

**CANADIAN PSYCHOLOGICAL
ASSOCIATION**

**ACCREDITATION
STANDARDS FOR
DOCTORAL AND
RESIDENCY PROGRAMS
IN PROFESSIONAL
PSYCHOLOGY**

6th Revision, 2023



ISBN: [978-1-926793-13-9](#)

Acknowledgments:

This manual was prepared through the joint efforts of the Canadian Psychological Association's (CPA) Accreditation Panel and their appointed Standards Review Committee (SRC), with the support of the CPA's Registrar, Dr. Stewart Madon. The members of the Accreditation Panel in 2022-2023, the year in which the sixth revision of this manual was approved by the CPA's Board of Directors were: Dr. Douglas Cane (Chair), Dr. Deborah Dobson (Past-Chair), Dr. Jose Domene, Dr. Niki Fitzgerald, Dr. Monnica Williams, Dr. Virginia Tze, Dr. Laurie Ford, Dr. Sheila Garland, Dr. Christina Rinaldi, Ms. Lauren Matheson (Student Member) and Dr. Stewart Madon, Registrar. The members of the SRC, whose efforts shepherded the revision process through the COVID-19 pandemic, were: Dr. Paul S. Greenman (co-chair), Dr. Kerry Mothersill (co-chair), Dr. David Hodgins, Dr. Mary Caravas, Dr. Harold Wallbridge, Dr. Michelle A. Drefs, Dr. Julie Gosselin, Dr. Richard Young, Dr. Brad Hallam, and Dr. Joshua Madsen.

As any revision to the Accreditation Standards involves multiple rounds – and multiple years – of consultation and planning, thanks are also due to the Panel members who were involved in the coordination of that consultation beginning in 2016, including: Dr. Ada Sinacore (former Chair), Dr. Joanne Savoie, Dr. David Hodgins, Dr. Melanie Loomer, Dr. Susan Farrell, Dr. Judith Wiener, Dr. Ed Johnson, Dr. Janice Cohen (former Chair), Dr. Mark Olver, Dr. Damien Cormier, Dr. Vina Goghari, Dr. Anusha Kassan, Dr. Elaine De Guise, Dr. Maxime Montembeault (former student member), and Dr. Matthew McDaniel (former student member).

Thanks are finally due to the many members of the Canadian community of psychologists and students of psychology who provided comment and feedback on each draft.



ACCREDITATION STANDARDS FOR DOCTORAL AND RESIDENCY PROGRAMS IN PROFESSIONAL PSYCHOLOGY

6th Revision, 2023

(Approved, Accreditation Panel and CPA Board of Directors, February, 1984; 1st revision, June 1989; 2nd revision, October 1989; 3rd revision, June, 1991; 4th revision, June 2002; 5th revision, April 2011; 6th Revision, February 2023)

TABLE OF CONTENTS

BACKGROUND AND RATIONALE FOR SIXTH REVISION	1
GOALS AND ASSUMPTIONS UNDERLYING ACCREDITATION	1
VALUES UNDERLYING ACCREDITATION	2
Excellence	2
Evidence	2
Human Rights and Social Justice	3
Reconciliation promotion	4
Respect	4
THE STANDARDS' COMPETENCY FRAMEWORK: A MAP FOR PROFESSIONAL TRAINING	5
Foundational Competencies	5
Individual, social, and cultural diversity	6
Indigenous interculturalism	6
Evidence-based knowledge and methods	6
Professionalism	6
Interpersonal skills and communication	6
Bias evaluation, reflective practice	6
Ethics, standards, laws, policies	6
Interprofessional collaboration and service settings	6
Functional Competencies	6
Assessment	7
Interventions	7
Consultation	7
Supervision	7
Research	7
Program development and evaluation	7
Teaching	7
Leadership, service, and advocacy	7
DOCTORAL STANDARDS	9
Administrative Standards	9
Standard I – Eligibility, Organization, Program	9
Standard II – Philosophy, Mission, Model	10
Personnel Standards	11
Standard III – Students	11
Standard IV – Program Faculty	12
Training Standards	14
Standard V – Knowledge and Skills	14
Standard VI – Practicum	17
Standard VII – Residency	19
Standard VIII – Evaluation, Due Process	19
Facilities, Resources, and Program-Level Evaluation Standards	20
Standard IX – Facilities, Resources	20
Standard X – Public Disclosure	21
Standard XI – Quality Improvement	22
Standard XII – Relationship With the CPA Accreditation Panel	22

RESIDENCY STANDARDS	25
Administrative Standards	25
Standard I – Eligibility, Organization, Program	25
Standard II – Philosophy, Mission, Model	27
Personnel Standards	27
Standard III – Residents	27
Standard IV – Program Supervisors and Staff	28
Training Standards	29
Standard V – Knowledge and Skills	29
Standard VI – Evaluation, Due Process	33
Facilities, Resources, and Program-Level Evaluation Standards	34
Standard VII – Facilities, Resources	34
Standard VIII – Public Disclosure	35
Standard IX – Quality Improvement	35
Standard X – Relationship With the CPA Accreditation Panel	36
CONSORTIUM STANDARDS	37
Consortia of Service Organizations	37
Consortia of Doctoral Programs	38
Affiliated and Non-Affiliated Residency Programs (Consortia)	39
REFERENCES	41
GLOSSARY	43
APPENDIX A – HISTORY OF THE ACCREDITATION STANDARDS	47
APPENDIX B – MUTUAL RECOGNITION AGREEMENT OF THE REGULATORY BODIES FOR PROFESSIONAL PSYCHOLOGISTS IN CANADA	51
APPENDIX C – ASSOCIATION OF CANADIAN PSYCHOLOGY REGULATORY ORGANIZATIONS	
POSITION STATEMENT ON THE NATIONAL STANDARD FOR ENTRY TO PRACTICE	65
APPENDIX D – EXAMPLE OF FOUNDATIONAL AND FUNCTIONAL COMPETENCIES IN PROFESSIONAL PSYCHOLOGY TRAINING	73
APPENDIX E – FRAMEWORK DOCUMENT FOR REGIONAL RELATIONSHIP BUILDING WITH INDIGENOUS COMMUNITIES	75
APPENDIX F – QUICK REFERENCES TO STANDARDS	79

BACKGROUND AND RATIONALE FOR SIXTH REVISION

The Canadian Psychological Association (CPA) Board of Directors initially approved the *Accreditation Criteria for Clinical Psychology Programs and Internships* at its meeting of June 1983, and the first meeting of the interim Accreditation Panel was held in June 1984. Since their formal adoption, five revisions to the CPA Accreditation Standards (between 1989 and 2011) have been approved by the CPA's Board of Directors, and the present document marks the sixth revision of the Standards.¹

The goals for the present revision of the Standards are to address emerging issues in the practice of professional psychology in Canada, to respond to stakeholder feedback, and to develop harmonized, competency-based standards. In addition to developments in legislation governing the licensure and mobility of psychologists in Canada, the CPA Accreditation Panel has identified a number of emerging issues that need to be addressed by the Standards, including the need for the Standards to

- reflect **evidence-based**² and competency-based training;
- reflect the significant work of the Truth and Reconciliation Commission (TRC) of Canada, acknowledge the harms done to Indigenous Peoples in Canada by the discipline of psychology,³ and promote reconciliation through **cultural humility**, self-reflection, commitment to lifelong learning, and greater opportunity for Indigenous Peoples to contribute to and benefit from the discipline of psychology;
- reflect and encompass values related to human rights and **social justice** in all aspects of training, thereby fostering a truly inclusive psychology;
- provide guidance with respect to technology use in training and supervision; and
- clarify terminology within the Standards through the addition of a glossary.

Another aim of the present revision was to reorganize the Standards to place additional emphasis on the specialties that exist within professional psychology, as well as to identify their commonalities. To this end, the sixth revision of the Standards consists of common Standards for all doctoral programs in professional psychology and common Standards for all **residency**⁴ programs. Standards in which differences exist that are specific to particular training specialties have been noted. This will ensure that clinical psychology, counselling psychology, school psychology, and clinical neuropsychology programs maintain their unique approaches to training, and that their graduates continue to meet licensing requirements in all Canadian jurisdictions.

GOALS AND ASSUMPTIONS UNDERLYING ACCREDITATION

The CPA is a national association that includes and represents psychology researchers, practitioners, and educators across Canada. By virtue of this pan-Canadian mandate and membership, the CPA has an important role in the development and scope of psychology as a discipline and as a profession.

The goal of the CPA Accreditation Standards is to assist programs in ensuring that students/residents acquire the knowledge and develop the skills that will enable them to become competent professional psychologists in the areas of clinical psychology, clinical neuropsychology, counselling psychology, and/or school psychology. The development of applied competencies enables graduates to be successful in obtaining provincial/territorial licensure. Programs are expected to foster the development of professionalism among trainees that is responsive to the TRC *Calls to Action* (TRC, 2015) and that promotes **equity, diversity, inclusion**, and access; reflective practice; outcome evaluation; collaboration; and continuous learning.

¹ For more information on the history of accreditation of professional psychology in Canada, see Appendix A.

² All **bold/italicized** terms included in this document are further defined in the Glossary.

³ For details, see CPA & Psychology Foundation of Canada (2018).

⁴ Although the terms intern/resident and internship/residency are used interchangeably in training contexts, the terms *resident* and *residency* will be used through this document when referring to the students and programs to which this term applies.

The Standards reflect the view that psychologists across Canada can reach consensus in identifying requirements for the training of clinical psychologists, counselling psychologists, school psychologists, and clinical neuropsychologists. It is the application of the Standards—from the initial self-study to the site visit, and through to the decision by the Accreditation Panel—that assures that programs have met the Standards.

The CPA and its Accreditation Panel

- are committed to reflecting the social and cultural diversity of people across Canada in the science, practice, and education of professional psychology, including its many under-represented and marginalized communities;
- are committed to the scientific application of psychological knowledge to enhance human development and wellness;
- acknowledge the primary role of provincial and territorial regulatory bodies in ensuring professional accountability for the delivery of psychological services. The CPA supports this role and advocates for the mobility of practitioners within Canada by promoting a high community standard of training congruent with the *Mutual Recognition Agreement of the Regulatory Bodies for Professional Psychologists in Canada* (MRA; 2001, 2004; see Appendix B), and with the Association of Canadian Psychology Regulatory Organizations (ACPRO) *Position Statement on the National Standard for Entry to Practice* (2014; see Appendix C);
- recognize that the basic body of knowledge of psychology is the foundation of professional practice;
- assert that university psychology departments or university-based multidisciplinary educational units related to psychology can best support professional programs in maintaining the highest standards of scholarship and training; and
- hold that the doctoral degree (PhD, PsyD, or EdD) is the national standard for education and training in professional psychology, and endorse the scientist–practitioner, scholar–practitioner, and clinical science models of doctoral training in professional psychology.

VALUES UNDERLYING ACCREDITATION

The CPA and its Accreditation Panel have reorganized the Accreditation Standards to reflect the priorities of accreditation in Canada and have developed overarching values to which all professional psychology programs should aspire. The values defined below provide a framework to which all the Standards are responsive and are a first step by which our discipline becomes a more diverse, inclusive, and socially just discipline.

Excellence: Academic and applied training provide psychology students with the highest standard of excellence given facility and program contexts. Achieving excellence in psychological training is an ongoing process of engaging highly knowledgeable and experienced faculty, staff, and administrators in the application of evidence-based processes, knowledge, and skills with students/residents who have the intellectual, emotional, and interpersonal resources to develop and apply highly effective strategies of inquiry and service. Excellence by its very nature requires cultural, social, and individual diversity, as well as a diversity of perspectives, including those that challenge established norms and ideas.

Strong training programs balance breadth and depth, as well as research and applied focus, given available and sustainable financial, personnel, administrative, and community resources. While all training programs are required to meet the criteria identified within these Standards, no single program is likely to achieve the highest levels of excellence in all areas of training. Programs may favour specific areas of training, provided that they continue to meet all the other requirements of the Accreditation Standards.

Evidence: Training is based on research **evidence**. From undergraduate through doctoral studies to residency training and beyond, the development of psychologists occurs within a context of evidence from sources with varying quantitative and qualitative methodologies and generalizability. Greater weight is given to knowledge and skills that are summarized in quantitative and qualitative systematic

reviews, quantitative meta-analyses, and qualitative meta-syntheses. Judicious review of other sources of information, such as randomized controlled and cohort studies of appropriately representative populations, lived experiences, case report studies, clinical research summaries, appropriate cultural knowledge sources (e.g., Indigenous knowledge keepers, non-Western cultural philosophy texts), and practice guidelines, is also used to inform training. Although we provide this hierarchy, we also understand that there is room for critical analysis of these sources of knowledge. It is recognized that research and knowledge generation/mobilization occur within socio-political/cultural contexts.

Evidence-based practice requires the integration of research-based knowledge and skill, clinician expertise and judgement, and **client**/family values and circumstances.⁵ Clinician expertise and judgement, derived from the application of assessments and treatments to a range of clinical populations, informs and guides training, as research-based findings require nuance given the uniqueness of client presentations. Clinical practice is enhanced and empowered by integrating research findings and clinician experience with clients' needs, goals, priorities, expectations, values, and wisdom. Client factors are situated within a wide range of diverse life experiences. The addition of client-specific outcome and progress monitoring data will assist in applying and monitoring standard intervention procedures. In turn, this practice informs new research directions.

Human rights and social justice: Canada represents one of the world's most culturally diverse nations. The nature of Canada's diversity (e.g., types of individual, linguistic, social, cultural, and racial groups) is unique. It is based on Indigenous heritage, two linguistic groups with roots in European **culture** (i.e., French and English), international immigration, and a commitment to multiculturalism recognized in provincial, territorial, and federal statutes. Beyond multiculturalism, Canada's population also includes diversity based on and at the intersection of race, religion, heritage, ethnicity, nationality, language, sexual orientation, physical and psychological functioning, gender, age, and socio-economic status.

The very nature of our academic and practice activities requires psychologists to address and attend to the complete range of human diversity. One of the key means by which we do so effectively is adopting principles of equity, inclusion, and social justice. Equity refers to fairness in access to resources, opportunities, and advancement for all people; equitable practice aims to identify and address barriers that disadvantage certain groups. A commitment to inclusion involves fostering environments in which all individuals and groups feel valued, respected, supported, and welcome to participate fully; it also requires the identification and inclusion of historically, persistently, and systemically marginalized persons and groups (e.g., racialized persons and peoples such as BIPOC [Black, Indigenous, and people of colour] persons, peoples, and communities; LGBT2SQ+ persons and communities). Social justice requires that each individual and group within society be given equal opportunity, fairness, civil liberties, and participation in the social, educational, economic, institutional, and moral freedoms and responsibilities valued by the society. Human rights are fundamental entitlements that derive from the condition of being human. They have evolved over time and through international consensus-building processes and are articulated in key human rights instruments, including the Universal Declaration of Human Rights. Psychologists have particular rights and responsibilities that derive from this framework, as articulated in documents such as the *Canadian Code of Ethics for Psychologists, 4th edition* (CPA, 2017b). Psychology training should develop knowledge, skills, and attitudes that allow trainees to demonstrate respect for human rights standards in their professional roles.

It is our individual, professional, and social responsibility to understand and respect the range of human diversity, which includes, but is not limited to, variability in culture, race, religion, heritage, ethnicity, nationality, language, sexual orientation, physical and psychological functioning, gender, age, and socio-economic status. Promoting reflective practice and cultural humility is critical in recognizing personal biases and worldviews and becoming more aware of the worldviews of others in arriving at conclusions and recommendations. It is also our individual and collective responsibility

5 See Sackett et al. (1996), Dozois et al. (2014).

to confront the systems of oppression and discrimination that often occur on the basis of and at the intersection of these dimensions of diversity.

Programs and their host institutions demonstrate their understanding and respect for diversity and demonstrate a commitment to dignity and civil rights in all aspects of their operations including, but not limited to, the treatment of clients, staff, faculty, and students/residents. Further, programs acknowledge that societal and institutional systems often confer power and privilege to some and disadvantage to others. Programs take an equity and social justice approach and seek to identify and remediate processes and structures that disadvantage certain groups (e.g., commit to addressing biases in recruitment, retention, and training of students and faculty from diverse backgrounds).

In general, programs should help students become aware of the challenges and opportunities of providing psychological services to diverse groups, whether for reasons of cultural or ethnic diversity, economic opportunity, geography, or type of health problem where the role of psychology is less well developed. Students should be trained to conduct research and practice in a culturally responsive manner, and they should be provided with opportunities for research and practice that identify and reach individuals and groups who face barriers in accessing psychological services.

Reconciliation promotion: Indigenous Peoples in Canada are the original inhabitants and custodians of the land on which we live and work. They have unique relationships with the Canadian government in the form of Nation-to-Nation treaties and agreements, and have had different statuses, rights, and responsibilities than other persons in Canada. These treaties, agreements, and statuses have been and continue to be used to marginalize and oppress Indigenous Peoples. Because of this context, an explicit commitment to reconciliation between the field of psychology and Indigenous Peoples requires acknowledging accountability for the harms done to Indigenous Peoples in Canada by the profession of psychology.⁶ It also requires an acknowledgement that the systems of training, competency assessment, and practice in psychology are largely based upon Western, Eurocentric ideals and structures that can marginalize and oppress Indigenous Peoples (e.g., prospective students). This has resulted in the exclusion of rich Indigenous traditional knowledge relevant to health and well-being, necessarily limiting the field of psychology. To this end, programs specifically include education regarding Indigenous Peoples, who are recognized as being substantially diverse from one another, and from other cultural groups. The educational goals include awareness of the significant work of the TRC and the history and harm caused by colonialism (e.g., residential schools, the Sixties Scoop, intergenerational trauma, missing and murdered Indigenous women and girls), as well as the promotion of Indigenous traditional knowledge in training curricula. The inclusion of Indigenous traditional knowledge allows for the integration of both Western and Indigenous wisdom, science, and scholarship, referred to as a **“Two-Eyed Seeing”** approach (Bartlett et al., 2012). To demonstrate this commitment, programs should demonstrate how they have responded to relevant TRC *Calls to Action* (2015) and recommendations outlined in *Psychology’s Response to the Truth and Reconciliation Commission of Canada’s Report* (CPA & Psychology Foundation of Canada, 2018).-

Respect: Mutual respect among faculty/staff, students/residents, and administrators is a key component to high quality training in professional psychology. Effective learning is accomplished in an atmosphere of trust, openness, communication, and safety that is free of harassment and exploitation. Differences in perspective and conflicts are inevitable, but typically resolvable through conversations characterized by clear mutual goals, listening, empathy, humility, issue focus, and commitment to resolution with a high value placed upon relationship building. Power imbalances are recognized and tempered with an emphasis on empowerment of the affected party. It is the

6 Although the focus of this value is on Indigenous Peoples in Canada, this approach could also be used for other historically, persistently, and systemically marginalized groups (e.g., BIPOC persons, peoples, and communities and LGBTQ2S+ persons and communities).

responsibility of supervisors to be mindful of potential issues within the supervisory relationship and to take appropriate steps to resolve them. Per the *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice, and Administration*: “The supervisor has a special responsibility to address fluctuations and possible ruptures in the supervisory relationship in ways that are respectful, constructive, and open” (CPA, 2017a, p. 4). Supervisors are also responsible to “be open to the concerns of others about perceptions of harm that they as a psychologist might be causing [...] and not punish or seek punishment for those who raise such concerns in good faith” (Principle II.45, *Canadian Code of Ethics for Psychologists*, 4th Edition [CPA, 2017b]). Due processes at all levels are established and clearly communicated consistent with the principles of **natural justice** and the CPA *Code of Ethics*.

Respect is also key in advancing training excellence within the Canadian psychological community. Respect involves promoting a culture of cooperation between stakeholders, which include, but are not limited to, the CPA Accreditation Panel, the CPA’s Board of Directors, training programs, regulatory bodies, host institutions, faculty, students/residents, and the communities that we serve.

THE STANDARDS’ COMPETENCY FRAMEWORK: A MAP FOR PROFESSIONAL TRAINING

The Standards reflect both the prescriptive and outcome elements deemed necessary by the Canadian psychological community for training in professional psychology and, ultimately, its competent practice.

It is the CPA’s view that its prescriptive criteria, as defined in Doctoral Standard V, Residency Standard V, and elsewhere (e.g., the type and content of courses, the number of practicum hours), enable programs and their graduates to readily demonstrate how they have trained their students in the required professional competencies expected for licensed professional practice. The competencies for the practice of psychology, originally defined in the MRA (see Appendix B) by the regulatory bodies of psychology in Canada, are subsumed primarily in Standard V.B, and follow a developmental trajectory from undergraduate training to postgraduate continuing education. Further, these competencies are underpinned by a thorough education in the **general psychology core content areas** (i.e., the biological bases of behaviour and psychopharmacology; cognitive–affective bases of behaviour; social–cultural bases of behaviour; individual differences, diversity, growth, and lifespan development; and the history of psychology). It is also the Accreditation Panel’s view that the general psychology core content areas should necessarily evolve to include concepts such as “diversity” broadly construed, equity, social justice, access, oppression and marginalization, non–Western areas of study, women and gender studies, and Indigenous interculturalism and history, and that these concepts should be incorporated into undergraduate and graduate education in the aforementioned general psychology core content areas.

