over the whole year. Draft 3 should be reviewed again at mid-year (and revised as necessary) and at end of year, to review the accomplishment of training targets.

When completing this form, please consider:

- *the resident's current strengths*
- *areas of major priority for clinical development*
- *areas of interest that would be desirable for enhancement, but are of lesser priority*
- *major clinical / professional issues that the resident would benefit from exposure to during the year*
- *interim and long-term career plans and how the residency year reflects those objectives*

Signatures:

Start of Year:

Resident

DoT

Date

Mid-Year:

Resident

DoT

Date

End of Year:

Resident

DoT

Date

Specify the **PRIORITY LEVEL** for each skill set, to prepare resident for independent practice:

Low (L) - didactic information, peripheral involvement (less important, of lesser interest to resident, **and/or** resident has substantial existing experience)

Medium (M) - greater coverage of the topic, some clinical contact with the issue (additional exposure and/or training is desired but perhaps not essential)

High (H) - extensive coverage and substantial clinical experience (core to the rotation experience and/or an important skill set deemed lacking at beginning of training year)

* **“Other”** may include training components such as grant writing, giving presentations, research projects, or writing a review paper.

| Goal / Objective | Priority Level | Sources of Experience (e.g., rotation 1/2, seminar, research) |
|--|----------------|--|
| INTERPERSONAL RELATIONSHIPS | | |
| Work on multidisciplinary team | | |
| Establish strong working relationships with colleagues | | |
| Establish strong working relationships with clients | | |
| ASSESSMENT | | |
| Assessment Interview: | | |
| ▪ Neurodevelopmental | | |
| ▪ Psychodiagnostic | | |
| ▪ Functional Behaviour Assessment | | |
| Administer standardized tests: | | |
| ▪ Cognitive | | |
| ▪ Psychodiagnostic/personality | | |
| ▪ Other (specify) _____ | | |

| | | |
|---|--|--|
| Case conceptualization | | |
| Provide feedback regarding assessment results to clients, teams, and others | | |
| Report writing | | |
| INTERVENTION | | |
| Develop individualized treatment plans | | |
| Implement individual treatment: | | |
| ▪ Cognitive-Behaviour Therapy | | |
| ▪ Cognitive Therapy | | |
| ▪ Check & Connect Student Engagement | | |
| ▪ Unlocking Potential Early Intervention Programme | | |
| ▪ Behaviour Therapy (ASD-focused) | | |
| ▪ Social Skills Training | | |
| ▪ Habit Reversal Treatment | | |
| ▪ Trauma – focused Therapy | | |
| ▪ Other (specify): _____ | | |
| Conduct group intervention | | |
| Provide individual, group, or systems consultation | | |
| Programme Planning and Implementation | | |

| | | |
|---|--|--|
| Programme Evaluation/Outcome Evaluation | | |
| RESEARCH | | |
| Conduct clinical research | | |
| Locate and utilize empirically based resources to inform clinical work | | |
| ETHICS/PROFESIONALISM* | | |
| Become familiar with CPA Code of Ethics | | |
| Become familiar with professional standards in British Columbia (CPBC Code of Conduct; legislation relevant to psychologists) | | |
| Know and apply ethical decision-making process | | |
| Identify and respond effectively to ethical issues and dilemmas | | |
| Consult as appropriate re: above | | |
| PROVISION OF SUPERVISION TO OTHERS | | |
| Learn about models of supervision and issues relating to supervision | | |
| Conduct supervision with junior student(s) | | |
| Provide consultation to non-psychology clinical/educational staff | | |
| Deliver effective feedback to supervisees/ clinicians providing service to others | | |
| OTHER | | |
| Routinely consider cultural and other diversity issues | | |

| | | |
|--|--|--|
| Gain familiarity with documents / policies related to status and development of psychology as a profession in Canada (e.g., MRA) | | |
| DIAGNOSTIC CLUSTERS | | |
| ▪ Neurodevelopmental Disorders* | | |
| ▪ Intellectual Developmental Disorder | | |
| ▪ Communication Disorders | | |
| ▪ Autism Spectrum Disorder | | |
| ▪ Attention-Deficit Hyperactivity Disorder | | |
| ▪ Specific Learning Disorder | | |
| ▪ Depressive Disorders | | |
| ▪ Anxiety Disorders | | |
| ▪ Obsessive Compulsive / Related Disorders | | |
| ▪ Trauma/Stressor-Related Disorders | | |
| ▪ Disruptive/Impulse-Control Disorders | | |
| ▪ Health condition 1 (specify): _____ | | |
| ▪ Health condition 2 (specify): _____ | | |
| ▪ Other (specify): _____ | | |

Guidance for Proportion of Time for Resident Training Activities

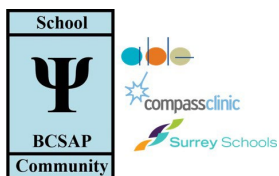
| Relative Importance | Activity | % of Time | Direct Hrs / 480 | Direct / Support |
|---------------------|---|-----------|------------------|------------------|
| 1 | Individual Assessments ¹ | 40-60 | 200-300 | 1/1.5 |
| 2 | Individual therapy* ² | 20-40 | 95-200 | 1/.5 |
| 3 | Small Group therapy* ² | | | |
| 4 | Consultation* | 10-15 | 50- 75 | 1/1 |
| 5 | Participation in teams* | <10 | 35±10 | 1/0 |
| 6 | Building skills of peers or others (e. g., school staff)* | <10 | 35±10 | 1/1 |
| 7 | Programme Evaluation* | <10 | 35± 10 | 1/.5 |
| 8 | Supervision* | <10 | 20± 5 | 1:1 |
| 9 | Case presentations/Rounds (seminars) | | | |

*Interventions

1. Psychoeducational and neurodevelopmental assessments and diagnoses with links to intervention and treatment planning.
2. Planning and implementation of individual interventions.
3. Planning and implementation of small group interventions.
4. Provision of individual, group, or systems-level consultation.
5. Participation in inter-disciplinary team(s).
6. Planning and implementation of a skill-building activity with peers, site personnel or practice colleagues.
7. Programme evaluation.
8. Supervision of an assessment or an intervention by a junior student or non-psychology staff.
9. Case presentations including review of relevant literature.