While a number of different competency frameworks co-exist for various professional specializations (e.g., clinical psychology, counselling psychology, school psychology, clinical neuropsychology) and jurisdictions of practice, these frameworks usually define competencies across two main categories: foundational competencies and functional competencies. Programs are expected to offer training for both categories of competencies, and to adopt competency-based evaluation that favours the use of pertinent **behavioural anchors**⁷ as their main strategy for the evaluation of performance during practica and residency experiences.

FOUNDATIONAL COMPETENCIES. Foundational (or cross-cutting) competencies represent the consolidated knowledge, values, skills, and attitudes in broad and overlapping areas of professional practice, on which functional competencies are built.⁸ They are applicable to each of the functional competencies defined below; in order to demonstrate competence in any of the functional competencies, the foundational competencies within that functional area should be demonstrable. These foundational competencies are defined as follows:

7 For examples of behavioural anchors, see the American Psychological Association (APA) competency assessment toolkit (<https://www.apa.org/ed/graduate/competency.html>).

8 Definitions for foundational competencies adapted from Rodolfa et al. (2005).

Individual, social, and cultural diversity: underscores the awareness and sensitivity in working professionally and conducting research with individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics, as well as the importance of addressing issues of human rights and social justice in all aspects of training.

Indigenous interculturalism: underscores the importance of specific inclusion of education and training related to work and reconciliation with Indigenous Peoples in Canada. Training is regionally relevant and includes awareness of the significant work of the TRC, as well as the history and harm caused by colonialism and its many sequelae. Training also includes culturally appropriate and strength-based approaches linked to functional competencies (e.g., “Two-Eyed Seeing”).

Evidence-based knowledge and methods: communicates a requirement to educate students/residents in professional knowledge and skills that are based on the integration of scientific methods, research evidence, clinical expertise, and client values and contextual information.

Professionalism: refers to the development of professional identity and professional behaviour. This domain refers to (a) the ability to identify and observe boundaries of competence in all areas of practice and (b) the capacity to be self-reflective and receive feedback from others. Training in this area includes topics related to time management and meeting professional deadlines (learning to independently and accurately make adjustments to priorities as demands evolve); appropriate collegial communication (verbal and nonverbal communications that are appropriate to the professional context, including in challenging interactions); taking personal responsibility for professional work across settings and contexts (ability to effectively negotiate conflictual, difficult, and complex relationships, including those with individuals and groups who differ significantly from oneself); and striving to inspire trust in the profession by means of personal congruence between professional ethical values and behaviours (including congruence between one’s own and others’ assessments and the ability to resolve any incongruities therein). Professionalism also requires attention to self-care and self-monitoring with respect to one’s fitness to practice effectively and the identification of any other issues affecting one’s professional competence.

Interpersonal skills and communication: signals the importance of training students/residents in the acquisition/refinement of interpersonal skills (e.g., therapeutic relationship, interactions with research participants, interactions with professional peers, interactions with supervisors and mentors, sensitivity to public perception in advocacy efforts, online professionalism).

Bias evaluation, reflective practice: refers to the requirement that a program provide students/residents with skills to be able to reflect on their own biases, assumptions, beliefs, power, and privilege concerning professional practice and to be aware of cognitive biases in deriving and organizing information, as well as in arriving at conclusions and recommendations (e.g., confirmation bias, recency effect).

Ethics, standards, laws, policies: refers to the requirement that programs provide students/residents with training in professional ethics (including ethical decision making and dilemma resolution), standards of professional practice, relevant laws governing the practice of psychology, and awareness of other policies informing the practice of psychology. The program emphasizes the importance of embedding all professional skills within an ethical, regulatory, and legal context while taking into account the policies of relevant organizations (e.g., healthcare systems, universities, workplace safety and compensation boards, school boards).

Interprofessional collaboration and service settings: considers the interdisciplinary context within which professional psychology services are typically delivered (e.g., family physicians, school principals, team members from other professions), as well as the political and cultural dynamics of the organization.

FUNCTIONAL COMPETENCIES. In line with the above assumption of professional mobility and the statement on competence-based training, the CPA and its Accreditation Panel highlight the following functional

competencies common to all psychologists at the point of entry to practice, based on the competencies defined by the MRA (see Appendix B) and the ACPRO *Position Statement on the National Standard for Entry to Practice* (see Appendix C; see also Figure 1). As noted above, in order to demonstrate competence in any of the functional competencies, the foundational competencies within that functional area should be demonstrable.⁹

Assessment: assessment and diagnosis of mental health disorders, problems, strengths, capabilities, and contextual factors associated with clients.

Interventions: interventions designed to alleviate suffering, treat people with mental distress, and promote health and well-being of clients.

Consultation: the ability to provide expert guidance or professional assistance in response to a client's, team's, colleague's, and/or system's needs or goals.

Supervision: supervision and training in the professional knowledge base necessary for the evaluation of the effectiveness of foundational and functional competencies, understanding that the practice of clinical supervision has the simultaneous purpose of enhancing professional functioning and supporting the well-being of the more junior members of the profession, while monitoring the quality of services/research provided to individuals and groups.

Research: understanding of the philosophy of science, research, research methodology, and techniques of data collection and analysis. Generating and disseminating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Program development and evaluation: assessment and evaluation of program and population needs, program functioning, and program outcomes; development and maintenance of treatment, education, and other programs.

The aforementioned competencies are established during doctoral training, but they are not an exhaustive list of the competencies required of licensed psychologists. In addition, the following competencies are important professional competencies but are typically established after entry into the profession, and thus are not included as required functional competencies during doctoral and residency training.

Teaching: providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

Leadership, service, and advocacy: managing the direct delivery of services and/or the administration of organizations, programs, communities, or agencies. Taking actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual (client), institutional, and/or systems level.

⁹ While all programs aim to train graduates to a practice-entry level of all foundational and functional competencies, it is expected that there will be diversity in terms of levels of specialized training across programs. The Panel endorses use of the APA *Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties* to describe such training. (<https://www.apa.org/ed/graduate/specialize/taxonomy.pdf>)

FIGURE 1 – FOUNDATIONAL AND FUNCTIONAL COMPETENCIES IN PROFESSIONAL PSYCHOLOGY TRAINING

		Foundational Competencies							
		Individual, social, and cultural diversity	Indigenous interculturalism	Evidence-based knowledge and methods	Professionalism	Interpersonal skills and communication	Bias evaluation, reflective practice	Ethics, standards, laws, policies	Interdisciplinary collaboration and service settings
Functional Competencies	Assessment								
	Intervention								
	Consultation								
	Supervision								
	Research								
	Program development and evaluation								
	Teaching								
	Leadership, service, and advocacy								

Figure 1 outlines the areas of focus in professional psychology training. Doctoral and residency programs are expected to address how the foundational competencies inform and shape the training of functional competencies. Programs are not expected to provide specific outcome data in all areas to demonstrate how these expectations are met. The shaded rows represent functional competencies that are typically developed after entry into the profession; while programs can provide exposure to these competencies, that exposure is not a requirement of the Standards.

DOCTORAL STANDARDS

ADMINISTRATIVE STANDARDS

I. Eligibility, Organization, Program

In accordance with the foregoing values and assumptions underlying accreditation, programs seeking accreditation must meet the following eligibility requirements:

A. Institution

1. The program is at the doctoral level and is offered in or through a not-for-profit Canadian university that has received ministerial consent, either through legal charter or another legislative process, to grant doctoral degrees in psychology.
2. The university demonstrates its commitment to the program by providing it with appropriate financial support for all aspects of program operation, including financial support for the program's students.
3. The university's support for the knowledge, skill, and commitment necessary to provide professional training and supervision is evident in the recognition, value, and rewards provided to **program faculty**.

B. Program

1. The program is a doctoral-level clinical psychology, counselling psychology, school psychology, clinical neuropsychology, or **combined program** within a department or a recognizable and coherent unit of psychologists that assume responsibility for it. The program, wherever it may be administratively housed, must be clearly identified as a psychology program that leads to a degree in psychology. Such a program must specify in pertinent institutional catalogues, brochures, and electronic media its intent to educate and train professional psychologists.
2. The program has an identifiable body of students who are enrolled in the clinical psychology, counselling psychology, school psychology, or clinical neuropsychology program for the doctoral degree.
3. Doctoral programs typically accept applicants post-honours baccalaureate (or its equivalent), but they may vary in the way in which they define and operationalize master's-degree training and requirements en route to the doctoral degree. If a program admits a student with advanced standing (i.e., a student who enters with a master's degree or a student who enters with a doctoral degree in a nonprofessional area of psychology), the program must have clearly defined, documented mechanisms for assessing and assigning credit for previous graduate achievements. The program ensures that all students fulfill all the program's doctoral degree requirements.
4. The program abides by the CPA policy, as defined in its *Graduate Guide*, allowing applicants until April 15th to accept an offer of program admission and/or financial support. Offers of financial support are transparent and clearly communicated to applicants, allowing for sufficient time to make an informed decision about their choice of program.

5. The program requires a minimum of 3 academic years of **full-time graduate study** (or its equivalent¹⁰) at the doctoral level. At least some proportion of the program's training is provided in an in-person format; programs offering part of their training via distance technologies must demonstrate how they have considered best practices in education in setting their proportion of in-person and electronically mediated educational technologies.¹¹

II. Philosophy, Mission, Model

A program's mission represents the totality of its values and principles and of its goals and objectives. It is important that the program's mission be consistent with the mission of its host institution. It is also important that the program's mission respect the scientific basis of practice in clinical psychology, counselling psychology, school psychology, or clinical neuropsychology and explicitly recognize how science both informs and is informed by practice.

It is the CPA's position that there are criteria for sound training in professional psychology; these are largely the criteria related to the curriculum and detailed here in Standards II, V, VI, and VII. However, every program has a philosophy of training that reflects its own values and principles about education and training in clinical psychology, counselling psychology, school psychology, or clinical neuropsychology. It is possible for a program to meet the prescriptions of the Accreditation Standards within the context of its unique philosophy of training.

It is the program's responsibility in addressing Standard II to clearly and comprehensively convey its values and principles about teaching and training as well as to demonstrate how it meets the prescriptions of the criteria of Standard II. Values and principles inform about

- why the program exists;
- what skills, knowledge, and functions the program holds essential to the teaching, training, and practice of clinical psychology, counselling psychology, school psychology, or clinical neuropsychology; and
- how the program defines its roles and responsibilities to the various groups it serves (e.g., students, academic and healthcare communities, host institution, professional community of psychologists, members of the public).

Taken together, a program's values and principles determine its goals and objectives—put another way, a program's goals and objectives should operationalize the program's values and principles. A program may have many goals, each of which may have several constituent objectives.

The critical question that a program asks of itself when addressing Standard II is:

What do we do (training model) and how do we do it (how do we put our training model into practice)?

The qualifications identified for professional practice centre not only on degrees or types of programs, but also on the competencies expected at the completion of the degree or program. It is the CPA's view that its prescriptive criteria, as defined in Standard V and elsewhere (e.g., the type and content of courses, the number of practicum hours), enable programs to readily demonstrate how they have trained their students to develop the professional competencies defined at the beginning of this document.

¹⁰ Training in professional psychology includes socialization to the profession, faculty role-modelling, competency development and evaluation, supervision, and didactic and practical components. Should individual students require accommodations (per Standards III.A and/or IX.A) to complete their training on a part-time basis, it is the responsibility of the program to demonstrate that these accommodations allow for substantial equivalency to full-time studies in all aspects of that student's training.

¹¹ The Accreditation Panel is aware of the evolving role of new technologies in education and training; it requires that any program utilizing distance or electronically mediated education technologies adhere to the requirements of Standard XI.B and ensure that in so doing they continue to comply with the 3-year full-time graduate study requirement.

The Standard II criteria are:

- A. Programs develop and articulate their values, principles, goals, and objectives.
- B. Practice, theory, and research are integrated early in the program. Training in these areas proceeds in sequence, presents information, and exacts requirements, which are cumulative and increasingly complex over the course of the program. In advancing these requirements, a program ensures that it offers an integrated, organized plan of study and ensures a breadth of exposure to the field of psychology. Further, the program helps to ensure that its students are sufficiently prepared for advanced professional training (e.g., doctoral residencies, postdoctoral fellowships), professional licensure, and postdoctoral employment.
- C. Research training enables students to formulate and solve problems, acquire new knowledge, and evaluate practice. Accordingly, students are trained to employ the methodological paradigms appropriate to their research questions, and the merits of their research are evaluated on the basis of the paradigm indicated and employed.
- D. Research training includes the techniques and methods of inquiry appropriate to applied research questions, making use of practice, natural, and laboratory settings, as well as training in knowledge mobilization and dissemination of research findings. Students are encouraged and supported in choosing foundational and/or applied research topics (thesis and otherwise) that contribute to the field of professional psychology and the betterment of society.

PERSONNEL STANDARDS

III. Students

Programs are required to meet the eligibility standard of having an enrolled student body. In addition to meeting entrance requirements as defined in Standard I.B.3, students are committed to **social justice** and demonstrate respect for the **diversity** of individual, social, and cultural differences. As required by Standard V, students are taught to further develop these abilities, skills, and commitments.

- A. The program actively demonstrates its understanding and respect for the variability in human diversity as it recruits and evaluates students. The program has developed **anti-racist, anti-discriminatory, and anti-oppressive** recruitment and evaluation policies and procedures that comprehensively, systematically, and effectively detail its attention to and respect for individual, social, and cultural diversity and Indigenous heritage/identity in its student body.
- B. Students are treated with dignity, integrity, and respect. The value accorded students' input and contributions is evident within the program's operation. Students' contributions to research or other professional projects are credited appropriately (e.g., authorship of publications). Students have representation on the program's committees and working groups that review and evaluate the curricula, develop policy and procedure, and conduct strategic planning.
- C. Students demonstrate their commitments to the intellectual, scientific, and applied enterprises of psychology via their participation in teaching, research, and other professional activities (e.g., teaching and research assistantships, publications, professional association membership, practical and applied training opportunities).
- D. Students commit themselves to the standards of the professional and ethical practice of psychology as per the training requirements of Standard V.B.7.
- E. Students set reasonable expectations to progress through the program in a timely fashion consistent with national norms for completion of graduate training in professional psychology, while remaining mindful of the importance of self-care, well-being, resilience, and a balance between their professional and personal lives. It is expected that students in professional psychology will complete a doctoral degree within 7 full-time equivalent years post-baccalaureate.

- F. Students do not work more than an average of 20 hours per week in employment outside of the program. These hours do not include teaching and research assistantships or other program-sanctioned work or clinical experiences.

IV. Program Faculty

Program faculty include faculty members of university departments that house the professional psychology programs; they can also include the professional and research staff appointed to hospitals, institutes, and clinics that are affiliated with the university in which the program is housed.

As a group, they are sufficiently skilled to provide instruction in the core content areas of psychology and neuroscience, as well as in the functional and foundational competencies of professional psychology detailed in Standard V. Further, as a group they are grounded in the knowledge and skills demanded by the diversity of settings in which professional psychologists are employed, and in the knowledge and skills necessary to understand, assess, and treat the problems professional psychologists address. Finally, at least some and preferably most of the program's faculty members have the skills and experiences in practice that enable them to train students to work in applied settings and with specific problems and populations of **clients**.

Given the broad and interdisciplinary knowledge base required for training in professional psychology, the research, didactic, and practical training offered by a program may be augmented by the contributions of faculty members whose primary affiliations are within another area of psychology (**complementary faculty**) and/or by faculty from other university departments or faculties (e.g., medicine, physiology, education, or health and rehabilitation psychology).

It is important that program faculty who are professional psychologists help students identify with professional practice by acting as role models. Faculty members, supervisors, and instructors do this by demonstrating their own commitment to professional practice via their research, teaching, and practice activities. Other venues through which program faculty members exercise their practice commitment and expertise include supervising students' practice activities, participating in psychological associations and academic societies, obtaining licensure, and participating in practice-related continuing education.

The university and department that house the professional psychology program are responsible for assuring the following:

- A. The program actively demonstrates its understanding and respect for the variability in human diversity as it recruits and promotes faculty. In recruiting and evaluating faculty members, the program and its host department or academic unit have developed anti-racist, anti-discriminatory, and anti-oppressive policies and procedures that detail their attention to individual, social, and cultural diversity and Indigenous heritage/identity in its faculty complement.
- B. Program faculty uphold relevant national and provincial/territorial professional and ethical values, standards, and guidelines of practice, teaching, and research in psychology; these include, but are not limited to, the CPA's *Canadian Code of Ethics for Psychologists* (CPA, 2017b) and *Practice Guidelines for Providers of Psychological Services* (CPA, 2017c). Faculty are also committed to social justice and demonstrate respect for the diversity of individual, social, and cultural differences.
- C. There is a complement of psychologists who are designated as **core faculty** within the program. This core program faculty complement has primary responsibility for the instruction and supervision of the program's students, and its members have active roles in the development and governance of the program. It is recommended that core faculty be registered to practice psychology in the jurisdiction in which the program is located.
- D. Core faculty members have completed their own doctoral degrees in clinical psychology, counselling psychology, school psychology, or clinical neuropsychology that met the standards in place at the time of their training—standards which ideally included completion of a **residency**. It is preferable that core

faculty, especially those administratively responsible for the program, have completed their doctoral and residency training at programs accredited by the CPA (or its equivalent).

- E. Core faculty comprise experienced and productive members whose teaching, research, and other professional activities (e.g., course loads, publications, professional participation and practice) demonstrate their commitments to the intellectual, scientific, and applied enterprises of professional psychology. Through their involvement in these activities, faculty can provide effective leadership, role modelling, supervision, and instruction for students. Core faculty hold tenured or tenure-track appointments (or their equivalent) at the institution in which the program is housed.
- F. The **university department or academic unit faculty complement**, and in particular the core faculty, is sufficiently large and available to advise and supervise students' research and practice activities, as well as to attend to administrative duties; serve on university, department, or program committees; maintain class sizes with appropriate student-to-faculty ratios; and provide a sufficient diversity of course offerings.
- G. At least one core program faculty member (who may or may not be the **Director of Training**) assumes primary responsibility for monitoring and evaluating practicum facilities and residency settings and for overseeing student progress within them.
- H. Program faculty recognize the important role they play in discussing and modelling self-care, well-being, resilience, and balance between professional and personal lives. Program faculty encourage and actively support students in the timely completion of their program consistent with national norms for completion of graduate training in professional psychology, while remaining mindful of the importance of self-care, well-being, resilience, and a balance between students' professional and personal lives.
- I. Core, adjunct, or complementary faculty who teach or supervise students in the provision of professional service are appropriately credentialed and registered in the jurisdiction in which the service is provided.
- J. A number of faculty members combine to form a **Training Committee**. The Training Committee is comprised of core faculty at the institution in which the program is housed; it can also include complementary and **adjunct faculty** and members of the community (e.g., Indigenous Elders) whose contributions to the program warrant such an appointment. The Training Committee's primary goal is to ensure the functioning of all aspects of the training program, in addition to serving as role models for the program's students.
- K. A Director of Training is appointed from core faculty of the Training Committee. The Director of Training models the professional role to faculty and students through active registration as a psychologist in the jurisdiction in which the program is located, as well as through other professional activities. The Director of Training holds a tenured appointment at the institution in which the program is housed and has full supervisory privileges of doctoral students.

The faculty member who assumes the Director of Training role in the program does not also hold a position as chair or head of the department of psychology or the program's academic unit for the following reasons:

- to ensure that the program has sufficient staff and resources to meet its research and practice needs (Standard IV.F);
- the department chair or head serves as a further source of appeal or direction for the student, especially if a problem or conflict arises between the student and the Director of Training (Standard VIII); and
- the head/chair of the department is necessarily concerned about staffing and service issues for the department as a whole, which may put them in a conflict of interest in advocating for the specific needs of the training program (Standard V).

TRAINING STANDARDS

V. Knowledge and Skills

The specific competencies expected of graduates may vary with the goals of the program. The competencies defined below orient programs in defining and operationalizing their programmatic competencies.

The **general psychology core content areas** (Standard V.A) underpin training that is provided in both foundational (Standard V.B) and functional (Standard V.C) competencies, with the expectation that training in the functional and foundational competencies is done in an integrated manner (see also section “The Standards’ Competency Framework” on p. 7).

A. **GENERAL PSYCHOLOGY CORE CONTENT AREAS.** There are core content areas in general psychology deemed necessary for training and practice in professional psychology, though these areas differ between practice specialties. The program requires that each student demonstrate undergraduate or graduate competence in these areas in one of the following ways:

- by passing suitable evaluations in each of the following areas, or
- successful completion of at least one half-year graduate course, or a 2-semester (or two 1-semester) **senior undergraduate course**. There is an exception for the area of the historical and scientific foundations of general psychology, which can be fulfilled with a 1-semester senior undergraduate course or by being explicitly embedded in the teaching of other graduate-level courses. If embedded into other courses, the breadth and depth of the content is equivalent to a 1-semester senior undergraduate course. Similarly, programs are free to determine how their students meet the requirement for foundational knowledge of psychopharmacology during graduate training if not met through undergraduate training. This could include but not be limited to workshops, webinars, directed readings, or formal coursework that includes psychopharmacology.

The general psychology core content areas are¹²

1. the biological bases of behaviour
2. the cognitive–affective bases of behaviour
3. the social–cultural bases of behaviour
4. individual differences, diversity, growth, and lifespan development
5. the historical and scientific foundations of psychology
6. the foundations of psychopharmacology

In addition to these, clinical neuropsychology programs have the following additional requirements in the foundations for the study of brain–behaviour relationships:¹³

7. functional neuroanatomy
8. neurological and related disorders, including their etiology, pathology, course, and treatment
9. non-neurologic conditions affecting central nervous system (CNS) functioning
10. neuroimaging and other neurodiagnostic techniques
11. neurochemistry of behaviour (e.g., psychopharmacology)
12. neuropsychology of behaviour

¹² For definitions and examples of individual general psychology core content areas, please see the Glossary.

¹³ Core content areas for neuropsychology programs follow the Houston Conference Guidelines (<https://uh.edu/hns/hc.html>) for training in clinical neuropsychology, and any areas not included in this list are addressed by the functional and foundational competencies.

- B. **FOUNDATIONAL COMPETENCIES.** The foundations of professional psychology constitute the essential values, knowledge, skills, and attitudes about the science of practice and the practice of science.

Instruction in the following foundational competencies must be included in graduate-level instruction in every doctoral program in professional psychology, and emphasis on functional competencies in clinical psychology, counselling psychology, school psychology, and clinical neuropsychology are required to be included in each of these areas of instruction (see also Figure 1).¹⁴

1. **Individual, social, and cultural diversity:** Awareness and sensitivity in working professionally and conducting research with individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics. Each program is required to comprehensively and systematically provide its students with didactic instruction and practical experience with human diversity as it affects and is affected by psychological phenomena and professional practice. Instruction that leads to growing awareness, understanding, and respect of the range of human diversity is integrated into the program holistically, such that diversity is highlighted across all aspects of training and the program. Students learn about human rights and social justice, and learn to address systems of oppression and discrimination that often occur on the basis of and at the intersection of dimensions of individual, social, and cultural diversity.
2. **Indigenous interculturalism:** The program specifically includes education regarding Indigenous Peoples, who are recognized as being a substantially diverse group and one with great variability. The educational goals include awareness of the Truth and Reconciliation Commission of Canada's Calls to Action, the history and legacy of harm caused by colonialism, and the many sequelae of these oppressive forces (e.g., residential schools, the Sixties Scoop, intergenerational trauma, missing and murdered Indigenous women and girls). Training also includes culturally appropriate and strength-based approaches linked to functional competencies. The overarching goal is the inclusion of Indigenous ways of knowing and concepts of wellness in the training of all psychologists. Programs are encouraged to partner culturally competent instructors with Indigenous leaders, Elders, and respected members of the Indigenous community for the purposes of communicating this knowledge to students. (See Appendix E.)
3. **Evidence-based knowledge and methods:** Acquisition and application of professional knowledge and skills that are based on knowledge of scientific methods and in research **evidence**; includes findings from qualitative and quantitative research, lived experience, case report studies, clinical research summaries, and practice guidelines.
4. **Professionalism:** Development of professional identity and professional behaviour. This domain refers to (a) the ability to identify and observe boundaries of competence in all areas of practice and (b) the capacity to be self-reflective and receive feedback from others. Training in this area includes topics related to time management and meeting professional deadlines (learning to independently and accurately make adjustments to priorities as demands evolve); appropriate collegial communication (verbal and nonverbal communications that are appropriate to the professional context including in challenging interactions); taking personal responsibility for professional work across settings and contexts (ability to effectively negotiate conflictual, difficult, and complex relationships, including those with individuals and groups who differ significantly from oneself); and striving to inspire trust in the profession by means of personal congruence between professional ethical values and behaviours (including congruence between one's own and others' assessments and the ability to resolve any incongruities therein). Professionalism also requires attention to self-care and self-monitoring with respect to one's fitness to practice effectively and the identification of any other issues affecting one's professional competence.

¹⁴ Definitions for foundational competencies adapted from Rodolfa et al. (2005).

5. **Interpersonal skills and communication:** Development of the capacity to relate effectively and meaningfully with individuals, families, groups, and/or communities. This area includes training in the acquisition/refinement of interpersonal skills (e.g., therapeutic relationship, interactions with research subjects, sensitivity to public perception in advocacy efforts, online professionalism, communication with colleagues and supervisors).
 6. **Bias evaluation, reflective practice:** Education on practice conducted within the boundaries of competencies, commitment to lifelong learning, engagement with scholarship, critical thinking, and a commitment to the development of the profession. This education includes an understanding of one's own characteristics, biases, strengths, assumptions, beliefs, power, and privilege and the impact these have upon professional functioning.
 7. **Ethics, standards, laws, policies:** Training in the understanding and application of ethical values, ethical concepts, ethical reasoning (e.g., ethical decision making), and awareness of legal issues and standards of practice regarding professional activities with individuals, groups, and organizations.
 8. **Interprofessional collaboration and service settings:** Identification and involvement with one's colleagues and peers. Knowledge of key issues and concepts in related disciplines and the ability to interact with professionals in them.
- C. **FUNCTIONAL COMPETENCIES.** Although programs will vary in emphasis and in available resources, a sound doctoral-level education in the foundations of professional psychology is prerequisite to training in clinical, counselling, and school psychology and clinical neuropsychology. Training in the practice of psychology includes a range of assessment and intervention procedures delivered in a range of settings. Although programs may emphasize different theoretical models and skills, students need to become familiar with the diversity of major assessment and intervention techniques in common use and their theoretical bases. Programs must include training in **evidence-based** assessments and interventions, as well as training in evaluating and monitoring the outcome of these practices.

Instruction in the following functional competencies must be included in graduate-level instruction in every doctoral program in professional psychology, and emphasis on domain-specific knowledge in clinical psychology, counselling psychology, school psychology, and clinical neuropsychology is required to be included in each of these areas of instruction. Additionally, training in each functional competency must include commensurate training in the foundational competencies outlined in Standard V.B (see Appendix D for an example).

1. **Assessment** using more than one type of assessment approach (e.g., intelligence testing, behavioural assessment, personality testing, psychoeducational assessment, diagnostic assessment, cognitive assessment, neuropsychological assessment).
2. **Interventions** (i.e., planning, techniques, and evaluation including progress and outcome monitoring) that represent more than one approach (e.g., cognitive-behavioural, emotionally focused, psychodynamic, interpersonal, systemic, cognitive remediation, school-based consultation, neuropsychologically informed interventions, integrative, multicultural, feminist); and that use different modes of delivery (e.g., individual, couple, family, group, electronically-mediated).
3. **Consultation** (e.g., interprofessional team functioning; systems-level consultation with other organizations such as schools, community agencies).
4. **Research design and test construction** (e.g., quantitative and qualitative research design and methodology, statistics, test construction and psychological measurement), including the assumptions underlying research methods.
5. **Program development and evaluation** (e.g., methodology for total quality management, interdisciplinary service development and evaluation, implementation science).

6. **Supervision** (e.g., didactic and practical training in supervision, including the opportunity to supervise other graduate students when appropriate).
- D. Based upon students' needs and individual interests, the program facilitates students' access to appropriate instruction in related fields such as anthropology, biology, education, genetics, neuroscience, sociology, and other behavioural and social sciences.

VI. Practicum

- A. Practicum training is integrated with didactic instruction via coursework and begins early in students' graduate training. Although a full-time, summer practicum is valuable in the concentration of experience it affords, part-time, year-long practica allow students to get a longer-term view of clients and their functioning, and of settings that provide psychological services. The doctoral program helps students in locating and selecting practicum settings that offer practice experiences for which the student is prepared and that are compatible with the doctoral program's training goals and objectives.

Practicum settings are service provision environments with training as one of their core roles.

Psychological services in the practicum settings conform to all relevant CPA standards and guidelines. Each student's practicum experience is coordinated by a core faculty member or by an adjunct faculty member associated with the practicum setting. At this early stage of training, when students begin to identify with the profession and to acquire its necessary skills, they require ready and frequent access to professional psychologists and supervision. It is also especially important at this early stage of students' applied experience that the faculty of the doctoral program and the psychologists at the practicum setting are in close and regular contact with each other.

Practicum training incorporates and covers learning aims based on the functional and foundational competencies outlined in Standard V.

- B. The doctoral program has full discretion over the designation of what qualifies or constitutes a practicum as long as the following requirements are met.

Over the course of practicum training prior to residency:

1. Some portion of students' supervised practicum training is devoted to direct, face-to-face client contact, defined as time students spend interviewing, assessing, or intervening with clients directly, or supervising the provision of services of another graduate student. The Accreditation Panel recommends that 300 hours of supervised practicum training in direct, face-to-face client contact is the minimum amount of time required to prepare the student for residency. Competency-based training research suggests that some students may require fewer hours and some students may require more hours to be adequately prepared for residency. Given the lack of research, as well as the absence of a clear consensus in the literature for the number of direct contact hours, it is the academic Director of Training's responsibility to ensure that minimum competencies have been attained and documented before recommending a student for residency placement.
2. Appropriate and adequate supervision of the psychological services delivered by trainees is essential. The supervision of psychological services must be provided by a psychologist registered for independent practice in the jurisdiction where the services are provided and who is responsible for the professional psychological services provided by the student. In cases of collaborative or shared supervision, at least one of the supervisors is a registered psychologist, and that supervisor retains responsibility for the services provided by the supervisee. Supervisors must have thorough knowledge of the student's work prior to providing supervision via live observation, review of recordings of the student's work, case discussion, and/or a detailed review of the student's written work. While the opportunity to directly observe students working with clients may vary from setting to setting, programs must ensure that multiple, developmentally appropriate opportunities to directly observe a student's work have occurred over the course of the student's training and across multiple competency domains; at a minimum, students must be

directly observed at each practicum placement prior to their evaluations. Supervision is quantified by the time the supervisor is available to provide the student with detailed and comprehensive feedback about the student's provision of psychological services to clients. Supervision shall be no less than 25% of the total time spent by the student in direct service-related activities with clients, and the ratio of supervision to direct service should follow a developmental trajectory in line with the student's competence.

i. Individual Supervision:

- A minimum of 1 hour of supervision for every 4 hours of direct service-related activity provided to a student during practicum training will be individual supervision. This occurs when the supervisor is providing detailed and comprehensive feedback to the student about the student's provision of psychological services to specific clients and where this supervisor is ultimately responsible for those services.
- Individual supervision normally occurs in face-to-face meetings between the supervisor and the student. If supervision is provided by distance technology, it must be delivered in compliance with existing guidelines from relevant professional and regulatory bodies, including but not limited to those published by the CPA. Supervisors must ensure that supervision provided via distance technology is essentially equivalent in quality to in-person supervision.
- Individual supervision of a student's work can occur in group meetings involving other students when that student's work with clients is being discussed and the supervisor is providing that student with specific feedback. The other students in the meeting would be considered to be receiving group supervision. Group supervision using collaborative or reflective models can be counted as individual supervision for more than one student; however, the amount of individual supervision recorded must be commensurate with the time allotted to each student's case in the discussion.
- Up to 25% of individual supervision can be asynchronous, meaning that the supervisor reviews the student's work and provides detailed and comprehensive feedback that is later reviewed by the student. This could occur in services involving comprehensive assessments and report writing where the supervisor provides detailed responses to the student's written or recorded work.
- The Accreditation Panel acknowledges and supports training programs that allow practicum students to be supervised by psychology residents or doctoral students with appropriate experience. It is necessary, however, that the residents providing such supervision themselves receive supervision from a doctoral-level, registered psychologist specifically for this activity.

ii. Group Supervision:

- Any additional supervision beyond that noted above can be group supervision. There is no minimum amount of group supervision required, and all of a student's supervision could be individual.
- As outlined above, group supervision is defined as the time a student observes or participates in the supervision of another student's work with clients.

3. **SUPPORT ACTIVITIES:** In addition to direct service and supervision, students participate in support activities during their practica. Support activities are defined as clinically relevant activities in support of the direct service, such as writing progress and process notes, report writing, case treatment planning, consultation, session review, case presentations, case-relevant literature reviews, rounds, case conferences, psychometric test scoring and interpretation, learning new psychological measures and/or interventions/treatments, and professional development/continuing education that supports specific client care.

4. The Accreditation Panel acknowledges that in the competitive marketplace, students may complete far more than the required number of practicum hours prior to applying for residency. However, it is strongly encouraged that students and programs focus on quality (e.g., variety of issues and populations) over quantity (e.g., amassing a large number of hours) when completing their practica. The Panel believes that the practicum requirements described in this Standard could be achieved in no more than 1000 hours of practicum training (including direct contact, supervision, and indirect hours). Doctoral programs that include a distinct master's degree as part of students' training can include hours from both master's-level and doctoral-level practicum experiences in the tabulation of these hours. Further, the balance between direct service, supervision, and support hours required by the student will evolve with developing competence.

VII. Residency

- A. A CPA-accredited residency (or its equivalent) is required for graduation with a doctoral degree in professional psychology. The program is responsible for ensuring and evaluating the student's readiness to undertake a residency and for providing references for students in application for residency as required.

Eligibility for residency requires that prior to undertaking the residency year, students have

1. completed all requisite coursework,
2. completed practicum requirements, as defined by Standard VI, and
3. received approval of their **doctoral thesis** proposal prior to application for residency.

In addition, it is strongly recommended that students complete their data collection and analysis prior to beginning their residency year so that they can devote their full attention to their professional training experience. Ideally, students will also have completed a draft of their doctoral thesis or have successfully defended their doctoral thesis prior to beginning the residency year. Readiness to undertake a residency is also defined under Residency Standard I.B.2.

- B. Evidence of the goodness of fit between a student's training needs and interests and the offerings of a residency program, as well as evidence of the student's readiness to begin residency training, are offered to the residency program, in writing, by the Training Committee of the student's doctoral program. The written approval assumes the doctoral program's familiarity with the residency program and assumes that the student and the university program's Director of Training have discussed the application decision.
- C. When a program permits a student to complete a residency that is not CPA-accredited, the means by which the program has established that the residency is equivalent to a CPA-accredited residency must be articulated and publicly disclosed. The standards for CPA accreditation of residency programs are detailed later in this document.
- D. Regardless of the student's doctoral thesis status, the residency is a prerequisite to the awarding of the doctoral degree and must be completed before the doctoral degree is conferred.

VIII. Evaluation, Due Process

- A. The goals and expectations of the program and its students are thoroughly developed, communicated to faculty and students, and linked by **behavioural anchors** to the competencies noted in Standard V through the use of competency-based evaluation forms. Students are also provided with ongoing support and opportunity as they determine, plan, and meet their own professional goals. The program has developed policies and procedures for student evaluation deemed fair and accessible by students. At a minimum, students' performance and progress in the program are evaluated on an annual basis. The evaluation of professional competence is the responsibility of the practitioners on the faculty and augmented, when appropriate, by practitioners from the community. Evaluation of professional competence encompasses those areas that are required by provincial and territorial licensure or registration requirements and/or other formal standards for psychological practice.

- B. Students are given formal opportunity to provide feedback and evaluation of the doctoral program and its faculty. The format and timing of students' evaluations of the program and its faculty respects students' rights and the position of trust assumed by the program and its faculty. Wherever possible, programs have developed mechanisms for students to submit evaluations and feedback anonymously and after they themselves have been evaluated and received their course grades.
- C. The program has written policies and procedures for handling students' academic, practice, and/or personal difficulties. These policies and procedures require mechanisms for developing, implementing, and monitoring remediation plans. These policies and procedures are communicated in writing to each student at the start of their graduate training. In addition, these policies and procedures are reviewed orally within orientation training provided to new students. When a student experiences academic, practice, and/or personal difficulties, they are counselled early and offered a written remediation plan. Students whose difficulties persist, despite counselling and remediation, are made aware of career alternatives and, if necessary, withdrawn from the program.
- D. The program and/or its host institution have written policies and procedures for any student to lodge a complaint, grieve an action, and appeal a decision or evaluation made by the program. These policies and procedures ensure that they are accessible to all students, and that students will not be penalized or reprimanded for complaints, grievances, and/or appeals made in good faith. These policies and procedures are communicated, in writing, to each student at the start of their graduate training. In addition, these policies and procedures are reviewed orally within orientation training provided to new students.
- E. The program acts in accordance with relevant federal and provincial privacy legislation in collecting and disseminating information about its operations, including information about its faculty, students, and any clients provided service under the auspices of the program.

FACILITIES, RESOURCES, AND PROGRAM-LEVEL EVALUATION STANDARDS

IX. Facilities, Resources

- A. A successful doctoral program relies on the adequacy of its facilities and resources. In addition to the resources outlined below, the program prioritizes making accommodations for students and faculty with needs unique to their diverse status. When these accommodations require additional resources from the host institution (Standard I.A.2), they are given the same importance as any other facility or resource needed by the program to meet its goals.

The following facilities and resources adequately support programs' goals:

1. teaching facilities, including classrooms, seminar rooms, observational facilities, and laboratory space for studies of individuals and small groups;
2. library facilities, including books, journals, **grey literature**, and electronic access to same;
3. office space and adequate support personnel for faculty;
4. quiet and unobstructed work space, individual or shared, for students;
5. research space and resources for faculty and students, which may include facilities and technicians for building research equipment;
6. current and relevant assessment materials and supplies, facilities for group and individual tests, specimen sets of widely used tests, test manuals, rating forms, recording forms for behavioural observations, online administration, routine outcome measures, etc.;

7. computer facilities, including internet access, which supports communication, research, and data analysis;
8. resources, including consultants, to support data analysis;
9. audiovisual equipment for remote practice, when appropriate, and equipment for recording supervised work by students; and
10. facilities that enable students with disabilities to access all aspects of the program's offerings and operations.

X. Public Disclosure

- A. In accordance with Standard VIII.E, the program ensures that any information it collects and includes in its public materials conforms to federal and provincial legislation governing the protection and privacy of personal information.
 1. The program is clearly and publicly identified and described as a clinical psychology, counselling psychology, school psychology, clinical neuropsychology, or combined program. Its descriptive materials, communicated to all applicants, describe
 - i. the program's philosophy and mission;
 - ii. theoretical orientations as well as the professional and research interests of the program's faculty;
 - iii. the goals set and outcomes obtained by the program, as reported to the CPA Accreditation Panel in the program's self-studies and annual reports;
 - iv. application requirements, including any educational requirements regarding general psychology core content areas;
 - v. requirements and expectations of students, including, but not limited to, the completion of a CPA-accredited residency (or its equivalent);
 - vi. academic and practical functions for which the student will be prepared;
 - vii. training resources at the program's disposal; and
 - viii. evidence of accreditation status, including year of accreditation or most recent reaccreditation, term of accreditation, year of next reaccreditation site visit, and the name and contact information for the CPA Accreditation Office.¹⁵
 2. In addition, to help students make decisions about programs, the program's website clearly includes the following descriptive statistics to illustrate the nature of the student cohort:
 - i. usual size of the applicant pool
 - ii. diversity of application pool and current student body
 - iii. acceptance rates
 - iv. availability and nature of financial, academic, counselling, and other support systems
 - v. attrition rates
 - vi. percentage of graduates that successfully become registered/licensed psychologists

¹⁵ It is important when giving evidence of its accreditation status that the program clearly indicate the name of the program for which accreditation has been accorded. It is the program which is accredited, not its department or host institution. In the event that there are several programs within the host department, statements must be clear when indicating which program(s) is (are) accredited.

XI. Quality Improvement

When addressing Standard XI, the critical questions a program asks and answers are:

- *How do we know whether we are meeting our goals and objectives?*
- *What do we do with the information gained from examining our success in meeting our goals and objectives?*
- *How does the information gained from self-assessment influence the continuous quality improvement of our training model and our goals and objectives?*

Following the identification, articulation, and implementation of a training model, the program has put mechanisms in place through which the program regularly and reliably examines its success in meeting its model's goals and objectives using valid measures. A program's outcomes reveal how well the program has met its goals and objectives. Further, the program's mechanisms of self-assessment (i.e., the program's evaluation and quality improvement initiatives) support and are supported by the self-assessment activities of the department of psychology or university-based multidisciplinary educational units related to psychology, and of the university within which the program exists.

- A. The information learned from self-assessment is used by the program to review and revise its training model as well as its goals and objectives. Furthermore, the program is committed to reviewing its training model, goals, and objectives, as well as its curriculum, in light of
 - the evolving body of scientific knowledge in psychology as it applies to professional practice;
 - current ethical, professional, and regulatory standards of best professional practice;
 - local, regional, and national needs for psychological services (in particular, the program demonstrates efforts aimed at population **inclusion**, such that they seek to identify and connect with under-represented groups);
 - the jobs and career paths attained by the program's graduates; and
 - emerging issues related to **equity**, diversity, and inclusion of different groups or populations in the community.
- B. When part of the program's education and training is delivered via evolving technologies or distance technology (e.g., distance education, online learning), programs must deliver this training in compliance with any emerging guidelines from relevant professional or regulatory bodies, including but not limited to those published by the CPA. Programs are responsible for ensuring that the training provided via distance or electronically mediated technologies is equivalent to in-person, face-to-face instruction and training with respect to socialization to the profession, faculty role modelling, competency development and evaluation, research infrastructure, supervision, and didactic and practical training of students. Programs must also evaluate the outcomes of these methods of education and training and provide this data to the Accreditation Panel.