¹ Core assessments: neurodevelopmental disorders [Intellectual Developmental Disorders, Communication Disorders (esp. Language Disorder, Social Pragmatic Disorder), Autism-Spectrum Disorder, Attention Deficit/Hyperactivity Disorder, Learning Disorder], internalizing disorders [esp., Depressive Disorders, Anxiety Disorders, Post-Traumatic Stress Disorder], and externalizing disorders [esp. Disruptive, Impulse-Control and Conduct Disorders]

² Interventions should include at least 2 modalities (e. g., individual & group)



British Columbia School and Applied Psychology

RESIDENT PLAN FOR RELATIONAL GOALS

RESIDENT: _____

SUPERVISORS: _____

DATE CREATED: _____; **DATE REVISED:** _____

The goals below include the first five (relational) goals of our Residency Programme. For the most part, these goals and the means of accomplishing them are embedded in the functional goals that involve assessment and intervention and are not likely to vary across rotations. Nevertheless, intended activities or competency indicators might be modified, as appropriate, and rows inserted for particular rotations. The first draft should be filed with the Director of Training by the end of September.

| Goal | Training Activity | Intended Activities* | Competency Indicators* | Rotation** |
|---------------|--|---|---|------------|
| Ethics | Develop awareness, knowledge, and skills needed to apply the ethical principles of psychology to practice and professional life. | <ul style="list-style-type: none"> • Identification of an issue that raised an ethical dilemma and report on how it was resolved for Advanced Training Seminar • Application of CBPC Code of Conduct to all psychological services provided • Professionally and reliably providing psychological services assigned with supervision | <ul style="list-style-type: none"> • Is familiar with CPA ethical problem-solving process • Acts in accordance with CHCPBC Code of Conduct and CPA Ethical Principles • Is aware of legal obligations and CHCPBC bylaws • Is proactive in bringing ethical issues to supervision • Takes responsibility for completing tasks on time, keeping accurate records, and addressing errors or problems. | |

| | | | | |
|----------------------|---|--|--|--|
| Relationships | Develop interpersonal competencies needed to establish and maintain effective working alliances with clients and professional colleagues. | <ul style="list-style-type: none"> • Client interviews, report outs, and intervention activities • SBTs and agency meetings • Recommendation of appropriate referrals | <ul style="list-style-type: none"> • Practices effective, meaningful, and respectful interactions with individuals, groups, and communities. • Interacts effectively with professionals in other disciplines. • Punctual and prepared for appointments | |
| Reflection | Develop understanding of the importance of reflection and self-awareness and practicing and maintaining self-care. | <ul style="list-style-type: none"> • Acknowledgement of own competency • Maintenance of a lifestyle that supports stamina sufficient to perform services • ProD • Reporting on own status during individual supervision • Bringing problems or issues to the attention of supervisors | <ul style="list-style-type: none"> • Is proactive in seeking consultation with supervisors or others • Does not undertake services with clients for which they are not prepared or do not have sufficient supervision • Informs supervisors in a timely fashion of difficulties related to self-care or provision of service to clients • Has stamina to accomplish scheduled tasks • Undertakes independent ProD | |
| | Didactics and supervision activities. | <ul style="list-style-type: none"> • Advanced Skills Training Seminars* • ASD dx training (optional)* • Rotation didactics by supervisors • Individual supervision sessions • Group supervision | <ul style="list-style-type: none"> • Attends all Seminars unless absence is approved by DoT • Participates respectfully in group supervision • Provides presentations, as requested • Is prepared for individual supervision | |
| | Professional workshops, conferences, & other professional development activities | <ul style="list-style-type: none"> • Attends ____Conference • Attends ____ webinar | <ul style="list-style-type: none"> • Files copies of conference or webinar attendance with DoT | |

| | | | | |
|-------------------------------|--|---|--|--|
| Diversity | Provide professional services to students with diverse needs and from diverse backgrounds | <ul style="list-style-type: none"> Assessment of clients from non-English-speaking and indigenous backgrounds Intervention with diverse clients | <ul style="list-style-type: none"> Understands own biases Avoids bias or stereotypes when providing services Seeks consultation with respect to the needs of diverse clientele | |
| Scientist-Practitioner | Residents demonstrate and incorporate understanding of research, research methodology, techniques of data collection and analyses, biological bases of behaviour, cognitive-affective bases of behaviour, and development across the lifespan in their practice. | <ul style="list-style-type: none"> intervention assessment | <ul style="list-style-type: none"> Diagnosing appropriately with DSM-5-TR Applying appropriate measurement to outcome evaluation Using evidence-based interventions Using psychometrically sound instruments and procedures Applying theory (e.g., CHC) to practice | |

*These are illustrative and may be modified, as needed.