XII. Relationship With the CPA Accreditation Panel

All programs accredited by the CPA demonstrate their commitment to the accreditation process by undertaking the following responsibilities:

- A. Comply with the Standards and abide by the policies and procedures as presented in the Accreditation Procedures, which include, but are not limited to, meeting deadlines prescribed by the Accreditation Panel for
 1. submitting self-studies in preparation for a site visit (the self-studies are prepared in accordance with the reporting prescriptions of the Panel);
 2. scheduling and preparing for a site visit;
 3. submitting annual reports in a timely manner (annual reports are prepared in accordance with the reporting prescriptions of the Panel);

4. supplying the Panel with any other information relevant to maintaining the program's accreditation status (e.g., responding to requests for information from the Panel); and
 5. submitting all fees (which include, but are not limited to, the self-study application, the site visit, and annual fees) according to the schedule prescribed by the Panel.
- B. Maintain written records of their compliance with the Standards (i.e., records of annual reports, self-studies, correspondence with the Accreditation Panel) and of any changes or innovations the program has made to maintain or better meet the Standards.
- C. Inform the Accreditation Panel, in a timely manner, of any changes in the program's nature, structure, or function that could affect the quality of training provided.

RESIDENCY STANDARDS

ADMINISTRATIVE STANDARDS

I. Eligibility, Organization, Program

In accordance with the assumptions and values underlying accreditation outlined in the Background and Rationale section of this document, **residency** programs seeking accreditation must meet the following eligibility requirements:

A. Organization

1. The program receives the support of its host department or division, as well as of its host organization, as evidenced in adequate and stable resources for all aspects of the training operations. Budgeting for the program is specifically dedicated and protected. Financial remuneration of residents meets and can exceed the **living wage** in the community in which the program is located. All residents within the program receive equivalent remuneration.
2. The host department/division, as well as its own host organization, are committed to and supportive of the training mission. Recognition and reward (e.g., remuneration, promotion, work release) of the training contributions of staff are ways in which this commitment and support are demonstrated.
3. Administrative commitment to residency training is also demonstrated in the appointment of a **Director of Training**. The Director of Training is a clinical psychologist, counselling psychologist, school psychologist, or clinical neuropsychologist with a doctoral degree who is registered in the jurisdiction in which the program is located. The Director of Training is an experienced and senior professional who has had prior and substantive experience in the provision of training (see Standard IV). They are advised by a residency **Training Committee** of other psychologists who are themselves significantly involved in the residency program; the committee can also include members of the community (e.g., Indigenous Elders). The Director of Training also maintains a collaborative relationship with the **Professional Practice Leader or Chief Psychologist** in their program or institution. The psychologist who assumes the role of Director of Training does not concurrently hold the position of Professional Practice Leader or Chief Psychologist. Reasons for separating the two roles include the following:
 - responsibilities for the program, and for the profession within which it is embedded, are distributed so that the program's successful operation is not dependent upon a single staff member (Standard IV.C);
 - the Professional Practice Leader/Chief Psychologist serves as a further source of appeal or direction for the resident, especially if a problem or conflict arises between the resident and the Director of Training (Standard VI); and
 - the Professional Practice Leader/Chief Psychologist may be necessarily concerned about staffing and service issues, which may put them in a conflict of interest when planning the residents' placements and rotations. The Director of Training, who has no staffing or service interests, is better positioned to be directed by the needs of the residents when planning placements and rotations (Standards II & V).
4. Residency programs in clinical psychology, counselling psychology, school psychology, or clinical neuropsychology may be hosted by a university or by another institutional setting (e.g., hospital, clinic, school board, group practice) or group of settings. Standards governing affiliated, non-affiliated, and partially affiliated residency programs are elaborated in their own section of these Standards (Consortium Standards, immediately following the Residency Standards).

B. Program

1. Applicants are enrolled as students of a CPA- or APA-accredited¹⁶ doctoral program in clinical psychology, counselling psychology, school psychology, or clinical neuropsychology. If the program in which the student is enrolled is not a clinical psychology, counselling psychology, school psychology, or clinical neuropsychology program and/or is not accredited by the CPA or APA, the program's content and structure (and hence the student's academic and practical preparation) must be equivalent to those clinical psychology, counselling psychology, school psychology, or clinical neuropsychology programs that are CPA-accredited. Applicants who do not attend doctoral programs accredited by the CPA or APA must provide the residency program with information necessary for the program to establish that the resident's doctoral training is equivalent.
2. Eligibility for residency requires that prior to undertaking the residency year, students have
 - completed all requisite coursework,
 - completed all practicum requirements outlined by their doctoral training program, and
 - received approval of their **doctoral thesis** proposal prior to application for residency.

In addition, it is strongly recommended that students complete their data collection and analysis prior to beginning their residency year so that they can devote their full attention to their professional training experience. Students are encouraged to have completed a draft of their doctoral thesis or have successfully defended their doctoral thesis prior to beginning the residency year.

3. The selection of candidates for a residency program occurs as the result of a systematic review of applicants' qualifications to determine applicants' readiness to embark on residency and to determine the fit between applicants' preparation and training interests and the needs and operations of the particular residency program, while being mindful of **equity, diversity, inclusion, Indigeneity**, and access considerations.
4. Evidence of an alignment between a student's training needs and interests and the offerings of a residency program, as well as evidence of the student's readiness to begin residency training, are offered to the residency program, in writing, by officials of the student's doctoral program. The written approval assumes the doctoral program's familiarity with the residency program and ensures that the student and the university's Director of Training have discussed the application decision.
5. To best match students' interests and training needs with the offerings of a residency program, close working relationships among doctoral and residency programs are encouraged. Wherever and whenever possible, faculty and staff of doctoral and residency programs are encouraged to liaise through suitable venues (e.g., conventions, conferences, membership in the Canadian Council of Professional Psychology Programs [CCPPP]).
6. The residency is a 1600-hour commitment, which is full-time over the course of 1 year or half-time over the course of 2 years. If a student elects for a half-time experience over 2 years, both years must take place sequentially and at the same residency program. Therefore, programs offering half-time experiences must be prepared to accommodate the student for 2 consecutive years.
7. Because residents contribute to and support the training of their peers, the program has at least two, and preferably more, residents each year. Whenever possible, each resident class at non-affiliated residency programs includes residents from different doctoral programs.
8. To protect the applicant's right to make a free choice among residency offers, all programs comply with the policies and procedures governing notification of applicants as outlined by the Association of Psychology and Postdoctoral Residency Centers (APPIC) and posted on their website. Programs also comply with universal notification dates for residency interviews set by the CCPPP.

¹⁶ See CPA & APA *First Street Accord* (<https://cpa.ca/accreditation/accreditationthroughoutnorthamerica/>).

II. Philosophy, Mission, Model

A program's mission represents the totality of its values and principles and of its goals and objectives. It is important that the program's mission is consistent with the mission of its host organization. It is also important that the program's mission respects the scientific basis of practice in clinical psychology, counselling psychology, school psychology, or clinical neuropsychology and explicitly recognizes how science both informs and is informed by practice.

Every program has a philosophy of training that reflects its values and principles about teaching and training in clinical psychology, counselling psychology, school psychology, or clinical neuropsychology. It is the Accreditation Panel's position that a program should be able to meet the prescriptions of the Accreditation Standards within the context of its unique philosophy of training. Correspondingly, the Panel believes that many different models can lead to a well-trained clinical psychologist, counselling psychologist, school psychologist, or clinical neuropsychologist.

It is the program's responsibility in addressing Standard II to clearly and comprehensively convey its values and principles about teaching and training as well as demonstrate how it meets the prescriptions of the criteria of Standard II. Values and principles inform about

- why the program exists;
- what skills, knowledge, and functions the program holds essential to the teaching, training, and practice of clinical psychology, counselling psychology, school psychology, or clinical neuropsychology; and
- how the program defines its roles and responsibilities to the various groups it serves (e.g., students, academic and healthcare communities, host institution, professional community of psychologists, **clients**, communities).

Taken together, a program's values and principles determine its goals and objectives—put another way, a program's goals and objectives should operationalize the program's values and principles. A program may have many goals, each of which may have several constituent objectives.

The critical question that a program asks of itself when addressing Standard II is:

What do we do (training model) and how do we do it (how do we put our training model into practice)?

The qualifications identified for professional practice centre not only on degrees or types of programs but on the competencies expected at the completion of the degree or program. It is the CPA's view that its prescriptive criteria, as defined in Standard V and elsewhere, enable programs to readily demonstrate how they have trained to the foundational and functional professional competencies defined at the beginning of this document.

The Standard II criteria are:

- A. The program's philosophy, mission, and model are fully developed and articulated, including its values, principles, goals, and objectives.
- B. The program's philosophy, mission, and model are complementary with the philosophy and mission of the doctoral programs from which residents are accepted. For example, the skills and functions valued and taught by the doctoral program need be similarly recognized and applied at the residency site and host institution, and
- C. The program's philosophy, mission, and model respect the scientific basis of psychological practice and explicitly recognize how science both informs and is informed by practice.

PERSONNEL STANDARDS

III. Residents

- A. The program actively demonstrates its understanding and respect for the variability in human diversity as it recruits and evaluates residents. The program and/or its host institution has developed **anti-racist**,

anti-discriminatory, and **anti-oppressive** recruitment and evaluation policies and procedures that comprehensively, systematically, and effectively detail and evidence their attention to and respect for equity, diversity, and inclusion in its residents.

- B. Residents in clinical psychology, counselling psychology, school psychology, or clinical neuropsychology have the expected level of skill in all functional and foundational competency domains to engage in residency-level training. In addition, they uphold principles of **social justice** and demonstrate respect for the diversity of individual differences and well-being of others.
- C. Residents uphold the standards of the professional and ethical practice of psychology as per the training requirements of Standard V.B.7
- D. Residents make reasonable commitments to progress through the program in a timely fashion while remaining mindful of the importance of self-care, well-being, resilience, and a balance between their professional and personal values.
- E. Residents are treated with the same dignity, integrity, and respect accorded to professional psychology staff. The value accorded residents' input and contributions is evident within the program's operation. Residents' contributions to research or other professional projects are credited appropriately (e.g., authorship of publications).

IV. Program Supervisors and Staff

- A. The training program is offered by an organized group of professional psychologists. The Accreditation Panel strongly recommends that the organized group of **professional psychologists** report to a Professional Practice Leader or Chief Psychologist. This recommendation is made to ensure leadership within the host institution for
 - advocacy for the profession;
 - planning, delivering, and monitoring professional psychological services;
 - monitoring professional issues and supporting staff in meeting professional standards; and
 - serving as a further source of appeal or direction for students, especially if a problem or conflict arises between the student and the Director of Training.
- B. The program actively demonstrates its understanding and respect for the variability in human diversity as it recruits and promotes program staff and supervisors. The program and/or its host institution have developed anti-racist, anti-discriminatory, and anti-oppressive recruitment and evaluation policies and procedures that detail their attention to individual, social, and cultural diversity and Indigenous heritage/identity in its staff complement.
- C. The staff of the program is sufficiently stable, and of sufficient numbers, so that the training—including supervision, administration, teaching—provided by the program would not be significantly compromised by the loss of a single staff member.
- D. Staff involved in the training program as supervisors are registered in the province or territory in which the program is located, possess the doctoral degree in an area of professional psychology, and have met the standards in place at the time of their training—standards which ideally included a one-year residency. It is preferable that all staff providing supervision, and most especially the Director of Training, have completed their doctoral and residency training in a CPA-accredited program (or its equivalent). While staff registered at the doctoral level in one professional area of psychology (e.g., clinical neuropsychology) may reasonably provide supervision within a residency program accredited in a different professional area (e.g., clinical psychology), in the aggregate, the supervisors of the accredited residency program should be registered at the doctoral level with training and competencies in the same area of professional psychology as that in which the residency program is accredited. Supervisors supervise residents only in those professional activities which they themselves are competent to practice.

- E. Although supervision of residents is provided by doctoral-level psychologists registered in the province or territory in which they practice, given the broad and **interprofessional** knowledge base required in professional practice, other professionals may contribute to the training experiences of residents. Other professionals may include doctoral-level psychologists in the process of obtaining licensure for independent practice, master's-level practitioners of psychology, or suitably qualified and **licensed/credentialed** members of other professions. The supervisory roles of other professionals to the training of residents can count towards the supervisory-hour requirements articulated in Standard V.E when in the context of co-supervision with a doctoral-level psychologist, and only if that psychologist is accountable for the psychological services the resident delivers directly to clients.
- F. Supervisors uphold relevant national and provincial/territorial professional and ethical values, principles, and standards of practice in psychology; these include, but are not limited to, the CPA's *Canadian Code of Ethics for Psychologists* (CPA, 2017b) and *Practice Guidelines for Providers of Psychological Services* (CPA, 2017c). Faculty are also committed to social justice and demonstrate respect for the diversity of individual, social, and cultural differences.
- G. Supervisors recognize the important role they play in discussing and modelling self-care, well-being, resilience, and balance between professional and personal lives. Supervisors encourage and actively support residents in the timely completion of their residency requirements, while remaining mindful of the importance of self-care, well-being, resilience, and a balance between students' professional and personal lives. Monitoring and evaluating students' timely progress and well-being forms part of their evaluations (Standard VI).
- H. The program ensures that its supervisors have access to didactic instruction, training, and development opportunities to support supervisory competence.

TRAINING STANDARDS

V. Knowledge and Skills

The application of a program's philosophy and mission abides by the following criteria:

- A. Residents understand and play an integral role in the application of the agency's mission; however, residents' primary roles are as trainees. Training needs can be accommodated through service demands, but service demands do not erode training goals. Residents do not spend more than two thirds of their time commitment to the agency/ies providing professional services (direct and indirect) to clients.

While the method of residency training is, by definition, an applied one (i.e., residents spend the majority of their time providing professional service), other applied training activities are necessary and may include providing consultation to other service providers, functioning within an interprofessional team, providing supervision, and carrying out program or treatment evaluation.

Residency training is offered in an organized and coherent sequence of experiences and activities, providing exposure to a variety of problems and populations. Each successive experience

- increases in complexity;
- is commensurate with the increasing knowledge, skill, and readiness for autonomy of the resident as they progress through the residency; and
- facilitates the resident's integration and synthesis of their training experiences.

The residency program provides residents with the administrative, educational, and supervisory support necessary to allow them to assume increasing and substantial responsibility for their professional practice over the course of the residency year.

- B. **FOUNDATIONAL COMPETENCIES:** The foundations of professional psychology constitute the essential values, knowledge, skills, and attitudes about the science of practice and the practice of science.

Residents acquire the following foundational competencies during their graduate training, which are built upon during residency as students reach the final stages of becoming independently practising professional psychologists. In accordance with their resources and philosophies, residency programs may vary in the training emphasis placed upon different areas of practice or populations served, so long as these foundational competencies continue to be integrated into student training and evaluation. Residency programs will provide training based on specialty area and with respect to scope of practice (e.g., clinical neuropsychology programs provide training in neuropsychological assessment; school programs provide training in school assessment, etc.).

Training in each functional competency listed in in V.B must include commensurate training in the foundational competencies that complement them, including:¹⁷

1. **Individual, social, and cultural diversity:** Awareness and sensitivity in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics. Each program is required to comprehensively and systematically provide its students with didactic instruction and practical experience with human diversity as it affects and is affected by psychological phenomena and professional practice. Instruction that leads to growing awareness, understanding, and respect of the range of human diversity is integrated into the program holistically, such that diversity is highlighted across all aspects of training and the program. Students learn about human rights and social justice, and learn to address systems of oppression and discrimination that often occur on the basis of and at the intersection of dimensions of individual, social, and cultural diversity.
2. **Indigenous interculturalism:** The program specifically includes education regarding Indigenous Peoples, who are recognized as being a substantially diverse group and one with great variability. The educational goals include awareness of the Truth and Reconciliation Commission of Canada's Calls to Action, the history and legacy of harm caused by colonialism, and the many sequelae of these oppressive forces (e.g., residential schools, the Sixties Scoop, intergenerational trauma, missing and murdered Indigenous women and girls). Training also includes culturally appropriate and strength-based approaches linked to functional competencies. The overarching goal is the inclusion of Indigenous ways of knowing and concepts of wellness in the training of all psychologists. Programs are encouraged to partner culturally competent instructors with Indigenous leaders, Elders, and respected members of the Indigenous community for the purposes of communicating this knowledge to students. (See Appendix E.)
3. **Evidence-based knowledge and methods:** Acquisition and application of professional knowledge and skills that are based on knowledge of scientific methods and in research evidence; includes findings from qualitative and quantitative research, lived experience, case report studies, clinical research summaries, and practice guidelines.
4. **Professionalism:** Development of professional identity and professional behaviour. This domain refers to (a) the ability to identify and observe boundaries of competence in all areas of practice and (b) the capacity to be self-reflective and receive feedback from others. Training in this area includes topics related to time management and meeting professional deadlines (learning to independently and accurately make adjustments to priorities as demands evolve); appropriate collegial communication (verbal and nonverbal communications that are appropriate to the professional context including in challenging interactions); taking personal responsibility for professional work across settings and contexts (ability to effectively negotiate conflictual, difficult, and complex relationships, including those with individuals and groups who differ significantly from oneself); and striving to inspire trust in the profession by means of personal congruence between professional ethical values and behaviours (including congruence between one's own

¹⁷ Definitions for foundational competencies adapted from Rodolfa et al. (2005).

and others' assessments and the ability to resolve any incongruities therein). Professionalism also requires attention to self-care and self-monitoring with respect to one's fitness to practice effectively and the identification of any other issues affecting one's professional competence.

5. **Interpersonal skills and communication:** Development of the capacity to relate effectively and meaningfully with individuals, groups, and/or communities. This area includes training in the acquisition/refinement of interpersonal skills (e.g., therapeutic relationship, interactions with research subjects, sensitivity to public perception in advocacy efforts, online professionalism, communication with colleagues and supervisors).
 6. **Bias evaluation, reflective practice:** Education on practice conducted within the boundaries of competencies, commitment to lifelong learning, engagement with scholarship, critical thinking, and a commitment to the development of the profession. This education includes an understanding of one's own characteristics, biases, strengths, assumptions, beliefs, power, and privilege and the impact these have upon professional functioning.
 7. **Ethics, standards, laws, policies:** Training in the understanding and application of ethical values, ethical concepts, ethical reasoning (e.g., ethical decision making), and awareness of legal issues and standards of practice regarding professional activities with individuals, groups, and organizations.
 8. **Interprofessional collaboration and service settings:** Identification and involvement with one's colleagues and peers. Knowledge of key issues and concepts in related disciplines and the ability to interact with professionals in them.
- C. **FUNCTIONAL COMPETENCIES:** Training in the practice of psychology includes a range of assessment and intervention procedures delivered in a range of settings. Although programs may emphasize different theoretical models and skills, students need to become familiar with the diversity of major assessment and intervention techniques in common use and their theoretical bases. Programs must include training in **evidence-based** assessments and interventions, as well as training in evaluating and monitoring the outcome of these practices.

Training in the following functional competencies must be included in all residency programs, and emphasis on domain-specific knowledge in clinical psychology, counselling psychology, school psychology, and clinical neuropsychology is required to be included in each of these areas of instruction. Additionally, training in each functional competency must include commensurate training in the foundational competencies outlined in Standard V.B (see Appendix D for an example).

By the conclusion of the residency year, residents have sufficient knowledge and skill in the following functional competencies to render them eligible for registration in any jurisdiction in Canada:

1. **Assessment** using more than one type of assessment approach (e.g., intelligence testing, behavioural assessment, personality testing, psychoeducational assessment, diagnostic assessment, cognitive assessment, neuropsychological assessment).
2. **Interventions** (i.e., planning, techniques, and evaluation including progress and outcome monitoring) that represent more than one approach (e.g., cognitive-behavioural, emotionally focused, psychodynamic, interpersonal, systemic, cognitive remediation, school-based consultation, neuropsychologically informed interventions, integrative, multicultural, feminist); and that use different modes of delivery (e.g., individual, couple, family, group, electronically mediated).
3. **Consultation** (e.g., interprofessional team functioning; systems-level consultation with other organizations such as schools, community agencies).
4. **Program development and evaluation** (e.g., methodology for total quality management, interdisciplinary service development, implementation science).