**Record AB for ABLE; CM for Compass; SD for Surrey SD

Resident Signature

Date

Supervisor Signature

Date

Supervisor Signature

Date

BCSAP Residency Plan**Rotations:** ☐ ABLE ☐ Compass ☐ Surrey SD**Training Plan Adaptations attached:** ☐ Yes ☐ No**British Columbia School and Applied Psychology****RESIDENT PLAN FOR FUNCTIONAL GOALS****RESIDENT:** _____**SUPERVISORS:** _____

_____**DATE CREATED:** _____; **DATE REVISED:** _____

This plan should be reviewed at mid-term or earlier if needed. The first draft should be filed with the Director of Training by the end of September. If applicable, Training Plan Adaptations should be attached to this plan.

| Goal | Required Training Activity | Intended Activities* | Competency Indicators* | Rotation** |
|--|---|--|---|------------|
| A s s e s s m e n t | Conduct individual psychodiagnostic assessments that apply CHC and/or neuropsychological theory and demonstrate a broad knowledge of assessment tools and their use | Resident will complete a minimum of 10 complex neurodevelopmental evaluations during their residency, including one assessment of ASD; 6 elementary; 4 secondary | <ul style="list-style-type: none"> Assessments completed within 12 weeks Comprehensive written reports are prepared within 6 weeks of completing testing that <ol style="list-style-type: none"> include relevant background & referral information, summarize and integrate assessment findings, apply DSM-5-TR diagnostic & Ministry of Education identification criteria, and include links to intervention, treatment planning, and outcome monitoring | |
| | | Resident will complete a minimum of 10_ neurodevelopmental evaluations during their residency, including ____CDBC evaluations | <ul style="list-style-type: none"> Assessments completed within 8-10 weeks Comprehensive written reports are prepared within __ weeks that <ol style="list-style-type: none"> include relevant background & referral information, summarize and integrate assessment findings, apply DSM-5-TR diagnostic & Ministry of Education identification criteria , and include links to intervention, treatment planning, | |

| | | | | |
|--|--------------------------|---|---|--|
| | | | and outcome monitoring | |
| I n t e r v e n t i o n | Therapy | Plan and implement individual interventions | <ul style="list-style-type: none"> Plan and implement individual therapy for ____ clients at least one metric evaluated for each client (e. g., client or parent satisfaction rating) | |
| | | | <ul style="list-style-type: none"> Plan and implement individual therapy for ____ clients at least one metric evaluated for each client (e. g., client or parent satisfaction rating) | |
| | | Plan and implement small group interventions | <ul style="list-style-type: none"> Plan and implement an EF improvement programme with one group of (elementary) students at least one metric evaluated for each client (e. g., client or parent satisfaction rating) complete the programme in ? sessions | |
| | | | <ul style="list-style-type: none"> implement a(n) ____ programme with one group of _ at least one metric evaluated for each client (e. g., client or parent satisfaction rating) | |
| | | | <ul style="list-style-type: none"> implement a group peer-counselling programme for one group of students with ASD at least one metric evaluated for each client (e. g., client or parent satisfaction rating) | |
| | | | <ul style="list-style-type: none"> implement a group peer counselling programme for one group of students with at least one metric evaluated for each client (e. g., client or parent satisfaction rating) | |
| | Consultation | Provide individual, group, class-wide, or systems-level consultation. | Resident will consult with ____ teacher(s) on behaviour/academic difficulties | |
| | | | Resident will consult with ____ parent(s) on mental health/behaviour challenges | |
| | Interdisciplinary Teams | Participate in school-based teams and/or agency consultation teams | Resident will attend ____?__ SBTs | |
| | | | Resident will attend ____?__ CDC agency meetings | |
| | Skill-Building of Others | | Resident will evaluate success in implementation of the five-point scale in a grade 4 classroom. | |

| | | | | |
|--|--------------------|--|---|--|
| | | Plan and implement a skill-building activity with peers, site personnel, parents, or practice colleagues | Resident will instruct ____ support teacher(s) in use of Dibbles. | |
| | Outcome Evaluation | Evaluate and report on intervention outcomes or system outcomes using data-based, progress monitoring procedures | Resident will investigate and write a report on the effectiveness of referrals for counselling for students with behavior concerns (FBA, behavior support plans, IEPs, inter-agency) and report out to staff. | |
| | | | Resident will evaluate outcomes of a school literacy programme for primary students, write a report for district use, and report out to staff. | |
| | Supervision | Supervise a staff-member or graduate student in assessing client or intervening with a client | Resident will supervise a practicum student assessment from beginning of the assessment to completion of the student's report. | |

***Text
in**

the Activities and Indicators columns is illustrative and intended to be adapted for each rotation. Please refer to our functional goals, for more information.

We expect that a resident will have assessment activities in both of their rotations but that these will differ across rotations, either in the focus of assessments or in some of the details of competency that are described, or both. With respect to the competency indicators, consider guidance for quantity, content, and timeliness. We also expect that residents will perform intervention activities across both rotations but that some activities (e. g., programme evaluation) will be specific to one rotation, rather than to both. When an activity such as group therapy is undertaken across rotations, it is likely that the nature of that activity (e. g., implementing a PEERS programme) might be specific to one rotation, rather than common to both. It is important that ALL of the required training activities be represented by an activity in at least one rotation.

****Rotation Abbreviations: AB: ABLE; CM: Compass; SD: Surrey School District**

Resident Signature Date

Supervisor Signature Date

Supervisor Signature Date

Supervisor Signature Date

British Columbia School and Applied Psychology Residency Programme

RESIDENT TRAINING PLAN ADAPTATIONS

This document is supplementary to the Resident Training Plan. If applicable, it should be submitted to the Director of Training with the Resident Training Plan in September. It may, however, be submitted to the Director of Training at any time during the residency year.

RESIDENT: _____

RESIDENCY YEAR: _____

RESIDENCY ROTATIONS: _____ & _____

SUPERVISORS: _____

DATE CREATED: _____; **DATE REVISED:** _____

Training Plan Adaptations include substantive adjustments to a resident's Training Plan made for the purpose of completing the BCSAP Residency Programme. Adaptations include but are not restricted to:

- Length of residency
- Environmental adjustments, such as pace of work
- Assistive technology, such as monitors or auditory equipment
- Mobility adjustments, such as reduced travel, building accessibility, or vertical access

Adjustments may be made for issues related to physical capabilities, mental health capabilities, or life span events. Issues may be transient or chronic. The BCSAP consortium does not assume responsibility for providing financial resources to address issues but will respond to a resident's challenges as these are related to successfully completing their residency in as timely a fashion as possible and will endeavour to incorporate adjustments into their residency.

| Training Activity ¹ | Adaptation | Rotation ² |
|--------------------------------|------------|-----------------------|
| | | |
| | | |
| | | |

¹BCSAP Manual of Policies, p. 15

²AB = ABLE; CM=Compass; SD=Surrey School District

Signatures below indicate agreement with adaptations listed above. Signatures do not preclude further discussion and revision of adaptations.

SIGNATURES

Resident: _____

Supervisors: _____



British Columbia School and Applied Psychology RESIDENT COMPETENCY EVALUATION

Resident Name: _____

Name of Placement: _____

Name of Evaluator: _____

Was this resident supervised by individuals also under your supervision? Yes No

Type of Review:

Mid-Term Review

Final Review*

Other (please describe):

Dates of Training Experience this Review Covers: _____ to _____

Training Experience Emphasis with this Supervisor: Assessment Intervention

Date of Evaluation: _____

Please use the following rating scale in evaluating the resident on the characteristics listed below:

- 0 = Unsatisfactory:** The resident's skills reflect insufficient proficiency in this competency and require remediation and/or additional course-based instruction
- 1 = Needs Improvement:** The resident requires extra practice in this competency; plans to accomplish this should be included in the overall assessment summary
- 2 = Satisfactory:** The resident's skills in this area are adequate for entry level practice; however, the resident should continue to develop this competency through access to supervision and/or mentoring
- 3 = Competent:** The resident is ready for independent practice in this area
- 4 = Outstanding:** The resident's skills in this area are exceptionally strong; the resident could serve as a model psychologist in this area

[N/O] = No Opportunity to Observe

* Supervisor ratings on the *summative* evaluation required for successful completion of the residency:

- No objectives rated Unsatisfactory (0)
- Minimum of 80% of observed objectives rated Competent (3) or better

I. RELATIONAL

| | | | | | | |
|---|---|---|---|---|---|-------|
| 1. Develop awareness, knowledge, and skills needed to apply the ethical principles of psychology to practice and professional life. | | | | | | |
| 1.1 Professional Values and Attitudes: Residents model behaviour and comportment reflecting the values and attitudes of professional psychology. | | | | | | |
| 1.1A. Recognizes challenges to professional values and practice | | | | | | |
| Identifies situations that challenge professional values and integrity; recognizes the need for and seeks supervisor and/or peer consultation. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 1.1B. Deportment | | | | | | |
| Conducts self in a professional manner across multiple settings and situations: uses appropriate verbal and non-verbal communication, demonstrates flexibility in meeting requirements of different settings and outcomes. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 1.1C. Accountability | | | | | | |
| Accepts personal responsibility across settings and contexts: enhances own productivity; seeks supervisor administrator review of quality of performance. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 1.1D. Concern for the welfare of others | | | | | | |
| Acts as an advocate for the welfare of others: is respectful, compassionate, pro-active, and tolerant of diversity in all domains. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 1.1E. Professional Identity | | | | | | |
| Displays professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice. Keeps up with advances in the profession through broad continuing educationactivities. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 1.2 Ethical Legal Standards and Policy: Residents apply ethical concepts and demonstrate awareness of legal issues regarding professional activities with individuals, groups, and organizations. | | | | | | |
| 1.2A. Knowledge of Ethical, Legal and Professional Standards and Guidelines | | | | | | |
| Models and promotes knowledge and application of the CPA <i>Code of Ethics for Psychologists, Fourth Edition</i> and the CPBC <i>Code of Conduct</i> and other relevant ethical, legal and professional standards and guidelines in multiple settings relevant to the practice of professional psychology. Seeks to prevent and resolve problems and unprofessional conduct in self and others. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 1.2B. Awareness and Application of Ethical Decision Making | | | | | | |
| Models the identification and resolution of professional practice dilemmas using an ethical decision-making model in professional work: casework, professional writings and presentations, teaching, research. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 1.2C. Ethical Conduct | | | | | | |
| Integrates ethical and legal standards with all competencies; monitors own | 0 | 1 | 2 | 3 | 4 | [N/O] |