5. **Supervision** (e.g., didactic and practical training in supervision, including the opportunity to supervise graduate students, such as a student in professional psychology who is completing a practicum at the same organization). Any supervision provided by a resident is itself supervised by the resident's supervisor(s). The Accreditation Panel acknowledges and supports training programs that allow residents with appropriate experience to supervise practicum students. It is necessary, however, that the residents providing such supervision receive supervision from a doctoral-level, registered psychologist specifically for this activity.
- D. Professional practice within the discipline both informs and is informed by science. The way in which science and practice are integrated within the program is evident to residents and affords them research and scholarship opportunities.
- E. **SUPERVISION:** Supervision promotes and facilitates reflective critical analysis of professional services provided and the development of professional identity and skills. Supervision takes place within a collaborative and respectful supervisor-supervisee relationship. Supervision is regularly scheduled and provided at the minimum rate of 4 hours per week for full-time residents, at least 3 of which are individual supervision. The 3 individual hours are directed towards the supervision of the psychological service provided by the resident directly to clients. The 4th hour can be directed towards any other training or service-related activity, including group supervision. Psychological service is defined as either time directly spent interviewing, assessing, or intervening with clients or time spent indirectly in activities related to client care (e.g., progress/session notes, report writing, etc.). All 4 hours of supervision are provided by supervisors who are registered, doctoral-prepared, and experienced psychologists, registered within their jurisdiction of practice and deemed competent to provide the kind of psychological service for which they are providing supervision to residents. In addition, supervisors meet all other qualifications as described in Standards IV.D and IV.E.

INDIVIDUAL SUPERVISION:

- At least 3 hours per week of the supervision provided to a student during residency training will be individual supervision (e.g., 3 of the 4 minimum supervision hours per week). This occurs when the supervisor is providing detailed and comprehensive feedback to the student about the student's provision of psychological services to specific clients and where this supervisor is ultimately responsible for those services.
- Individual supervision normally occurs in face-to-face meetings between the supervisor and the student. If supervision is provided by distance technology, it must be delivered in compliance with emerging guidelines from relevant professional and regulatory bodies, including but not limited to those published by the CPA. Supervisors must ensure that supervision provided via distance technology is equivalent in quality to in-person supervision.
- Individual supervision of a student's work can occur in group meetings involving other students when that student's work with clients is being discussed and the supervisor is providing that student with specific feedback. The other students in the meeting are considered to be receiving group supervision. Group supervision using collaborative or reflective models can be counted as individual supervision for more than one student; however, the amount of individual supervision recorded must be commensurate with the time allotted to each student's case in the discussion.
- At least 10% of supervision over the course of the residency should be supervision involving or following direct observation of the student's work with clients, either by live observation or by audio or audio-video recordings of the student's work.
- Up to 25% of individual supervision can be asynchronous, meaning that the supervisor reviews the student's work and provides detailed and comprehensive feedback that is later reviewed by the student. This could occur in services involving comprehensive assessments and report writing where the supervisor provides detailed responses to the student's written or recorded work.

GROUP SUPERVISION:

- Any supervision beyond the first 3 hours of weekly supervision can be group supervision. There is no minimum amount of group supervision required, and all of a student's supervision could be individual.
 - As outlined above, group supervision is defined as the time a student observes or participates in the supervision of another student's work with clients.
- F. **SUPPORT ACTIVITIES:** In addition to direct service provision and supervision, students participate in support activities during their residency training. Support activities are defined as clinically relevant activities in support of the direct service, such as writing progress and process notes, report writing, case treatment planning, consultation, session review, case presentations, case-relevant literature reviews, rounds, case conferences, psychometric test scoring and interpretation, learning new psychological measures and/or interventions/treatments, and professional development/continuing education that supports specific client care.

VI. Evaluation, Due Process

- A. A written, individualized training plan is completed by the Director of Training (or primary supervisor) and the resident at the beginning of the training year and/or rotation. The training plan focuses on the skills as enumerated in Standard V, details general and individualized training goals and objectives (e.g., rotations, client populations, type of assessment and intervention), and indicates caseload expectations (e.g., X personality assessments, Y group psychotherapy experiences).
- B. The program has minimum standards for successful completion of the program that are presented to the resident, in advance of the residency year, in written form. These standards are typically reflected in the training plan as described in Standard VI.A.
1. Residents who, in the opinion of the program, are not meeting minimum standards will:
 - be advised of their substandard performance in writing;
 - be given a reasonable period of time and reasonable professional support to achieve standard performance. Time and support to achieve standard performance includes a remediation plan, developed and agreed to by all supervisors and the resident and documented in writing. Both the program and resident are responsible for fulfilling the terms of any remediation plan developed and instituted by both parties; and
 - not be terminated from a program, nor receive a failing grade at the conclusion of the residency, until the remediation plan is deemed unsuccessful in helping the resident achieve standard performance.
 2. As would be the case for any professional staff member, the program or institution may reserve the right to dismiss a resident should they be found in significant and serious breach of the major ethical values, principles, or standards of professional practice as defined in the *Canadian Code of Ethics for Psychologists* (CPA, 2017b) or policies defined by the host institution.
 3. If remediation is required of a resident, the program will contact the Director of Training of the resident's doctoral program to ensure that they are aware of the resident's needs.
- C. The program gives residents written feedback about their progress on a regular basis and in a consistently applied format. The timing and the format accurately reflect the program's stated goals and objectives. The feedback explicitly assesses the resident's performance and progress in meeting training goals and objectives. The evaluation is completed by the resident's supervisor at regular and predetermined points during the training year. The written evaluation is reviewed with the resident by the supervisor, filed in the resident's file, and a copy given to the resident and the Director of Training.

- D. The Director of Training at the residency site provides feedback on the resident's performance to the resident's academic program. The Director of Training's feedback to the academic program
- is in writing,
 - occurs at least twice during the training year (or more often in the event that a resident experiences difficulty and/or a remediation plan is instituted),
 - synthesizes all supervisors' evaluations, and
 - is submitted in a format that is agreeable to the academic program.
- E. At the beginning of the residency year (and as a need for it arises), residents are presented with a document outlining the program's policies and procedures to appeal a decision made by a program. The decisions that are appealable must include
- the institution of a remediation plan
 - the determination that a resident has failed to meet the provisions of the remediation plan
 - the withdrawal of the resident from the residency program
- F. The program gives residents a formal opportunity to contribute to program planning and development and the program takes the opportunity to benefit from residents' contributions in this regard. Accordingly, programs are expected to include resident representation on the program's Training Committee. In addition, residents formally evaluate their residency experiences to include:
- quality and quantity of supervision and instruction
 - aspects of the host institution and its staff that support or are relevant to residency training
- The format and timing of residents' evaluations of their supervisors and residency experiences respects residents' rights and the position of trust assumed by the program and its supervisors. Residents complete formal evaluations of their supervisory and residency experiences after their supervisors' evaluations of them have been completed and submitted to the resident and to the Directors of Training of the residency and the resident's doctoral program.
- G. The program issues a certificate to all residents who successfully complete the program. The certificate provides evidence of successful completion.

FACILITIES, RESOURCES, AND PROGRAM-LEVEL EVALUATION STANDARDS

VII. Facilities, Resources

- A. A successful residency program relies on the adequacy of its facilities and resources. In addition to the resources outlined below, the program prioritizes making accommodations for students and faculty with needs unique to their diverse status. When these accommodations require additional resources from the host organization (Standard I.A.1), they are given the same importance as any other facility or resource needed by the program to meet its goals.

Facilities and resources provided by the organization that are adequate to meet the needs of the residency program and its residents include the following:

1. quiet, accessible, secure, and private work space (this may be shared with another psychology resident, but private space is preferred as it is more consistent with professional practice);
2. secure storage of residents' work;
3. efficient means of communication with supervisors and fellow residents (e.g., telephone, voicemail, email access, remote videoconferencing);
4. policies and mechanisms to ensure client confidentiality and protection of information when client care and/or supervision is provided using electronic media;
5. secure and sound-dampened space in which to carry out professional activities with clients;

6. reasonable clerical support for service functions and training needs, including the means to document progress notes, psychological reports, and any other required written communication;
7. audiovisual resources necessary for supervision (e.g., audio–video recording equipment, therapy rooms with one-way mirrors, videoconferencing technologies);
8. computer access to include internet, word-processing, and data analysis software wherever possible;
9. library facilities, including books, journals, **grey literature**, and electronic access to same wherever possible;
10. current and relevant assessment materials and supplies (including routine outcome measures) and facilities for group and individual testing and assessment; and
11. facilities that enable residents with disabilities to access all aspects of the program’s offerings and operations.

VIII. Public Disclosure

- A. Residency settings have developed and distributed descriptive materials in which the philosophy, mission, structure, and goals of the training program, and of its host organization, are accurately and explicitly described. An accurate description of the program facilitates the fit between an applicant’s interests and needs and the program’s offerings. These descriptive materials are made available, electronically and/or in hard copy (e.g., brochure), to all prospective applicants to the program.
- B. Evidence of accreditation status and term of accreditation is made available to applicants through the program’s brochure, website, and other communications. It is important when giving evidence of its accreditation status that the program clearly indicate the name of the program for which accreditation has been accorded. It is the program that is accredited, not its department or host organization. In the event that there are several programs within the host organization, statements must be clear when indicating which program(s) is/are accredited.
- C. The program includes the name and address of the CPA Accreditation Office in the program’s brochure and website.

IX. Quality Improvement

When addressing Standard IX, the critical questions a program asks and answers are:

- *How do we know whether we are meeting our goals and objectives?*
- *What do we do with the information gained from examining our success in meeting our goals and objectives?*
- *How does the information gained from self-assessment influence the continuous quality improvement of our training model and our goals and objectives?*

Following the identification, articulation, and implementation of a training model, the program has put mechanisms in place through which the program regularly and reliably examines its success in meeting its model’s goals and objectives. A program’s outcomes reveal how well the program has met its goals and objectives. It is important, therefore, that the tools used to measure outcomes are appropriate measures of the program’s goals and objectives. Further, the program’s mechanisms of self-assessment (i.e., the program’s evaluation and quality improvement initiatives) support and are supported by the self-assessment activities of the psychology discipline and of the organization to which the discipline belongs.

- A. The information learned from self-assessment is used by the program to review and revise its training model as well as its goals and objectives. Further, the program is committed to reviewing its training model, goals, and objectives, as well as its curriculum, in light of
 - the evolving body of scientific knowledge in psychology as it applies to professional practice;
 - current professional and regulatory standards of best professional practice;

- local, regional, and national needs for psychological services, in particular, the program demonstrates efforts aimed at population inclusion, such that they seek to identify and connect with under-represented groups;
 - the jobs and career paths attained by the program's graduates; and
 - emerging issues related to equity, diversity, and inclusion of different groups or populations in the community.
- B. Self-examination and assessment activities are the responsibility of the Director of Training and the Training Committee and involve other psychology or organization staff, residents, clients, doctoral programs, and any other relevant publics where appropriate. These activities address
- the program's standards for the preparedness of applicants to undertake residency training,
 - the program's expectations of residents for successful completion and the residents' success in meeting them,
 - the preparedness of the program's graduates to apply for registration, and
 - the applicability of knowledge and skills acquired on residency to postdoctoral training and employment.

X. Relationship With the CPA Accreditation Panel

All programs accredited by the CPA demonstrate their commitment to the accreditation process by undertaking the following responsibilities:

- A. Comply with the Standards and abide by the policies and procedures as presented in the Accreditation Standards and Accreditation Procedures, which include, but are not limited to, meeting deadlines prescribed by the Accreditation Panel for
1. submitting self-studies in preparation for a site visit (the self-studies are prepared in accordance with the reporting prescriptions of the Panel);
 2. scheduling and preparing for a site visit;
 3. submitting annual reports in a timely manner (annual reports are prepared in accordance with the reporting prescriptions of the Panel);
 4. supplying the Panel with any other information relevant to maintaining the program's accreditation status (e.g., responding to requests for information from the Panel); and
 5. submitting all fees (which include, but are not limited to, the self-study application, the site visit, and annual fees) according to the schedule prescribed by the Panel.
- B. Maintain written records of their compliance with the Standards (i.e., records of annual reports, self-studies, correspondence with the Accreditation Panel) and of any changes or innovations the program has made to maintain or better meet the Standards.
- C. Inform the Accreditation Panel, in a timely manner, of any changes in the program's nature, structure, or function that could affect the quality or quantity of training provided.

CONSORTIUM STANDARDS

I. Consortia of Service Organizations

GENERAL GUIDELINES. Because of their size, smaller service settings that have some capacity to train students may not have the resources to comply with the Accreditation Standards on their own. The purpose of a consortium is to afford smaller settings the opportunity to collaborate with each other and thereby provide doctoral programs and prospective residents the opportunity to benefit from the richness of the consortium's collaborative efforts and offerings. A consortium is a group of administratively independent clinical, counselling, school, or clinical neuropsychology settings whose staff collaborate to provide an organized, integrated, and diverse training experience to doctoral residents. Accreditation decisions regarding consortia depend on assessment of the consortia per the Eligibility Standards for Residency Programs and these Consortium Standards, which include

- the integration and organization of the training program offered by the consortial settings, as evidenced by adherence to the standards below;
- the degree and quality of financial, administrative, and resource support committed by each independent setting to the collaborative effort (per the Eligibility Standards for Residency Programs); and
- the quality of training at each independent setting.

A. Standards for Consortia of Service Organizations

1. The commitment of the consortial settings to the collaborative training effort is evidenced by a written agreement or contract among them, which is in place for a specified period of time and is subject to regular review. This agreement defines the terms, conditions, and responsibilities of each independent setting that is part of the consortium. In addition, this agreement between the consortium and the host service settings requires that all CPA Standards will be upheld.
2. The consortium evidences its administrative cohesion in the following ways:
 - i. A **Director of Training**, who is responsible for the administration of the residency program across the settings that make up the consortium, is appointed, and the Accreditation Panel strongly recommends that the organized group of professional psychologists in each partner organization report to a Professional Practice Leader or Chief Psychologist.
 - ii. The Director of Training is advised and supported by a **Training Committee** that is made up of professional psychologists representing all settings that make up the consortium. The Training Committee is actively involved in the program's training activities.
 - iii. There is a single set of policies and procedures governing how the consortium recruits and selects residents, accords remuneration and benefits to residents, assigns residents to service settings and supervisors, allows for appeals, and evaluates residents' performance, as well as evaluating the program itself. These policies and procedures apply to and include all settings that make up the consortium and are available, electronically or in hard copy, at each site.
 - iv. There is a single set of documentation (e.g., brochure, manual, website) that describes the consortial program and that is made available to the public.
 - v. Every resident has the option for experience in more than one of the service settings that make up the consortium. All partner organizations contribute to the consortium every year, as demonstrated through one or more of the following: having minor or major rotation opportunities available, participation in the Training Committee, and participation in educational and seminar series delivery.

- vi. The consortium creates and supports opportunities for regular and frequent contact among residents across the service settings and between residents and the Director of Training.
- vii. Notwithstanding Residency Standard I.B.7, there are at least three (and preferably more) residents enrolled in a consortial residency program.
- viii. It is the consortium, and not its constituent service settings, that is accredited by the CPA. The consortial settings cannot independently claim or represent CPA-accredited status for their individual organizations, though they may all have independent accreditation status from other accrediting bodies for their organizations.

II. Consortia of Doctoral Programs

GENERAL GUIDELINES. In some jurisdictions, service organizations may be unable, even collectively, to meet the Standards of accreditation that, in turn, may limit the local training opportunities for students. In this case, an accredited doctoral program, or a group of accredited doctoral programs, may collectively form a consortium, which may be affiliated or partially affiliated.

The doctoral consortium would plan and administer its program that is based on the assignment of its residents to a roster of authorized service settings. Accreditation decisions regarding doctoral-run consortia depend on assessment of the following:

- the integration and organization of the training program administered by the doctoral program(s) at the service settings;
 - the degree and quality of financial, administrative, and resource support committed by the doctoral program(s) and each independent service setting to the collaborative effort (per the Eligibility Standards for Residency Programs); and
 - the quality of training at each service setting.
- A. A. Standards for Doctoral Consortia
- 1. The commitment of the doctoral program(s) and its consortial service settings to the collaborative training effort is evidenced by a written agreement or contract among them. This agreement defines the terms, conditions, and responsibilities of each independent setting that is part of the consortium. In addition, an agreement that all CPA Standards will be upheld exists between the doctoral program(s) and its service settings.
 - 2. The consortium evidences its administrative cohesion in the following ways:
 - i. A Director of Training, who is responsible for the administration of the residency program across the doctoral and service settings, is appointed.
 - ii. The Director of Training is advised and supported by a Training Committee that is made up of professional psychologists representing all doctoral programs in the consortium. The Training Committee is actively involved in the program's training activities. Representatives from each of the service settings should also sit on the Training Committee.
 - iii. There is a single set of policies and procedures governing how the consortium recruits and selects residents, accords stipends and benefits to residents, assigns residents to service settings and supervisors, allows for appeals, and evaluates residents' performance, as well as how it evaluates the program itself. These policies and procedures apply to and include all consortial doctoral programs as well as all service settings used. Furthermore, these policies and procedures are available, electronically or in hard copy, at each doctoral and service site.
 - iv. There is a single set of documentation (e.g., brochure, manual, website) that describes the consortial program and that is made available to the public.

- v. Every resident has the option for experience in more than one of the service settings that make up the consortium. All partner organizations contribute to the consortium every year, as demonstrated through one or more of the following: having minor or major rotation opportunities available, participation in the Training Committee, and participation in educational and seminar series delivery.
- vi. The consortium creates and supports opportunities for regular and frequent contact among residents across the service settings and between residents and the Director of Training.
- vii. Notwithstanding Residency Standard I.B.7, there are at least three (and preferably more) residents enrolled in a consortial residency program.
- viii. It is the consortium, and not its independent doctoral programs or service settings, that is accredited by the CPA. The doctoral programs and the service settings cannot independently claim or represent CPA-accredited residency status for their individual organizations, though they may all have independent accreditation status from other accrediting bodies for their organizations.
- ix. The consortium meets all standards for residency programs as described earlier in this document.

AFFILIATED AND NON-AFFILIATED RESIDENCY PROGRAMS (CONSORTIA)

Whether a residency is administered by a doctoral program (affiliated program) or is administered by an institution or group of institutions (e.g., as would be the case if the consortial residency was run by multiple universities), independent of any single doctoral program (non-affiliated program), it will be considered a free standing program subject to the guidelines for residency settings and will be evaluated as a separate program for the purposes of accreditation.

A residency that is affiliated with a doctoral program (or limited group of doctoral programs) meets all criteria required of a non-affiliated residency program and discloses fully in all publications and materials that it is captive to its host doctoral program(s) (i.e., that all its residency positions are filled by students of its host doctoral program or programs).

It is also possible for a residency program to be partially captive to its host doctoral program(s). A program that is partially captive reserves at least one of its positions for a resident who attends somewhere other than the host doctoral program(s), and the program fills this nonhost university position each year. The partially captive program discloses fully in all of its publications and materials that it is partially captive to the host doctoral program(s) and that it reserves one (or more if indeed the case) of its positions annually for a resident from a different university.

REFERENCES

- American Psychological Association. (2020). *Education and training guidelines: A taxonomy for education and training in professional psychology health service specialties and subspecialties*. <http://www.apa.org/ed/graduate/specialize/taxonomy.pdf>
- Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, 2(4), 331–340. <https://doi.org/10.1007/s13412-012-0086-8>
- Canadian Psychological Association. (2017a). *Ethical guidelines for supervision in psychology: Teaching, research, practice, and administration* (2009, updated 2017). https://cpa.ca/docs/File/Publications/CoE-Guidelines_Supervision2017_final.pdf
- Canadian Psychological Association. (2017b). *Canadian code of ethics for psychologists* (4th ed.). https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf
- Canadian Psychological Association. (2017c). *Practice guidelines for providers of psychological services* (2001, updated 2017). https://cpa.ca/docs/File/Ethics/CoEGuidelines_PracticeProvPsych2017_Final.pdf
- Canadian Psychological Association & Psychology Foundation of Canada. (2018). *Psychology's response to the Truth and Reconciliation Commission of Canada's report*. https://cpa.ca/docs/File/Task_Forces/TRC%20Task%20Force%20Report_FINAL.pdf
- CPA Task Force on Prescriptive Authority for Psychologists in Canada. (2010). *Report to the Canadian Psychological Association Board of Directors*. Canadian Psychological Association. https://cpa.ca/docs/File/Task_Forces/CPA_RxPTaskForce_FinalReport_Dec2010_RevJ17.pdf
- Dozois, D. J. A., Mikail, S. F., Alden, L. E., Bieling, P. J., Bourgon, G., Clark, D. A., Drapeau, M., Gallson, D., Greenberg, L., Hunsley, J., & Johnston, C. (2014). The CPA Presidential Task Force on Evidence-Based Practice of Psychological Treatments. *Canadian Psychology/Psychologie canadienne*, 55(3), 153–160. <https://doi.org/10.1037/a0035767>
- Marshall, A. (2018, May 29). Learning together by learning to listen to each other. *EdCan Network*. <https://www.edcan.ca/articles/learning-together-learning-listen/>
- Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice*, 36(4), 347–354. <https://doi.org/10.1037/0735-7028.36.4.347>
- Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: what it is and what it isn't. *British Medical Journal*, 312(7023), 71–72. <https://doi.org/10.1136/bmj.312.7023.71>
- Truth and Reconciliation Commission of Canada. (2015). *Calls to action*. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf
- United Nations. (1948). *Universal declaration of human rights*. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
- Webster, E.C. (Ed.). (1967). *The Couchiching Conference on Professional Psychology [proceedings and papers]*. Industrial Relations Centre, McGill University.
- Wellner, A.M. (Ed.). (1978). *Education and credentialing in psychology. Proposal for a national commission on education & credentialing in psychology*. American Psychological Association.