| | | | | | | |
|---|---|---|---|---|---|-------|
| performance; takes responsibility for continuing professional development. | | | | | | |
| 2. Develop interpersonal competencies needed to establish and maintain effective working alliances with clients and professional colleagues. | | | | | | |
| 2.1 Residents practice effective and meaningful interactions with individuals, groups, organizations, and/or communities. | | | | | | |
| 2.1A. Interpersonal Relationships | | | | | | |
| Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities. Negotiates conflictual, difficult and complex relationships; maintains effective interpersonal relationships with clients, peers, administrators, allied professionals, and the public. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 2.1B. Affective Skills | | | | | | |
| Manages difficult communication; models advanced interpersonal skills. Offers and accepts feedback to and from others; maintains and promotes professional dialogue in the face of client or colleague negativity or criticism; allows, enables, and facilitates clients' exploration and expression of affectively difficult issues. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 2.1C. Expressive Skills | | | | | | |
| Oral and nonverbal expressive skills are informative, articulate, succinct, and well-integrated; demonstrate thorough grasp of professional language and concepts; sensitive to client needs; are applied across multiple settings. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| Written communications are clear, informative, well-organized; demonstrate thorough grasp of professional language; are appropriate for the audience for which they are intended. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 2.2 Residents demonstrate knowledge of key issues and concepts in related disciplines, and are able to interact with professionals in multiple disciplines. | | | | | | |
| 2.2A. Knowledge of the Shared and Distinctive Contributions of Other Professions | | | | | | |
| Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; shows knowledge of common and distinctive roles of other professionals; is aware of roles of others in determining own professional and interprofessional roles; and integrates competencies and roles seamlessly into models of service delivery. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 2.2B. Team Functioning | | | | | | |
| Supports effective school-based team functioning and respect for ethical values of members; facilitates discussion and interaction among team members; participates in collaborative decision making; reflects on own functioning within the team; respects team ethics, including confidentiality, resource allocation, and professionalism. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 2.2C. Interprofessional Communication | | | | | | |
| Supports teamwork communication principles, including active listening and ensuring mutual understanding; promotes trusting relationships among team | 0 | 1 | 2 | 3 | 4 | [N/O] |

| | | | | | | |
|---|---|---|---|---|---|-------|
| members; effectively uses information and communication technology. | | | | | | |
| 2.2D. Interprofessional Conflict Resolution | | | | | | |
| Recognizes and values the potentially positive nature of conflict and knows strategies to deal with it; identifies common situations likely to lead to disagreements; works to address and resolve disagreements; helps to establish a safe environment in which to express diverse opinions. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 2.2E. Organizational Relationships | | | | | | |
| Develops and offers constructive criticism and suggestions regarding management and leadership. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| Participates in management of direct delivery of professional services <u>and/or</u> responds appropriately within management hierarchy. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 3. Develop understanding of the importance of reflection and self-awareness and practicing and maintaining self-care. Residents demonstrate personal and professional self-awareness and reflection, and appropriate self-care. | | | | | | |
| 3A. Reflective Practice | | | | | | |
| Demonstrates reflectivity both during and after professional activity; acts upon reflection. Monitors and adjusts professional performance in multiple settings. Engages in peer and/or group consultation. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 3B. Self-Assessment | | | | | | |
| Accurately self-assesses competency; integrates self-assessment into practice; recognizes limits of knowledge/ skills and acts to address them; develops a personal plan to enhance knowledge/skills. Addresses own problems, minimizing interference with competent professional service. Seeks professional development activities. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 3C. Self-Care (attention to personal health and well-being to assure effective professional functioning) | | | | | | |
| Self-monitors issues related to self-care and promptly intervenes as needed. Appropriately seeks consultation with supervisors and colleagues. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 3D. Participation in Supervision Process | | | | | | |
| Seeks and accepts supervision, both professional and administrative as needed. Provides supervision to others as requested or required in groups. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 4. Enhance understanding of the issues of diversity and develop cultural competency. | | | | | | |
| 4.1 Residents demonstrate awareness, sensitivity and skill in working with diverse individuals, groups, and communities. This includes awareness that a client's cultural and linguistic background is important in assessment, intervention, and consultations. | | | | | | |
| 4.1A. Applies knowledge of diversity to practice | | | | | | |

| | | | | | | |
|--|---|---|---|---|---|-------|
| Applies knowledge and attitudes regarding dimensions of diversity to professional practice. Articulates and uses an alternative and culturally appropriate repertoire of skills, techniques, and behaviours. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 4.1B. Understands self as a cultural being | | | | | | |
| Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation. Seeks consultation or supervision when needed. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 4.1C. Applies Knowledge of Diversity to Assessment and Intervention | | | | | | |
| Monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation. Acts as an advocate when needed. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| Is aware of the social, political, economic or cultural factors that may impact human development and incorporates these into service provision. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 4.2 Residents will enhance their understanding of the history and consequences of indigenous contact with colonial immigration and will demonstrate culturally appropriate and strength-based approaches in the provision of services to indigenous clients. | | | | | | |
| 4.2A. Applies knowledge of the history of indigenous/colonial contact to practice. | | | | | | |
| Applies knowledge regarding the history of contact between indigenous peoples and colonial immigration and occupation to professional practice. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 4.2B. Demonstrates willingness to explore with indigenous clients or their representative(s) services that are culturally sensitive. | | | | | | |
| Explores indigenous client interest, or that of their representative(s), in the use of formats for reports or other documentation that are strength-based and reflect their client's cultural identity. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| Considers their client's indigenous history in designing the content and format, of professional services, including the contribution or involvement of community and elders, as appropriate. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 5. Develop competence in the application of a scientist-practitioner model to practice. Residents demonstrate understanding of research, research methodology, techniques of data collection and analyses, biological bases of behaviour, cognitive- affective bases of behaviour, and development across the lifespan. Residents incorporate respect for scientifically derived knowledge in their practice. | | | | | | |
| 5A. Scientific Mindedness | | | | | | |
| Values and applies scientific methods to practice. Accesses and applies scientific knowledge and skills appropriately to the solution of problems; implements appropriate methodology to address research questions. | 0 | 1 | 2 | 3 | 4 | [N/O] |

| 5B. Scientific Foundation of Psychology | | | | | | |
|---|---|---|---|---|---|-------|
| Demonstrates advanced knowledge of scientific bases of behaviour. Accurately evaluates scientific literature regarding clinical issues; identifies multiple factors and interactions of those factors that underlie behaviour in a variety of settings. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 5C. Scientific Foundation of Professional Practice | | | | | | |
| Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization and intervention; applies evidence-based practice and evaluates its effectiveness in relation to other theoretical perspectives. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 5D. Application of Scientific Method to Practice | | | | | | |
| Applies knowledge. Evaluates own practice activities; compiles and analyzes data relevant to own practice; adopts findings from research to own practice. | 0 | 1 | 2 | 3 | 4 | [N/O] |

II. FUNCTIONAL

| 6. Develop competence and skill in psychodiagnostic assessment of individuals from preschool through adulthood. Residents will become competent in the assessment and diagnosis of neurodevelopmental disorders and externalizing and internalizing disorders common to school-age clients, as well as to young adults and pre-school children. | | | | | | |
|--|---|---|---|---|---|-------|
| 6A. Knowledge of Measurement and Psychometrics | | | | | | |
| Selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, families, groups, and context. Seeks opportunities to consult about principles of measurement and their application in psychological assessment. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 6B. Knowledge of Assessment Methods | | | | | | |
| Understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis or intervention planning. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| Selects and administers a variety of assessment tools appropriate to the practice site, areas of practice (i.e., educational/mental health) and the referral question. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 6C. Diagnosis | | | | | | |
| Applies information from the assessment process to diagnosis of individual outcomes and needs using diagnostic criteria relevant to various settings, both educational and mental health. Applies relevant and appropriate diagnostic criteria across diverse settings. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 6D. Conceptualization and Recommendations | | | | | | |
| Integrates the results of the assessment to accurately evaluate the presenting question. Based on the results of assessment, accurately conceptualizes the multiple dimensions of the case and develops outcome recommendations. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 6E. Communication of Assessment Findings | | | | | | |

| | | | | | | |
|--|---|---|---|---|---|-------|
| Communicates results clearly, constructively, and accurately in a conceptually appropriate manner across diverse settings with diverse clients. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 7. Develop competence in the planning and delivery of direct, evidence-based interventions. Residents carry out direct evidence-based interventions. | | | | | | |
| 7A. Individual Intervention Assessment Planning | | | | | | |
| Develops individual intervention or treatment plans consistent with evaluation findings. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 7B. Group Intervention Assessment Planning | | | | | | |
| Works in the planning of evidence-based interventions tailored to the specific needs of groups of students/clients in various settings. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 7C. Individual Intervention Implementation | | | | | | |
| Implements individual intervention plans independently or as part of a team as relevant to the setting. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 7D. Group Intervention Implementation | | | | | | |
| Implements group intervention plans independently or as part of a team as relevant to the setting. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8. Develop competence in providing consultation services to clients, teachers, programmes, schools, and districts. | | | | | | |
| 8.1 Residents become competent in providing indirect/client/student-focussed consultation promoting success and well-being. | | | | | | |
| 8.1A. Role of Consultant | | | | | | |
| Contributes specialized knowledge as a consultant to both individuals and groups in various settings. Is able to develop and manage a consultation process and assure relevant outcomes. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8.1B. Addressing Referral Questions | | | | | | |
| Demonstrates knowledge of and ability to select appropriate and contextually-sensitive means of assessment/data-gathering that are focused on specific referral questions. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8.1C. Communication of Consultation Findings | | | | | | |
| Provides effective information and direction to others in order to facilitate their understanding of assessment, evaluation, intervention and progress monitoring activities and outcomes. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8.1D. Application of Consultation Methods | | | | | | |
| Draws on literature to provide effective consultative services (assessment, evaluation, intervention and progress monitoring). | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8.1E. Progress Monitoring and Program Evaluation | | | | | | |

| | | | | | | |
|--|---|---|---|---|---|-------|
| Evaluates treatment progress or service delivery and modifies planning, even in the absence of established outcome measures. Instructs/supports others in developing progress monitoring and program evaluation skills. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8.2 Residents will support system-wide (e. g., district or school) prevention and intervention program. | | | | | | |
| 8.2A. Knowledge of Issues in Mental Health | | | | | | |
| Identifies issues and needs related to the mental health and well- being of individuals, groups, and systems in multiple settings. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8.2B. Knowledge of the Psychology Service Delivery Model | | | | | | |
| Understands delivery of psychological services for individuals, groups, and systems. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8.2C. Prevention Planning and Intervention (Indirect)) | | | | | | |
| Develops plans for universal preventative services with fidelity to empirical models and flexibility to adapt as needed in various settings. Trains and/or supports others in application of the process. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8.2D. Progress Monitoring and Evaluation | | | | | | |
| Develops and applies strategies to monitor and evaluate the effectiveness of targeted interventions with groups and systems. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8.2E. Systems Level Evaluation | | | | | | |
| Applies assessment methods to the evaluation of systems issues such as program change, service effectiveness and administrative structures. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 8.2F. System Change | | | | | | |
| Demonstrates skills to implement system change at the level of classroom, school, institution, or community. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 9. Develop competence in providing clinical supervision to junior students and non-psychology staff. | | | | | | |
| 9A. Expectations and Roles | | | | | | |
| Demonstrates knowledge of, and purposes for, the roles of supervisor and supervisee. Understands and applies ethical, legal, and contextual issues of the supervisor role, both clinical and administrative. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 9B. Processes and Procedures | | | | | | |
| Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of own competency to supervise. | 0 | 1 | 2 | 3 | 4 | [N/O] |
| 9C. Skills Development | | | | | | |
| Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals. Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients. | 0 | 1 | 2 | 3 | 4 | [N/O] |

| 9D. Supervisory Practices | | | | | | |
|---|---|---|---|---|---|-------|
| Provides effective supervision to less advanced students, peers, or other service providers, both individually and in groups through implementation and reporting on a supervision project during the residency year. Supervises others and provides constructive feedback regarding oral and/or written communication of assessment results. | 0 | 1 | 2 | 3 | 4 | [N/O] |

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Groups

Please provide a brief narrative summary of your overall impression of this resident's current level of competence. In your narrative, please be sure to address the following questions:

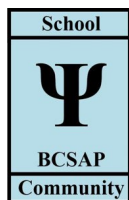
1. What are the resident's particular strengths and weaknesses? Specific areas for growth identified?