GLOSSARY

Anti-racism/anti-racist: An active and consistent process of change to eliminate individual, institutional, and systemic racism. Anti-racist education is based in the notion of race and racial discrimination as being embedded within the policies and practices of institutional structures. Its goal is to aid students to understand the nature and characteristics of these discriminatory barriers, and to develop work to dismantle them.

Anti-discriminatory/anti-discrimination: Opposed to the unjust and prejudicial treatment of people on the basis of culture, religion, heritage, ethnicity, nationality, language, sexual orientation, physical and psychological functioning, gender, age, socio-economic status, or the intersection of these dimensions of diversity.

Anti-oppressive/anti-oppression: Strategies, theories, and actions that challenge social and historical inequalities/injustices that have become part of our systems and institutions and that allow certain groups to dominate over others.

Behavioural anchor: Characteristics of competencies associated with performance capabilities needed to demonstrate knowledge, skill, and ability (competency) acquisition.

Client: Any individual or group receiving services from a psychologist, including but not limited to patients, students, couples, families, schools, organizations, and communities.

Combined program: A doctoral-level program of study that meets the Accreditation Standards for more than one specialization area of psychology (e.g., school psychology and clinical psychology).

Cultural humility: The ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the person.

Culture: The mix of ideas, beliefs, values, behavioural and social norms, knowledge, and traditions held by a group of individuals who share a historical, geographic, religious, racial, linguistic, ethnic, and/or social context. This mix is passed on from one generation to another, resulting in a set of expectations for appropriate behaviour in seemingly similar contexts.

Director of Training: can be a committee/delegated/co-director structure, but all aspects of oversight must be present, and one member must be designated to communicate with the CPA Accreditation Panel.

Diversity: A term used to encompass the acceptance and respect of various dimensions including race, culture, gender, sexual orientation, ethnicity, socio-economic status, religious beliefs, age, physical abilities, political beliefs, or other ideologies.

Doctoral thesis: This term includes both doctoral dissertations and culminating research projects (in the case of scholar-practitioner programs).

Equity: A condition or state of fair, inclusive, and respectful treatment of all people.

Evidence: Includes findings from qualitative and quantitative research, lived experience, case report studies, clinical research summaries, and practice guidelines.

Evidence-based: Training and professional practice based in quantitative and qualitative methodologies and generalizability, including empirical research findings from randomized control and cohort studies that are often summarized in systematic reviews and meta-analyses, lived experience, case report studies, clinical research summaries, and practice guidelines. It is recognized that research and knowledge generation/mobilization occur within socio-political/cultural contexts.

Full-time graduate study: Students enrolled and working full-time on degree requirements, including courses, research, and clinical training. Can include one year at the master's level when programs do not have direct entry to their doctoral programs (i.e., programs that are structured as a master's-to-PhD stream), or when a student is accepted to a doctoral program from another institution.

General psychology core content areas: Core content areas in general psychology that are deemed necessary for training and practice in professional psychology, as follows:

Biological bases of behaviour: Includes education in the theoretical and empirical foundations of physiological psychology, comparative psychology, and neuropsychology.

Cognitive–affective bases of behaviour: Includes education in the theoretical and empirical foundations of learning, sensation, perception, cognition, thinking, motivation, and emotion.

Social–cultural bases of behaviour: Includes education in the theoretical and empirical foundations of social psychology; cultural, ethnic, and group processes; gender roles; organizational and systems theory.

Individual differences, diversity, growth, and lifespan development: Includes education in the theoretical and empirical foundations of personality; human development; individual differences; individual, social, and cultural diversity; and abnormal psychology, and includes education in cognitive, affective, and behavioural changes and growth from conception to death.

Historical and scientific foundations of general psychology: Includes education in the relevant historical bases of the study and profession of psychology, including the cultural origins and contexts of the discipline and profession.

Foundations of psychopharmacology: Includes education in the biological basis of neuropsychopharmacology, classes of drugs, drug interactions and contraindications, medication compliance, and models of psychologist interaction with prescribing professionals.

Grey literature: Materials and research produced by organizations outside of the traditional commercial or academic publishing and distribution channels. Common grey literature publication types include reports (annual, research, technical, project, etc.), working papers, government documents, white papers, and evaluations.

Inclusion: The extent to which diverse members of a group (society/organization) are valued and respected.

Interprofessional: Used interchangeably with “Interdisciplinary” when speaking of collaborative practice.

Licensed/credentialed: In possession of a licence or certification in good standing to provide the services being supervised.

Living wage: The minimum income necessary for a worker to meet their basic needs. Varies by municipality and household type. For the purposes of Residency Standard I.A.1, living wage should be calculated for an individual in the municipality or region in which the training is being offered.

Natural justice: Represents the duty to act fairly and without bias.

Professional Practice Leader or Chief Psychologist: Also referred to as a Discipline leader, this position is concerned with the operations of the department of discipline of psychology in the host institution, including staffing, service delivery, and other administrative tasks separate from, but related to, the operations of the training program.

Program faculty:

Core faculty: Psychologists trained in the discipline the program teaches (e.g., clinical, counselling, school, or neuropsychology) that are tenured or tenure-track and responsible for instruction and supervision of students and program governance.

Complementary faculty: Faculty from within the department of psychology (or a related department within the program’s academic unit) responsible for instruction of specific courses and/or supervision of research (e.g., a statistics professor who is not a clinician).

Adjunct faculty: Clinicians responsible for supervision in the community and/or teaching occasional or specialized courses.

Resident/residency: The terms intern/resident and internship/residency are used interchangeably in training contexts.

Senior undergraduate course: A course at the undergraduate level that includes advanced (i.e., non-introductory) instruction on a specified core content area.

Social justice: A concept premised upon the belief that each individual and group within society is to be given equal opportunity, fairness, civil liberties, and participation in the social, educational, economic, institutional, and moral freedoms and responsibilities valued by the society. Also includes accountability and recognition of systems of oppression, and the consensual and collaborative repair work required to correct and resolve harm.

Training Committee: A committee whose primary goal is to ensure the functioning of all aspects of the training program, in addition to serving as role models for the program's students. Includes, but is not limited to, the core clinical faculty of the training program. Can also include complementary and adjunct faculty, faculty in administrative roles (e.g., clinic directors, practicum coordinators), and members of the community (e.g., Indigenous Elders) whose contributions to the program warrant such an appointment.

Two-Eyed Seeing: "To see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together" (Bartlett et al., 2012, p. 335).

University department or academic unit faculty complement: Can include both university psychology departments and university-based multidisciplinary educational units related to psychology. The Standards recognize that some professional psychology programs exist as part of multidisciplinary educational units, and that these units may or may not include departments of psychology.

APPENDIX A

History of the Accreditation Standards

BACKGROUND

Clinical psychology programs were the first of the professional programs to become accredited by the Canadian Psychological Association (CPA). Following the Second World War, Canadian universities began to provide formal training in clinical psychology. Twenty years later, such training continued to be offered by only a few universities. By the end of the 1960s, however, formal training programs in clinical psychology had been developed in about 20 Canadian departments of psychology. The development of these programs was made possible, at least in part, by staffing entitlements generated by burgeoning undergraduate psychology course enrolments. Although existing programs have grown, and some new ones have been developed since, the 1960s saw the major growth of clinical psychology training in Canada.

A directive to set accreditation standards and procedures in Canada developed from the First Opinicon Conference (1960), the Couchiching Conference (1965), and the Second Opinicon Conference (1984) and led to the establishment of the Accreditation Panel of the CPA in 1984. Recommendations following from this directive included that training should be at the doctoral level and should take place under the direction of university departments of psychology. Further, recommendations included that the CPA “should set up a board similar to the APA [American Psychological Association] Education and Training Board to undertake accreditation of applied psychology programs at the doctoral level” (Webster, 1967, p. 111).

Although the CPA did not undertake its role in accreditation until some time after these 1967 recommendations were made, some Canadian programs sought and obtained accreditation from the APA and, in Ontario, training programs sought and obtained accreditation from the Ontario Psychological Association.

At the 1980 Annual Meeting of the CPA held that year in Calgary, the Canadian Council of Clinical Psychology Program Directors (CCCPPD) established a working group to draft accreditation criteria to be undertaken by the CPA. That accreditation initiative, and the efforts of the CCCPPD in drafting criteria, were supported by the CPA Board of Directors via a subcommittee of the Standing Committee on Professional Affairs. Prior to the CPA Annual Convention in Toronto in 1981 and in Montreal in 1982, a first and second draft of accreditation criteria were prepared and presented to directors of clinical psychology training programs and to other interested professional and academic psychologists. Amidst little negative response and some important and constructive critical comment, the membership of the CCCPPD offered widespread support for the emerging accreditation criteria.

FORMAL ADOPTION OF CRITERIA

The CPA Board of Directors approved the *Accreditation Criteria for Clinical Psychology Programs and Internships* at its meeting of June 1983, and the first meeting of the interim Accreditation Panel was held in June 1984.

In January 1988, a Memorandum of Understanding was signed between the Ontario Psychological Association's and the CPA's bodies of accreditation to set out the conditions and procedures for concurrent site visits to university training programs and residency settings accredited by both organizations. However, in 1990 the Accreditation Council of the Ontario Psychological Association decided to terminate its accreditation activities.

Another Memorandum of Understanding was signed in March 1989 among the chief executive officers of the APA and the CPA and the chairs of the APA Committee on Accreditation and the CPA Accreditation Panel. This agreement allowed for a single and coordinated accreditation process and procedure for those programs wanting accreditation from both the CPA and the APA. This coordinated process and procedure reduced the time, paperwork, and expense demanded of programs were they to seek accreditation from each association separately but allowed each accreditation body to render its own separate and independent accreditation decision. This memorandum was reviewed with minor revisions to accommodate the award of discordant

terms in 2002. In 2007, following a review of their accreditation activities in Canada, the Committee on Accreditation of the APA decided to stop accrediting outside of the United States as of 2015. No new applications for accreditation would be accepted after 2008, and any currently accredited programs could only be reaccredited up to 2015, at which point all terms of APA accreditation in Canada would expire.

The first mandated review of the CPA accreditation criteria took place in 1988–1989. Revisions following from that review incorporated invited comments from training programs and the membership at large. The revised criteria were approved by the CPA Board of Directors in February 1989 (first revision).

In response to the concerns about professional training in psychology brought forward by various CPA Sections, the CPA Board of Directors approved, in principle, the expansion of the scope of accreditation with the proviso that plans for expansion be budget neutral. A meeting of interested parties took place during the CPA annual convention in June 1989 during which the feasibility of using the present accreditation model to accredit training in other areas of professional psychology was explored. As a result of that meeting, the name of the Accreditation Panel for Doctoral Programs and Internships in **Clinical** Psychology was changed to Accreditation Panel for Doctoral Programs and Internships in **Professional** Psychology by the CPA Board of Directors in October 1989. Also in 1989, the Board considered and approved a request made by the Section on Counselling Psychology to be included in the accreditation process under the same criteria adopted for clinical psychology (second revision).

In August of 1990, Sections 1 and 23 submitted a proposal to the Board of Directors that had as its objective the accreditation of doctoral and residency programs in clinical neuropsychology. At the Board's request, the Accreditation Panel reviewed this proposal at their March 1991 meeting. The Panel's review relied upon the recommendations made by those psychologists in the larger training community who had been asked to review the proposal. The Board in turn accepted the objective of the proposal in June 1991 and struck up a task force to work towards its implementation. This task force also met during the 1991 convention and was successful in refining the proposed criteria for accreditation in clinical neuropsychology (third revision).

In view of the Board's decision of October 1989, the criteria and procedures used to accredit doctoral programs and internships in clinical psychology and counselling psychology were the same. However, the criteria and procedures for accreditation of doctoral programs and internships in clinical neuropsychology were not. For this reason, the standards and criteria for accreditation in clinical and counselling psychology have been presented separately from the standards and criteria for accreditation in clinical neuropsychology in this document. It should be noted, however, that in accordance with direction received from the 1996–1997 survey and consultations, standards for clinical neuropsychology internships now have, as a prerequisite, 600 hours of practicum preparation and require 1600 residency hours.

It is important to note as well that the Memorandum of Understanding between the CPA and APA allowed for the concurrent accreditation of doctoral programs and internships in clinical and counselling psychology only. APA does not accredit programs and internships in clinical neuropsychology and, therefore, it was not possible for such programs and internships to seek concurrent CPA/APA accreditation.

In 1996–1997, the Panel undertook its fourth review of the accreditation criteria (fourth revision approved by the CPA Board of Directors in 2002). Chief among those issues surveyed that impacted most directly upon accreditation and its activities, and that was of significant concern to respondents, was the relationship on accreditation between the CPA and the APA. Respondents' concern about this issue followed APA's adoption of its *Guidelines and Principles for Accreditation of Programs in Professional Psychology* in 1996.

Prior to 1996, the CPA accreditation criteria were essentially identical to the APA criteria from which the CPA criteria were derived. Both were based upon a prescriptive model, which defined and set minimum criteria and prerequisites for all facets of faculty/staff, student/resident, and program functioning of doctoral and residency programs in professional psychology. APA's 1996 guidelines represented a shift from a prescriptive to an outcome-based model of accreditation. Instead of defining minimum criteria and prerequisites for program operation, the outcome-based model directs programs to develop and explicitly state their philosophies and principles of training, to demonstrate how they objectify their philosophies and principles, and to evaluate

how well they attain their training objectives. The consequent divergence in the CPA and APA models of accreditation resulted in a more protracted self-study process for programs, which—as evident in responses to our 1996–1997 survey—the majority of programs found burdensome. In addition, programs were concerned that the now different criteria would lead to more divergence in the decisions and terms made by the two independent, decision-making accreditation bodies.

When asked in our survey whether programs favoured a prescriptive or outcome-based model, respondents were equally divided in their preferences. The advantages and disadvantages of each model were reviewed and discussed in *Psynopsis* (see “The Changing Face of Accreditation,” Fall 1997, pp. 16–17). Empowered by the community’s equal support for both models and by the recognition of value in retaining a community standard (prescriptive model) while promoting program’s self-determination and accountability (outcome model), the Accreditation Panel undertook what became its 2002 revision of its criteria. The 2002 revision had as its most significant change the incorporation of a focus on program development and outcomes.

With the 2002 revision, the Accreditation Panel revised its policy on captive internships (affiliated internships), reviewed but maintained its stance on remuneration for residents, revised the categories of accreditation, and adopted a provision for inactive but accredited status.

Another important change in the evolution of accreditation in Canada was the acceptance by the CPA and the CPA Accreditation Panel of the CPA PsyD Task Force’s 1998 recommendations. The Panel anticipated the application of the 2002 Standards to PsyD programs as these programs began to emerge in Canada and seek accreditation. Prior to the 2011 revision, two PsyD programs in Quebec had been accredited, and inquiries had been initiated by others. Finally, the 2002 revision included a change in nomenclature.

The overarching goal of the fifth revision (2011) was to remove redundancies, improve clarity, and respond to emerging issues in the practice of professional psychology in Canada. Although the Panel had been accrediting school psychology programs since 2004, this expansion in scope was not included in the text of the 2002 *Standards and Procedures*. Similarly, topics such as distance learning, training in psychopharmacology, conditions and requirements of practicum training, supervisory hours, and changes to privacy legislation were also addressed by the 2011 revision. Finally, the Accreditation Panel thought it important to align the Accreditation Standards with the competencies against which regulatory bodies in Canada assess candidates for practice.

APPENDIX B

Mutual Recognition Agreement of the Regulatory Bodies for Professional Psychologists in Canada¹⁸



¹⁸ Downloadable version available at <https://cpa.ca/docs/File/MRA.pdf>

MUTUAL RECOGNITION AGREEMENT

Mutual Recognition Agreement

Between

College of Psychologists of British Columbia

College of Alberta Psychologists

Saskatchewan Psychological Association

Psychological Association of Manitoba

College of Psychologists of Ontario
L'Ordre des Psychologues de l'Ontario

L'Ordre des Psychologues du Québec

College of Psychologists of New Brunswick
College des Psychologues du Nouveau-Brunswick

Prince Edward Island Psychologists Registration Board

Nova Scotia Board of Examiners in Psychology

Newfoundland Board of Examiners in Psychology

Government of the Northwest Territories

MUTUAL RECOGNITION AGREEMENT

1.0 PURPOSE

We, the undersigned, enter into this Mutual Recognition Agreement (MRA) in order to comply with our obligations under the Agreement on Internal Trade (AIT), Chapter 7 (Labour Mobility). The purpose of this MRA is to establish the conditions under which a psychologist who is licensed/registered to practice without supervision in one Canadian jurisdiction will have his/her qualifications recognized in another jurisdiction that is a Party to this Agreement.

2.0 DEFINITIONS

- 2.1 *PSYCHOLOGIST* means a person who is fully licensed for the independent practice of psychology as a member of a provincial or territorial body authorized in legislation to regulate the profession of psychology and who has been granted use of the title “psychologist” by that body.
- 2.2 *PSYCHOLOGICAL ASSOCIATE* means a person who is fully licensed for the independent practice of psychology as a member of a provincial or territorial regulatory body authorized in legislation to regulate the profession of psychology and who has been granted use of the title “psychological associate” by that body.
- 2.3 *FULLY LICENSED* means that the applicant has no current restrictions or limitations to a license, has no outstanding fees or dues, and has met competency requirements in the jurisdiction of licensure.
- 2.4 *LICENSED/REGISTERED* in this document refers to licensed, certified, registered, chartered, or any other term describing statutory regulation of psychology practice.
- 2.5 *THE PARTIES* means the regulatory bodies authorized in legislation to regulate the profession of psychology.
- 2.6 *DISCIPLINARY SANCTION* means revocation, suspension or restriction of a license in any jurisdiction.
- 2.7 *RECOGNIZED INSTITUTION* means an institution of higher education that is regionally accredited by an accrediting body authorized by provincial or territorial legislation to grant graduate degrees.
- 2.8 *GRADUATE DEGREE* means a degree obtained in a recognized institution following a bachelor degree.

MUTUAL RECOGNITION AGREEMENT

3.0 TERMS AND CONDITIONS

- 3.1 *Whereas* the undersigned agree that it is in the interest of their memberships and members of the general public to enable properly qualified psychologists to have access to employment opportunities to practice psychology in all provinces and territories in Canada;
- 3.2 *Whereas* it is further agreed and understood that the threshold levels of competence and public safety in the practice of psychology must be established, maintained and upheld by regulators to ensure public protection;
- 3.3 *Whereas* this recognition agreement does not modify the authority of each regulatory body to set standards and requirements;
- 3.4 *Whereas* the undersigned recognize that there are different paths to achieve the threshold competence levels for the practice of psychology and the undersigned take the responsibility of setting standards responsibly and in good faith to ensure that the public is protected;
- 3.5 *Whereas* the Parties assess (see Appendix A) the following competencies: Interpersonal Relationships (all jurisdictions); Assessment and Evaluation (all jurisdictions), Intervention and Consultation (all jurisdictions); Research (all jurisdictions); Ethics and Standards (all jurisdictions); Supervision (Quebec and Newfoundland only); Administration (Québec only);
- 3.5.1 *Whereas* the Parties agree that Diagnosis is not a core competency, but rather a component subsumed under Assessment, the preceding notwithstanding, any jurisdiction that has diagnosis as a controlled act, or that may otherwise restrict diagnosis to a qualified subset of registrants, reserves the right to evaluate the competency to carry out and communicate a diagnosis with respect to all applicants seeking registration under AIT.
- 3.6 *Whereas* there are variations in the methods of assessing competencies of individuals (see Appendix B);
- 3.7 *Whereas* there is commonality with respect to initial registration given that initial registration requires an applicant to:
- complete a graduate degree in psychology or equivalent from a recognized institution;
 - have a minimum of one year of supervised practice (except Québec);
 - pass the Examination in the Professional Practice of Psychology (except NWT, Prince Edward Island and Québec);
 - pass an oral exam (except Newfoundland, Northwest Territories and Québec);
 - declare areas of practice
- 3.8 *Whereas* the Parties agree that this agreement applies only to licensed psychologists who have no current disciplinary sanctions and have no history of disciplinary sanctions in the immediate five years preceding an application for licensure in a new jurisdiction (or however many years the person has been licensed and practicing, whichever is less). Automatic recognition may be hindered as a result of a matter currently under investigation.