2. Do you believe that the resident has reached the level of competence expected by the program at this point in training?
If not, please elaborate.

3. If applicable, is the resident ready to move to the next level of training, or autonomous practice?

Evaluator's Signature: _____

Resident's Signature: _____
(Resident signature indicates only that the evaluation has been discussed with the resident.)



APPENDIX I

INTERIM SUPERVISORY EXPERIENCE REFLECTION FORM

Residents complete this midterm rating form for each supervisor following formative evaluation from the supervisor. Responses are discussed with the supervisor and signed by both resident and supervisor. Completed forms are submitted to the Director of Training and are used for programme me development purposes. Content might include both content and/or process. It is intended to assist planning for the balance of the residency year and might be completed before the Residency Plan is reviewed within each rotation.

Overall, my supervisor's strengths include:

I wish I had received more:

I wish I had received less:

Resident

Supervisor

Date

Date

SUMMATIVE SUPERVISORY EXPERIENCE RATING FORM: PART 1

Residents complete this rating form for each supervisor following final (summative) evaluation from the supervisor. Responses remain anonymous and are used for programme development purposes. Completed forms are submitted to the Director of Training.

| CLIMATE AND STRUCTURE OF SUPERVISION | | | | |
|---|----------|----------|------|-----------|
| | Marginal | Adequate | Good | Excellent |
| Availability of supervisor | 1 | 2 | 3 | 4 |
| Committed to resident's growth and development | 1 | 2 | 3 | 4 |
| Effective use of time in supervision | 1 | 2 | 3 | 4 |
| Develops sense of trust and respect | 1 | 2 | 3 | 4 |
| Open to exploring the supervisory relationship | 1 | 2 | 3 | 4 |
| Effectively resolves conflict within the supervisory relationship | 1 | 2 | 3 | 4 |
| Provides timely and helpful comments on the resident's competence and limitations | 1 | 2 | 3 | 4 |
| Comments: | | | | |
| OVERALL EVALUATION: | 1 | 2 | 3 | 4 |

| GOAL SETTING AND MONITORING | | | | |
|--|----------|----------|------|-----------|
| | Marginal | Adequate | Good | Excellent |
| Establishes clear and achievable goals | 1 | 2 | 3 | 4 |

| | | | | |
|---|----------|----------|----------|----------|
| Establishes realistic expectations for supervision | 1 | 2 | 3 | 4 |
| Helpful in maintaining focus for supervision | 1 | 2 | 3 | 4 |
| Helps in selecting appropriate professional and training goals, tasks, and experiences | 1 | 2 | 3 | 4 |
| Is attentive to progress according to goals, tasks, and experiences | 1 | 2 | 3 | 4 |
| Provides helpful feedback regarding goals, tasks, and experiences | 1 | 2 | 3 | 4 |
| Comments: | | | | |
| OVERALL EVALUATION: | 1 | 2 | 3 | 4 |

| FOCUS ON HUMAN RELATIONSHIPS | | | | |
|--|-----------------|-----------------|-------------|------------------|
| | Marginal | Adequate | Good | Excellent |
| Provides useful feedback about my interpersonal skills | 1 | 2 | 3 | 4 |
| Is helpful with support/information about forming/maintaining relationships with clients | 1 | 2 | 3 | 4 |
| Is helpful with support/information about forming/maintaining relationships with colleagues | 1 | 2 | 3 | 4 |
| Is helpful with support/information on relationships involving team interactions | 1 | 2 | 3 | 4 |
| Comments: | | | | |
| OVERALL EVALUATION: | 1 | 2 | 3 | 4 |

SUPERVISOR AS RESOURCE AND INFORMATION PROVIDER

| | Marginal | Adequate | Good | Excellent |
|---|----------|----------|------|-----------|
| Uses a range of resources/references to encourage residents' skill development | 1 | 2 | 3 | 4 |
| Demonstrates knowledge and use of an effective problem solving model | 1 | 2 | 3 | 4 |
| Promotes awareness of ethical issues | 1 | 2 | 3 | 4 |
| Heightens awareness of professional issues | 1 | 2 | 3 | 4 |
| Demonstrates knowledge of and sensitivity to issues related to client gender, ethnicity, and other individual differences | 1 | 2 | 3 | 4 |
| Demonstrates knowledge of, and sensitivity to, issues related to client problems | 1 | 2 | 3 | 4 |
| Comments: | | | | |
| OVERALL EVALUATION: | 1 | 2 | 3 | 4 |

THE SUPERVISORY RELATIONSHIP

| | Marginal | Adequate | Good | Excellent |
|--|----------|----------|------|-----------|
| Extent of learning from the relationship | 1 | 2 | 3 | 4 |
| Extent to which supervisory relationship enhanced my competence in my work | 1 | 2 | 3 | 4 |
| Extent to which supervisory relationship addressed my professional issues | 1 | 2 | 3 | 4 |
| Extent of trust | 1 | 2 | 3 | 4 |
| Comments: | | | | |
| OVERALL EVALUATION: | 1 | 2 | 3 | 4 |



SUMMATIVE SUPERVISORY EXPERIENCE RATING FORM: PART 2

Residents complete this rating form for each primary supervisor following final (summative) evaluation from the supervisor. Responses are discussed with the supervisor and signed by both resident and supervisor. Completed forms are submitted to the Director of Training and are used for programme development purposes.