MUTUAL RECOGNITION AGREEMENT

- 3.9 *Whereas* no Party will maintain or adopt any requirements for residency in its jurisdiction as part of its occupational standards or requirements;
- 3.10 *Whereas* each Party shall ensure that any measure it adopts or maintains relating to registration of psychologists from any other Party is competency-based and readily accessible or published and does not result in unnecessary delay nor impose inequitable, burdensome fees, except for cost differentials;
- 3.11 *Whereas* each Party may require an applicant for licensure to demonstrate knowledge of the local legislation and policies that apply to the practice of psychology as a condition for registration;
- 3.12 *Whereas*, subject to articles 3.5.1 and 4.8 of this agreement, an applicant who is licensed/registered in a jurisdiction shall not be required to undergo additional training or examination as a condition of licensure/registration in another jurisdiction, excepting when identified scope of practice differences exist;
- 3.13 *Whereas* Parties recognize that in order to be licensed/registered in a Canadian jurisdiction an applicant may be required to:
- demonstrate the necessary competencies to begin practice as a psychologist in the jurisdiction where initial application is made, and those competencies are deemed to be equivalent between the jurisdictions that are signatories to this agreement;
 - establish and confirm identity for entry onto the register;
 - pay applicable fees;
 - be fully licensed and practicing in the jurisdiction in which they are currently licensed/registered;
 - demonstrate they meet any language requirement in place in a jurisdiction to which they are applying for licensure/registration;
 - demonstrate they have met any requirements pertaining to local jurisprudence and ethical codes in a jurisdiction to which they are applying for licensure/registration;
- 3.14 *Whereas* it is recognized that Parties may have members who qualified for licensure/registration under a different regulatory regime, and who may not meet the current occupational standards and requirements for entry to practice. It is recognized that these individuals are qualified, experienced practitioners and are eligible for membership in all signatory jurisdictions provided they meet all other criteria described above;
- 3.15 *Whereas* Parties to this agreement may maintain differing continuing education requirements of practitioners in their jurisdictions. Applicants for licensure/registration will be required to demonstrate compliance with continuing education requirements in the host jurisdiction once licensed/registered there;
- 3.16 *Whereas* Parties to this agreement may maintain differing currency or practice hour requirements for psychologists in their jurisdiction. Applicants for licensure/registration may be required to demonstrate compliance with currency or practice hour requirements in the host jurisdiction, or may be required to demonstrate competency through another mechanism, once licensed/registered there or as a condition for licensure/registration.

MUTUAL RECOGNITION AGREEMENT

4.0 TERMS OF RECOGNITION

Therefore, based on the principles adhered to above, We the Parties agree to:

- 4.1 Effective on or before July 1st, 2003, evaluate applicants seeking entry to the profession on the core competencies as identified and agreed upon by the Parties, and establish the equivalence of means to assess the competencies (see appendix A and B).
- 4.2 Subject to articles 4.5 and 3.13, license without further assessment a psychologist registered after July 1st, 2003, in one of the signatory jurisdictions.
 - 4.2.1 Subject to articles 4.5 and 3.13 and notwithstanding the above, the parties agree to license a psychological associate registered for autonomous practice after July 1, 2003 in one of the signatory jurisdictions, where that registration is based upon a graduate degree in psychology from a recognized institution and where that registration is based upon the assessment of the agreed upon core competencies. Such recognition will be accorded only if the applicant has met graduate degree requirements at least equivalent to those of the new jurisdiction for practice without supervision.
- 4.3 Subject to articles 4.5 and 3.13, license a psychologist registered in the jurisdiction of a signatory prior to July 1st, 2003 who has five years of licensed practice in psychology immediately preceding the date of application;
- 4.4 Subject to articles 4.5 and 3.13, license at any time,
 - 4.4.1 A psychologist whose registration is based on a graduate degree in psychology from a program accredited by the Canadian Psychological Association or the American Psychological Association; or
 - 4.4.2 A psychologist who is a registrant of the Canadian Register of Health Service Providers in Psychology or the National Register of Health Service Providers in Psychology; or
 - 4.4.3 A psychologist who presents a current Certificate of Professional Qualification awarded by the Association of State and Provincial Psychology Boards;

and we the parties agree that:

- 4.5 Registration in a new jurisdiction may involve:
 - 4.5.1 references
 - 4.5.2 an interview regarding an applicant's intended professional activities in the new jurisdiction;
 - 4.5.3 a signed consent for disclosure of current restrictions or limitations to the license, of unresolved complaints and of prior disciplinary actions;
 - 4.5.4 assessment of the competence to supervise in Quebec and Newfoundland;
 - 4.5.5 assessment of the competence of administration in Quebec;
 - 4.5.6 practice under the professional title specified in the governing statute and regulations of the new jurisdiction for the graduate degree held by the applicant;

MUTUAL RECOGNITION AGREEMENT

- 4.6 When a psychologist is required to make accommodations in order to meet conditions in a new jurisdiction, a party may issue a temporary license to practice for a period sufficient to complete all requirements;
- 4.7 Agreed upon, equivalent mechanisms will be used to assess the various core competencies (see Appendix B);
- 4.8 After July 1, 2003, in cases where an applicant seeking registration in a new jurisdiction has not been assessed for a core competency according to the minimum agreed upon methods of evaluating the core competencies, then that competency may be assessed by the receiving jurisdiction utilizing the methods of the receiving jurisdiction for assessing that competency.

5.0 ADMINISTRATION OF THE AGREEMENT

To ensure that transparency obligations of the Labour Mobility Chapter are met, the Parties agree that:

- 5.1 Each Party agrees to give advance notice to other jurisdictions when introducing new requirements or making changes to existing requirements that might impact on the inter provincial/territorial mobility of psychologists.
- 5.2 In the event of a disagreement between two or more parties with respect to the interpretation or application of any clause of this agreement, the Parties involved may initiate consultations with a view to resolving the matter. A Party may request a consultation either on its own behalf or on behalf of a person who is covered by this agreement. This request for consultation will not affect an individual or Party's capacity to access dispute settlement procedures established under the Agreement on Internal Trade (AIT).
- 5.3 In the event that a Party does not wish to continue to be a Party to this agreement, the Party will consult with the jurisdictional Government, and advise the other parties, in writing, at least 12 months before the Party withdraws from the agreement. The notice period is waived where withdrawal is not within the Party's control.
- 5.4 Upon signature of this agreement, the parties will abide by its provisions and extend recognition to psychologists of other signatory jurisdictions under the terms of this agreement.
- 5.5 Nothing in this agreement shall be considered as having the effect of repealing, overriding or having power over any provision of any provincial or territorial statute intended for the registration of professional psychologists.
- 5.6 Nothing in this agreement shall be considered as precluding any signatory from using or developing mechanisms for the mobility of psychologists not covered by this agreement.
- 5.7 Each Party agrees that this agreement is a dynamic and evolving instrument that may be amended with the consent of all signatories. The Parties agree to initiate periodic reviews of this agreement and to review the operation of the agreement when such a request is made by one of the signatories.
- 5.8 Each Party agrees to seek the necessary legislative changes from their respective government if, in order to implement this agreement, there is a need for such changes. Each Party also agrees to make the necessary changes to by-laws, policies or procedures in order to implement this agreement.
- 5.9 In the event that standards or criteria for fast track mechanisms for mobility described in article 4.4 change, the agreement may be amended with the consent of all signatories.

MUTUAL RECOGNITION AGREEMENT

Signed:

Registrar/President <i>College of Psychologists of British Columbia</i>	Date
President <i>College of Alberta Psychologists</i>	Date
President <i>Saskatchewan Psychological Association</i>	Date
Registrar/President <i>Psychological Association of Manitoba</i>	Date
President/Registrar <i>College of Psychologists of Ontario / L'Ordre des Psychologues de l'Ontario</i>	Date
Président(e)/Secrétaire <i>L'Ordre des Psychologues du Québec</i>	Date
Registrar/President <i>College of Psychologists of New Brunswick / College des psychologues du Nouveau-Brunswick</i>	Date
Registrar <i>Prince Edward Island Psychologists Registration Board</i>	Date
Registrar <i>Nova Scotia Board of Examiners in Psychology</i>	Date
Registrar <i>Newfoundland Board of Examiners in Psychology</i>	Date
Registrar <i>Health Professional Licensing, Government of the Northwest Territories</i>	Date

MUTUAL RECOGNITION AGREEMENT

APPENDIX A CORE COMPETENCIES

Interpersonal Relationships

Definition:

This basic competency forms part of all the other competencies. Psychologists normally do their work in the context of interpersonal relationships (parent-child, spouses, boss-employee, etc.). They must therefore be able to establish and maintain a constructive working alliance with their clients, and possess adequate cultural competency.

Knowledge:

Knowledge of theories and empirical data on the professional relationship, such as:

- Interpersonal relationships
- Power relationships
- Therapeutic alliance
- Interface with social psychology
- More specific knowledge of the fluctuations of the therapeutic/professional relationship as a function of intervention setting

Knowledge of self, such as:

- Motivation
- Resources
- Values
- Personal biases
- Factors that may influence the professional relationship (e.g., boundary issues)

Knowledge of others, such as:

- Macro-environment in which the person functions (work, national norms, etc.)
- Micro-environment (personal differences, family, gender differences, etc.)

Skills:

Effective communication
Establishment and maintenance of rapport
Establishment and maintenance of trust and respect in the professional relationship

Assessment and evaluation

Definition:

A competent professional psychologist draws on diverse methods of evaluation, determining which methods are best suited to the task at hand, rather than relying solely or primarily on formalized testing as an automatic response to situations requiring assessment.

The appropriate subject of evaluation in many instances is not an individual person but a couple, family, organization, or system at some other level of organization.

The skills required for assessment can and should be applied to many situations other than initial evaluation, including, for example, treatment outcome, program evaluation, and problems occurring in a broad spectrum of non-clinical settings.

The primary purpose of psychological assessment is to provide an understanding that informs a practical plan of action. It may result in a diagnostic classification or in the identification of strengths or competencies.

Knowledge:

Assessment methods
Knowledge of populations served
Human development
Diagnosis

Skills:

Formulation of a referral question
Selection of methods
Information collection and processing
Psychometric methods
Formulation of hypotheses and making a diagnosis when appropriate
Report writing
Formulation of an action plan

MUTUAL RECOGNITION AGREEMENT

APPENDIX A

CORE COMPETENCIES (cont'd)

Intervention and consultation

Definition:

The intervention competency is conceptualized as activities that promote, restore, sustain, and/or enhance positive functioning and a sense of well-being in clients through preventive, developmental and/or remedial services. A broad, comprehensive vision of the intervention competency should include explicitly theory as well as the following knowledge and skills:

Knowledge:

The learning of an array of varied interventions with individuals and systems (e.g., couples, families, groups and organizations).

A respect for the positive aspects of all major approaches, which should reflect an openness to varied viewpoints and methods.

Awareness of when to make appropriate referrals and consult.

Awareness of context and diversity.

Knowledge of interventions that promote health and wellness.

Skills:

Establish and maintain professional relationships with clients from all populations served.

Establish and maintain appropriate interdisciplinary relationships with colleagues.

Gather information about the nature and severity of problems and formulate hypotheses about the factors that are contributing to the problem through qualitative and quantitative means.

Select appropriate intervention methods.

Analyze the information, develop a conceptual framework, and communicate this to the client.

Research

Definition:

Professional psychology programs should include research training such that it will enable students to develop:

A basic understanding of and respect for the scientific underpinnings of the discipline.

Knowledge of methods so as to be good consumers of the products of scientific knowledge.

Sufficient skills in the conduct of research to be able to develop and carry out projects in a professional context and, in certain cases, in an academic context with the aid of specialized consultants (e.g. statisticians).

Knowledge:

Basic knowledge of research methods and of the applications of scientific research, including:

Applied statistics and measurement theory;
The logic of different models of scientific research (from laboratory experimentation to quasi-experimental and field research);
Qualitative research methods (including observation and interviewing), etc., particularly with respect to the nature of reliability and validity in the gathering and interpretation of qualitative data

Skills:

Critical reasoning skills.
Applications of various research approaches to social systems.
Ability to write professional reports.

MUTUAL RECOGNITION AGREEMENT

APPENDIX A

CORE COMPETENCIES (cont'd)

Ethics and standards

Definition:

Professionals accept their obligations, are sensitive to others, and conduct themselves in an ethical manner. They establish professional relationships within the applicable constraints and standards.

Knowledge:

Ethical principles.
Standards of professional conduct.
Responsibilities to clients, society, the profession, and colleagues.
Awareness of potentially conflicting principles.
Standards for psychological tests and measurements.
Standards for conducting psychological research..
Jurisprudence and local knowledge.

Skills:

Ethical decision-making process.
Proactive identification of potential ethical dilemmas.
Resolution of ethical dilemmas.

Supervision

Definition:

A kind of management that involves responsibility for the services provided under one's supervision and may involve teaching in the context of a relationship focused on developing or enhancing the competence of the person being supervised. Supervision is a preferred vehicle for the integration of practice, theory and research, with the supervisor as role model.

Knowledge:

Models for the acquisition of competencies under supervision.
Methods and techniques of supervision.
Evaluation modalities.
Available technical resources.
Power relationships as well as cultural, gender issues and ethnic differences.

Skills:

- 1 Sensitivity to power, cultural, sex, and ethnic issues.
- 2 Articulation of clear learning objectives.
- 3 Creating an open and participatory climate.
- 4 Learning to be a good supervisee (open to supervision, well prepared, able to use time efficiently, non-defensive, aware of limits, etc.).
- 5 Ability to link learning approaches to specific evaluation criteria.
- 6 Being able to differentiate between teaching and therapy.
- 7 Integration of knowledge.
- 8 Awareness of one's own strengths and limitations as supervisor.
- 9 Preparing a coherent evaluation based on precise learning objectives.

MUTUAL RECOGNITION AGREEMENT

APPENDIX B ASSESSMENT METHODS

Competencies currently Evaluated in Canadian Jurisdictions
as agreed following the March 4, 2001 AIT meeting of Regulators

Core Competencies	Minimum necessary evaluations	BC	AB	MB	SK New Proposed	ON	QC	NB	NS	PE	NF	NWT
1. Interpersonal relationships	Supervised experience	1 yr pre-doc	1600 hr post-Masters	1 yr pre-doc 1 yr post-doc	1 yr post-Masters	3000 hr. at least 1500 post-doc 3 yr post-Masters	1600 hr pre-doc, and 3 cr course	2 yr doc (1 may be pre-doc) 4 yr post-Masters	2 yr (1 post-doc) 4 yr post-Masters	2 yr post-Masters	2 yr post-Masters	1 yr post-Masters
	References	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Other	Oral	Oral	Oral	Oral	Oral	Program accredited by OPQ	Oral	Oral Grad. Training	Curric. Oral		Grad. Training
2. Assessment & Evaluation (N.E. Diagnosis)	Relevant Grad. courses in Psych. degree progr.	Yes	Yes (Psych. or equiv.)	Yes (primarily Psych.)	Yes (primarily Psych. courses)	Yes (primarily Psych. in nature)	Yes (in Psychology)	Yes (primarily Psych. in content)	Yes (Psych. Degree or equivalent)	Yes	Yes (Psych. or equiv. provided by the Board)	Yes (Psych. or equiv. Masters)
	Coursework in Assessment	Yes	Yes	Yes	Yes	Yes	9 cr. Courses 500 hr. practicum	Yes	Adequate curric. , practicum	Yes	Yes	Yes
	Supervised experience	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes
	Other	Oral	Oral	Oral	Oral	Oral		Oral	References			
						Oral		Oral				

MUTUAL RECOGNITION AGREEMENT

APPENDIX B ASSESSMENT METHODS

Competencies currently Evaluated in Canadian Jurisdictions
as agreed following the March 4, 2001 AIT meeting of Regulators

Core Competencies	Minimum necessary evaluations	BC	AB	MB	SK (New proposed)	ON	QC	NB	NS	PE	NF	NWT
3. Intervention & consultation	Relevant Grad. courses in Psych. degree program (may include practicum)	Yes	Yes	Yes	Yes	Yes	9 cr. Courses 500 hr Practicum	Yes	Yes	Yes	Yes	Implicit
	Supervised experience	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes	See #1: Yes
	Other	Oral	Oral	Oral	Oral	Oral		Oral	References			
4. Research	Courses in Methods and/or Stats. (Adv. u-g or grad. levels)	Yes	Yes	Yes	Yes	Yes	Yes (6 cr in courses; OPQ accreditation requirements)	Yes (both)	Implicit	Yes	2 u-g + 2 grad.	Implicit
	Completed grad. research project	Yes	Yes	Yes	Yes	Implicit	Yes	Yes	Yes	Implicit	Implicit	Yes
	Other		Supervised experience if area of competence						Supervised experience if area of competence			
5. Ethics and standards	1 grad psych Ethics course or equiv. knowl.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	1 yr supervised experience	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Oral with ethics component	Yes	Yes	Yes	Yes	Yes	May be written instead of oral	Yes	Yes	Yes	No	No
	Other					Ethics included in written jurisprudence exam						
General knowl. in Psych. (not specific to a specific Competency)		EPPP	EPPP	EPPP	EPPP	EPPP	Grad program OPQ accredited. From u-g or 42 cr of u-g Psych.	EPPP	EPPP Psych u-g or equiv		EPPP Psych u-g or equiv Masters level	

APPENDIX C

Association of Canadian Psychology Regulatory Organizations Position Statement on the National Standard for Entry to Practice¹⁹



Association of Canadian Psychology Regulatory Organizations
Association des Organisations Canadiennes de Réglementation en Psychologie

POSITION STATEMENT

NATIONAL STANDARD FOR ENTRY TO PRACTICE

Consistent with the public protection mandate of the Canadian Psychology Regulators the following is the position of ACPRO on a National Standard for entry to practice requirements for practice in Psychology.

The National Standard for registration as a Psychologist is graduation from a doctoral program in Psychology accredited by the Canadian Psychological Association (CPA).

In the absence of graduation from a CPA accredited program, a graduate of a Psychology program that meets the educational qualifications as specified in Appendix A will be deemed to have the knowledge, skills and abilities substantially equivalent to a graduate of a CPA accredited program.

All candidates will meet the post-graduate supervision and examination requirements as specified in Appendix A.

There is recognition that there are substantial differences in the knowledge, skills and ability in training at the master's level as compared with training at the doctoral level. Master's level individuals may be regulated as psychological practitioners with a specified scope and with a title that reflects this specified scope. It would be up to individual jurisdictions to determine how, or if, they will regulate master's level providers unless or until there is a National Standard developed for this.

Appendix A

I. Foundational Knowledge

1. Foundational Knowledge in each of the following areas, as demonstrated by successful completion of Psychology coursework addressing at least one of the content areas (ASPPB, 2014) subsumed under each knowledge domain:

Domain 1: Biological Bases of Behaviour – knowledge of (a) biological and neural bases of behaviour, (b) psychopharmacology, and (c) methodologies supporting this body of knowledge. The following are offered as ways of meeting this domain requirement:

- (a) correlates and determinants of the biological and neural bases of behaviour (e.g., neuroanatomy, neurophysiology, neuroendocrinology) pertaining to perception, cognition, personality, and mood

¹⁹ Downloadable version available at <https://acpro-aocrp.ca/wp-content/uploads/2020/03/ACPRO-Position-Statement-National-Standard-November-2014.pdf>

and affect in normal, acute and chronic disordered states, (e.g., pain, stroke, focal lesion, traumatic brain injury, toxic metabolic states); and/or acute and chronic disease (e.g., diabetes, mood and psychotic spectrum disorders, dementias);

- (b) drug classification of therapeutic agents and drugs of abuse (e.g., anxiolytics, antidepressants, antipsychotics, mood stabilizers, cognitive-enhancing agents, opiates, psychostimulants); pharmacokinetics (administration, distribution, metabolism, elimination) and pharmacodynamics as they relate to the desired and non-desired, acute and chronic effects of therapeutic drugs, abused drugs, and common interactions with other drugs, foods, and herbal or alternative remedies;
- (c) results from multi-center trials and guidelines for pharmacological, somatic, and combined treatment of psychological and neuropsychological disorders;
- (d) behavioural genetics, transmission and expression of genetic information and its modification (e.g., gene-environment interactions) and the role of this information in understanding diseases and disorders (e.g., substance abuse disorders, neurodegenerative disorders, pervasive developmental disorders) with consideration of co-morbidities and population differences in genetic information;
- (e) interaction of developmental, gender, ethnic, cultural, environmental, and experiential factors with the biological and neural bases of behaviour;
- (f) applications of brain imaging methods that describe structure and function, electrophysiological methods, therapeutic drug monitoring techniques, and genetic screening methodologies, and the evidence for their effectiveness.

Domain 2: Cognitive Affective Bases of Behaviour - knowledge of (a) cognition, (b) theories and empirical bases of learning, memory, motivation, affect, emotion, and executive function, and (c) factors that influence cognitive performance and/or emotional experience and their interaction. Course content may include the following:

- (a) elements of cognition, including sensation and perception, attention, learning (adult learning theory and other contemporary models), memory, language (reception and expression), intelligence, information processing, problem solving, executive function;
- (b) major research based theories and models of intelligence and their application;
- (c) major research based theories, models, and principles of learning and their application (e.g., contingency reinforcement, interventions, cognitive behavioural therapy, training strategies, sports performance strategies);
- (d) major research based theories and models of memory (e.g., multiple memory systems, expectancy theory, constructivist theory, levels of processing) and their application (e.g., use of mnemonics, neuro-rehabilitation following injury or in disease states);
- (e) major research-based theories and models of motivation and emotion (e.g., need/value approaches, cognitive appraisal, contemporary theories of emotion) and their application (e.g., self regulation, work motivation, anger management, social skills training, sports performance);

- (f) interrelationships among cognitions/ beliefs, behaviour, affect, temperament, and mood (e.g., healthy functioning, performance anxiety, performance enhancement, job satisfaction, stress, and depression);
- (g) influence of psychosocial factors (e.g., life span development, gender, diversity characteristics) on beliefs/cognitions and behaviours.