Overall, my supervisor's strengths include:

I wish I had received more:

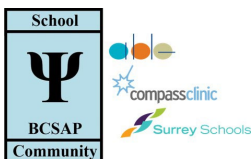
I wish I had received less:

Resident

Supervisor

Date

Date



RESIDENCY PROGRAMME REVIEW FORM FEEDBACK REQUEST 2025-26

Dear residency programme participant:

Every year at this time, we seek feedback on the function and operation of the BC School and Applied Psychology Residency Programme to help guide our planning in the future. Your experience and reactions are important to us as we seek to align our process and your needs. Please take a few minutes to respond to the following; we will make our findings available in the fall newsletter.

Please identify yourself:

☐ Administrator (agency)

☐ Resident

☐ Supervisor

Use the ratings below to respond to all items that are relevant to you on the basis of your position or placement and experience with the residency programme this school year (2025-26). Residents or supervisors in multiple placements are asked to copy this form and respond separately for different field sites and/or persons. Please add any comments you may wish.

Note that goal IIA is for administrators only; goal v is for residents and supervisors only.

| 1 | 2 | 3 | 4 |
|-------------------|----------|-------|----------------|
| Strongly Disagree | Disagree | Agree | Strongly Agree |

GOAL I. PROMOTE RECOGNITION OF THE PROFESSIONAL TITLE AND ROLE OF *PSYCHOLOGY RESIDENT* RESPONSE.

RESPONSE

| | | |
|-----|---|--|
| I.1 | The title <i>psychology resident</i> is appropriate in this setting. | |
| I.2 | Administrators are aware of and endorse the role of the resident in this setting. | |
| I.3 | Agency colleagues are supportive of the role of the resident. | |
| I.4 | Clients are comfortable working with a psychology resident. | |
| I.5 | The services provided by the resident contributed effectively to the practice of professional psychology in this setting. | |
| | Comments: | |

GOAL II. CREATE AND SUSTAIN DEDICATED RESIDENT POSITIONS IN AGENCIES

A. Administrators Only

As an administrator, would you support future placement of residents in your jurisdiction?

☐ Definitely _____

☐ Conditionally _____

☐ Unlikely _____

What contractual and/or financial constraints impact your ability to hire a resident?

B. All Respondents

| | | RESPONSE |
|------|--|----------|
| II.1 | Residency programme staff were available as needed or requested. | |
| II.2 | Residency programme requirements and expectations for the role of the resident were made clear. | |
| II.3 | Residency programme requirements and expectations for the role of the resident are workable in this setting. | |
| II.4 | Caseload expectations were appropriate at a residency level of training. | |
| | COMMENTS: | |

GOAL III. SUPPORT AND ENHANCE THE WORK OF THE RESIDENT

| | | RESPONSE |
|-------|--|----------|
| III.1 | The resident is accepted as part of a group of professional colleagues(e.g., psychologists, school-based teams, and other relevant persons in this setting). | |
| III.2 | The resident has an assigned working space for their exclusive use. | |
| III.3 | The resident has access to materials and equipment as needed. | |
| III.4 | Access to supervised time was sufficient to meet the learning needs of the resident. | |
| III.5 | The resident was sufficiently well prepared to begin the residency in September. | |
| III.6 | At this time of year (mid-august) the resident is demonstrating entry-level competence to work independently as a professional psychologist. | |
| | COMMENTS: | |

GOAL IV. PROVIDE ACCESS TO AND SUPPORT FOR HIGHLY QUALIFIED SUPERVISORS

| | | RESPONSE |
|------|---|----------|
| IV.1 | The supervisor is knowledgeable about the practice of professional psychology relevant to this setting. | |
| IV.2 | The supervisor kept in contact with the relevant administrator in this setting. | |

| | | |
|------|--|--|
| IV.3 | The supervisor was available for a minimum of two hours weekly for individual supervision. | |
| IV.4 | The supervisor provided relevant, constructive feedback. | |
| IV.5 | The degree of supervision is sufficient to allow the resident to perform job duties effectively. | |
| | Comments: | |

GOAL V. FOSTER ONGOING PROFESSIONAL DEVELOPMENT AND DIALOGUE AMONG RESIDENTS, SUPERVISORS, AND EXPERTS IN AREAS OF PRACTICE: THE ADVANCED TRAINING SEMINARS

Residents And Supervisors Only

RESPONSE

| | | |
|-----|--|--|
| V.1 | The didactic component of the monthly professional development programme has been instructive and relevant to the practice of professional psychology. | |
| V.2 | The didactic component of the monthly professional development programme has been helpful in broadening knowledge beyond daily practice in the field. | |
| V.3 | The monthly professional development programme provided opportunities for collegial contact among residents and supervisors. | |
| V.4 | Case study discussions provided an effective and constructive means to support residents' practice. | |
| V.5 | The monthly professional development programme provided access to secondary and group supervision. | |
| | Comments: | |

From the entire residency programme faculty, we thank you for taking the time to complete this feedback form. Please use the enclosed addressed and stamped envelope to return this to our office immediately so that we can incorporate responses into our planning and reporting for next year.