Domain 3: Social and Cultural Bases of Behaviour - knowledge of (a) interpersonal, intrapersonal, intergroup, and intragroup processes and dynamics, (b) theories of personality, and (c) diversity issues. Course content may include the following:

- (a) social cognition and perception (e.g., categorization and attribution theories, person perception, development of stereotypes, prejudice);
- (b) social interaction (e.g., interpersonal relationships, attraction, aggression, altruism, organizational justice, verbal and nonverbal communication, internet communication);
- (c) group/team dynamics and organizational structures (e.g., school, work, and family systems, job satisfaction, team functioning, conformity, persuasion) and social influences on individual functioning;
- (d) environmental/ecological psychology (e.g., person-environment fit, job design, rural- urban contexts) and human impact of environmental and societal events (e.g., natural disasters, armed conflict, job loss and unemployment);
- (e) evolutionary perspectives on social behaviour (e.g., mate selection, empathy);
- (f) major research based theories of personality (e.g., psychodynamic, humanistic/existential, cognitive, behavioural, trait theory, interpersonal);
- (g) social-contextual issues (e.g., privilege/oppression, cross-cultural comparisons, political differences, international and global awareness, religion and spirituality);
- (h) impact of race/ethnicity on psychosocial, political, and economic development of individuals, families, groups, organizations, and communities (e.g., theories of racial/ ethnic identity; effects of culture on motivation and communication);
- (i) causes, manifestations, effects of oppression (e.g., racism, sexism, heterosexism, ethnic conflicts, colonization, classism, political persecution);
- (j) sexual orientation and identity (e.g., sexual identity development, workplace identity management, heterosexual/gay/lesbian/bisexual perspectives, parenting and family constellations);
- (k) psychology of gender (e.g., women/men/transgender, gender identity development);
- (l) disability and rehabilitation issues (e.g., psychological impact of disability on individuals and families, conceptual models and assumption of disability, incorporation or inclusion of persons with disabilities in the workplace);

(m) acculturation of immigrant, refugee and political asylum seeking populations (e.g., stages of acculturation models, trauma, mental health);

(n) culturally mediated communication patterns.

Domain 4: Psychology of the Individual - knowledge of (a) development across the full life span, (b) atypical patterns of development, and (c) the protective and risk factors that influence developmental trajectories of individuals. Course content may include the following:

- (a) normal growth and development (biological, physical, sexual functioning, cognitive, perceptual, social, personality, moral/spiritual, emotional, career development, and end of life issues) across the full lifespan;
- (b) influence of individual-environment interaction over time (e.g., the relationship between the individual and the social, academic, or work environment) on development;
- (c) major research based theories of development;
- (d) influence of culture on development (e.g., cultural moderation of individual-environment interactions, acculturation and development);
- (e) family development and functioning and its impact on the individual across the full lifespan;
- (f) family configuration (e.g., single parent, reconstituted, extended, gay/lesbian) and its effects on child and adolescent development;
- (g) normative and non-normative life event changes (e.g., injury, trauma, illness, interpersonal loss, birth of a child, retirement) that can influence the normal course of development;
- (h) system factors that predict a problematic developmental course (e.g., nutritional deficiencies, poor prenatal care, poor health care, lack of social support, poverty, exposure to violence and abuse/victimization);
- (i) disorders/diseases (e.g., cognitive, genetic, psychological) that impact expected course of development over the full lifespan.

2. Foundational Knowledge is obtained in an identified Psychology program either at the graduate or senior undergraduate levels.

3. The acceptable credential for licensure is at the graduate level and has an undergraduate degree underpinning it.

II. Training Program Elements

1. Pre-Degree Supervised Practice

- 1. The formal training program whose credential is accepted for licensure must specify in pertinent institutional catalogues and brochures, its intent to train professional Psychologists and must have practical training as an integral part of the program.

2. A minimum of 600 hours of pre-degree practicum experience (including a minimum of 200 hours of face to face client contact) and a minimum of 1600 hours in a pre-doctoral internship/residency is required. This is viewed as one of the necessary pathways to the development of the core competencies.
3. The experience must be an organized and integrated component of the graduate training program.
4. There must be accountability by the practicum supervisors and internship/residency program to the student's training program.
5. The practicum, pre-doctoral internship (residency's) primary supervisor must be a licensed Psychologist in the jurisdiction in which the student is training.
6. There must be planned and purposeful interaction with multiple members of the profession throughout the course of one's graduate training.
7. Members of other allied regulated professions may serve as secondary supervisors during practical training.
8. A minimum of 75% of the supervision during practical training should be direct in- person with visual or verbal communication in real time.
9. A formal evaluation of the student must be provided, must be tied to behavioural exemplars, must clearly outline the activities engaged in, and must indicate that the practicum was successfully completed. The evaluation of a student's skill must be completed by multiple individuals/all supervisors.

2. Post-Licensure Supervised Practice:

1. Without an accredited pre-doctoral internship/residency, 1600 hours of supervised post- degree supervised practice is required for licensure.
2. If one has a CPA or Ordre des psychologues du Quebec accredited internship/residency, the requirement for a defined period of post-licensure supervised practice will be waived. However, until all of the requirements for independent licensure are met one must be under direct supervision.
3. The supervision hours will be logged under an approved Supervision Plan and Agreement.
4. Supervisors must have a minimum of 2 years of independent licensure and training/ continuing education in the provision of clinical supervision.
5. Supervisors must be licensed/registered Psychologists and be competent in the same practice areas to which the supervisee aspires.
6. Members of other allied regulated professions may serve as secondary supervisors and must be licensed with their professions' regulatory bodies.
7. A minimum of 75% of the supervision during practical training will be direct in-person with visual or verbal communication in real time.

8. A formal evaluation of the supervisee must be provided which is tied to behavioural exemplars, clearly outlines the activities engaged in, and that attests that the post- licensure supervised practice hours were successfully completed. Evaluations must be completed by multiple individuals/all supervisors.

3. Degree Licensed:

1. Licensure under the title “Psychologist” will be for individuals with an applied doctoral degree in Psychology.
2. The necessary education and training for eligibility for licensure under Psychology regulation includes a graduate degree in Psychology from a recognized program and a recognized institution; non-Psychology degrees do not qualify for licensure. Graduate degrees without the descriptor “Psychology” in the program title will not be accepted as substantially equivalent.
3. Degrees in applied areas of Psychology are required for licensure (under a Psychology regulator) with the title “Psychologist”.
4. The graduate degree must be earned prior to application for licensure.
5. Scopes of practice will differ depending on a) the area in which one is trained and b) the level of graduate degree in Psychology under which one is licensing.

4. Faculty:

1. The director of training of an acceptable program must be a licensed Psychologist.
2. The core program faculty must be licensed as Psychologists.
3. The majority of faculty teaching in applied areas of Psychology must be licensed as Psychologists.
4. The majority of professors in a training program must have a doctoral degree in Psychology.
5. Professors must have demonstrated competency in the areas in which they teach.
6. Adjunct faculty may be utilized but must not make up the majority of the faculty in the program. If they are teaching in applied areas they must be licensed.
7. Professors/faculty from other professions may provide training, however, must not make up the majority of faculty in the training program. If they are teaching in applied areas they must be licensed in the profession that they represent.

5. Academic Residency:

1. Acceptable programs must have a one-year period of “in-person” academic residence that is defined as one continuous academic year or two academic semesters taken in succession. Practicum and internship are not counted toward the academic residence requirement.
2. Periods of documented medical leave or maternity or paternity will not be counted in establishing whether the standard has been met. As such an applicant will not be penalized if a period of

medical leave interrupted her/his academic training. However he/she still must show two academic semesters, one of which is immediately prior to the medical leave and one immediately subsequent to return from that leave.

3. Shorter periods of intensive academic residence that in combination equal one year of time will not be accepted as meeting the standard.

6. Training Objectives and Degree Granted:

1. See previous standard “Degree Licensed”.
2. The objective of the training program must be to train the professional Psychologist, as demonstrated in their communications to the public.
3. Training must be organized, sequential, and build upon itself. It must have the depth, breadth and increasing complexity to prepare students ultimately for practice as a Psychologist.
4. There must be practical experience that is an integral element of the training program, and multiple sources of student evaluation within the program.
5. The degree granted must be a graduate degree in Psychology.

7. Coursework Titles, Credits, Hours, Content:

Foundational Knowledge and Core Competency requirements (as outlined in the MRA 2001, 2004) must be earned in Psychology courses as part of undergraduate and graduate training programs.

1. Course acceptability is established through a review of course syllabi. Course title, number of courses, or number of credit hours is insufficient to establish that a core competency or Foundational Knowledge requirement has been met.
2. Experience does not equate to having taken a formal course.

8. Online/Distance Education:

1. Distance training accepted as meeting the Foundational Knowledge or Core Competency requirements must be from recognized degree granting institutions.
2. Programs delivered entirely via technology are not accepted for licensure.
3. Some training via technology is acceptable, however this is only for non-applied theoretical courses.

III. Assessment of Core Competencies

1. Only degrees from education and training programs that are housed in recognized degree granting institutions of higher learning will be considered for licensure purposes.
2. Core competencies referenced in this Standard are those elaborated on in the MRA (2001, 2004).

3. Referees must evaluate and indicate the degree to which applicants meet each of the Core Competencies.
4. Graduates of CPA accredited Psychology programs need not provide a list of coursework in their applications for licensure. For non-accredited program graduates however, a listing of courses taken, and a description of how they satisfy the core competencies will be required.

Supervision

1. For the purposes of licensure, an applicant's practicum and /or internship must be completed as part of the graduate training in Psychology and primary supervision in these experiences must be provided by a licensed Psychologist.
2. In the case of candidates who have not met the conditions outlined in II. 2.2., post-degree/post-licensure supervised practice must also be completed.

IV. Licensure Examinations

1. The Examination for Professional Practice in Psychology (EPPP) is required. Three attempts are permitted. Examinees must pass the EPPP within 2 years from the date at which they are notified of their eligibility to write the Examination.
2. A formal standardized oral examination is used as a final step in assessing one's readiness for independent licensure.
3. Candidates must demonstrate their knowledge of local jurisprudence prior to being granted an independent license to practice.

APPENDIX D

Example of Foundational and Functional Competencies in Professional Psychology Training

Assessment OVERARCHING GOALS:	Foundational Competencies							Interdisciplinary collaboration and service settings
	Individual, social, and cultural diversity	Indigenous interculturalism	Evidence based knowledge and methods	Professionalism	Interpersonal skills and communication	Reflective practice, Bias evaluation	Ethical standards, Laws, Policies	
Develop competence in psychological assessment and diagnostic skills. List other goals here if applicable: [...] Goal 3 [...] Goal 4	Knowledge List of specific knowledge regarding diversity to be acquired in the context of psychological assessment. Skills List of specific skills expected to be acquired by students regarding assessment of diverse clients/ groups (e.g., culturally-appropriate and culturally-informed practices). Attitudes List of attitudes to be fostered in students regarding assessment of diverse clients/ groups. Training Activities What training activities (coursework, seminars, practica, etc.) are linked to the above goals. Reference syllabi. Outcomes Assessed Competency benchmarks evaluated by program regarding assessment of diverse clients/groups. Reference specific methods of evaluation.	Knowledge List of specific knowledge regarding Indigenous persons and peoples to be acquired in the context of psychological assessment. Skills List of specific skills expected to be acquired by students regarding assessment of Indigenous clients/ groups (e.g., culturally-appropriate and culturally-informed practices). Attitudes List of attitudes to be fostered in students regarding assessment of Indigenous clients/ groups. Training Activities What training activities (coursework, seminars, practica, etc.) are linked to the above goals. Reference syllabi. Outcomes Assessed Competency benchmarks evaluated by program regarding assessment of Indigenous clients/ groups. Reference specific methods of evaluation.	Knowledge List of specific knowledge regarding evidence-based methods of assessment. Skills List of specific skills expected to be acquired by students regarding evidence base for assessment measures (e.g., psychometric properties, test construction) Attitudes List of attitudes to be fostered in students regarding evidence-based assessment. Training Activities What training activities (coursework, seminars, practica, etc.) are linked to the above goals. Reference syllabi. Outcomes Assessed Competency benchmarks evaluated by program regarding specific methods of evaluation.	Knowledge List of specific knowledge regarding expected regarding professional conduct in assessment settings. Skills List of specific skills expected to be acquired by students regarding professional conduct in assessment. Attitudes List of attitudes to be fostered in students regarding professionalism in an assessment context. Training Activities What training activities (coursework, seminars, practica, etc.) are linked to the above goals. Reference syllabi. Outcomes Assessed Competency benchmarks evaluated by program regarding specific methods of evaluation.	Knowledge List of specific knowledge regarding communication with stakeholders in assessment context. Skills List of specific interpersonal and communication skills expected to be acquired by students in an assessment context (e.g., rapport-building, communication of diagnoses). Attitudes List of attitudes to be fostered in students regarding interpersonal rapport-building in assessment context. Training Activities What training activities (coursework, seminars, practica, etc.) are linked to the above goals. Reference syllabi. Outcomes Assessed Competency benchmarks evaluated by program regarding specific methods of evaluation.	Knowledge List of specific knowledge regarding bias evaluation and self-reflection in assessment context. Skills List of specific skills expected to be acquired by students regarding bias evaluation and reflective practice in an assessment context (e.g., understanding of personal and professional biases). Attitudes Promotion of self-reflection and bias evaluation as methods for self-improvement in assessment practice. Training Activities What training activities (coursework, seminars, practica, etc.) are linked to the above goals. Reference syllabi. Outcomes Assessed Competency benchmarks evaluated by program regarding specific methods of evaluation.	Knowledge List of specific knowledge regarding Professional Ethics, Laws, and Policies that apply to assessment (e.g., ages of consent, laws applying to diagnosis and professional standards, making). Skills List of specific skills expected to be acquired by students regarding ethical decision-making, understanding of Laws, Ethics, and Standards of assessment. Attitudes List of attitudes to be fostered in students regarding ethical and legally sound practice in assessment. Training Activities What training activities (coursework, seminars, practica, etc.) are linked to the above goals. Reference syllabi. Outcomes Assessed Competency benchmarks evaluated by program regarding specific methods of evaluation.	Knowledge List of specific knowledge regarding the role of psychological assessment in interdisciplinary contexts. Skills List of specific skills expected to be acquired by students regarding interdisciplinary and/or collaborative practice (e.g., psychology's contribution to multidisciplinary assessment, the presentation of assessment results to multidisciplinary teams). Attitudes List of attitudes to be fostered in students regarding assessment in collaborative or interdisciplinary practice settings. Training Activities What training activities (coursework, seminars, practica, etc.) are linked to the above goals. Reference syllabi. Outcomes Assessed Competency benchmarks evaluated by program regarding specific methods of evaluation.
Intervention								
Consultation								
Supervision								
Research								
Program Development and Evaluation								
Teaching								
Leadership, Service, and Advocacy								

Functional Competencies

APPENDIX E

Framework Document for Regional Relationship Building With Indigenous Communities

INTRODUCTION

There are over 630 Indigenous communities in Canada, representing more than 50 Nations and more than 50 distinct languages. Recognition of the unique history, culture, traditions, strengths, and beauty of Indigenous Peoples in Canada and their communities is an essential step in building lasting, respectful, and mutually beneficial relationships.

PURPOSE

The CPA's *Accreditation Standards for Doctoral and Residency Programs in Professional Psychology* have consistently included Standards related to the need for programs to continually evaluate and improve themselves based on changes in local, regional, and national needs for psychological services. However, in order to honour the CPA's commitments to the Truth and Reconciliation Commission (TRC) of Canada's *Calls to Action* and recommendations outlined in *Psychology's Response to the Truth and Reconciliation Commission of Canada's Report*, and in order to aid programs in building sustainable relationships with Indigenous communities in their regions, the CPA Accreditation Panel thought it necessary to provide additional guidance in this regard.

This document is itself the result of ongoing relationship building and mutual exchange of knowledge between members of the Standards Review Committee and the CPA Indigenous Peoples' Psychology Section. Focused consultation between the groups began with an initial meeting on January 26, 2021, and subsequent meetings followed every month or two thereafter until the summer of 2021. These meetings were highly generative; the resulting feedback informed meaningful revisions of the Standards draft, including the creation of this Appendix, which, among other things, seeks to honour the diversity of Indigenous Peoples and cultures across Canada. One of the points consistently made by the Indigenous Peoples' Psychology Section throughout these meetings emphasized the barriers that have continued to prevent changes within our programs and the need to finally remove them. These barriers have affected all aspects of psychology, including research, recruitment, and retention of trainers/educators and conceptualization, teaching, and implementation of subject matter. For example, in the area of assessment, it was reported that clinical and school psychologists working with Indigenous clients have continued to use psychometric tools that have been normed on non-Indigenous populations despite repeated calls to question and change these practices (as they are used with Indigenous as well as other populations). The relevance and importance of extended family, community, and family history in the assessment process are often overlooked by current approaches; yet they can be essential to the assessment process as well as to the understanding of the individual. Consideration for changes in this area of psychological practice is fundamental to offering effective service to Indigenous children, adolescents, and youth, as well as to the conceptualization of the individual within a system.

Please note that this document is not meant to be exhaustive, nor it is intended to be a checklist of requirements for accreditation; the purpose of this document is to serve as a starting point for programs to consider their current relationships with Indigenous communities in their area, and to guide the additional work, research, reading, and consultation required to engage with Indigenous communities in a meaningful way. Ermine (2007) speaks to the "the ethical space of engagement," which offers a framework to begin the work of ethical engagement with Indigenous communities. By examining the diversity, contrasting perspectives, and positioning of Indigenous Peoples and Western society, Ermine explores the paths leading to respectful dialogue based on humanity and respect. The creation of an ethical space or neutral space allows us "to step out of our allegiances, to detach from the cages of our mental worlds and assume a position where human-to-human dialogue can occur" (Ermine, 2007, p. 202), which leads us to re-examine our barriers and develop more culturally sensitive and culturally appropriate assessments and interventions.

These efforts will be essential to develop, maintain, and enhance *all* functional competencies outlined in the Standards with respect to work with Indigenous people and communities. That is, good relationship building and collaboration with Indigenous communities will facilitate the development of the foundational competency of Indigenous interculturalism, which will, in turn, support ethical practice in psychology (see CPA & Psychology Foundation of Canada, 2018).

BUILDING SUSTAINABLE RELATIONSHIPS

As noted above, the goal of this document is to aid programs in building meaningful and sustainable relationships with Indigenous communities in their regions. The purpose of relationship building is to create bilateral and equal exchanges of knowledge and resources among communities. To be meaningful, these relationships, both with individuals and communities, are ongoing, take time to develop, and are reciprocal. These efforts are ideally viewed as valued growth opportunities, not obligations.

This co-learning should also be approached in the spirit of *Two-Eyed Seeing*: “I, you, and we need to learn to see from one eye with the best or the strengths in the Indigenous knowledges and ways of knowing... and learn to see from the other eye with the best or the strengths in the mainstream (Western or Eurocentric) knowledges and ways of knowing... but most importantly, I, you, and we need to learn to see with both these eyes together, for the benefit of all” (Marshall, 2018). While acknowledgement of historical and ongoing harms to Indigenous Peoples in Canada is essential to truth and reconciliation processes, it is equally important that programs recognize, acknowledge, and ideally grow from the strengths that Indigenous Peoples have to offer, including in the practice of psychology. It is therefore important to have some knowledge of potential differences between Indigenous and colonial tenets and common beliefs of Indigenous Peoples (e.g., Blume, 2020).

ENGAGING COMMUNITIES IN EFFECTIVE WAYS

The *Relationship Building With First Nations and Public Health* (2017) document indicates that effective engagement and relationship building with Indigenous communities are based on four principles: respect, trust, self-determination, and commitment.

According to the authors, respect “focuses on the need for non-Indigenous people to understand, acknowledge, and appreciate both the history and current context of Indigenous peoples” (p. 5). It also requires non-Indigenous people to recognize “cultural practices, traditions, protocols, values, and views while appreciating that these may be different between and even within communities” (p. 13) and that “there is no single engagement approach that will work with all Indigenous communities” (p. 13).

Trust “can be viewed as a foundation to building a respectful and mutually empowering long-term relationship” (p. 16) and “must be a central consideration [to effective relationship building]. Early engagement, working with respected Indigenous members, inclusivity of Indigenous members and genders, and appropriate and ongoing communication are all likely to build trust” (p. 5).

Self-determination “acknowledges the inherent rights of Indigenous people to freely determine their own pathways and to make decisions about all aspects of their communities and livelihoods. Self-determination supports cultural preservation and development, while ensuring that sovereignty is respected in a way that provides clear benefits to Indigenous people and communities” (p. 19). It is honoured by ensuring that “collaborations are driven by Indigenous communities, [...] building on the strengths of the Indigenous communities, and having strong Indigenous representation in the decision-making process” (pp. 5–6).

Commitment to Indigenous engagement “must be seen as a long-term engagement process that takes time and commitment. The process must be deliberate and adaptive, facilitated by people committed to Indigenous empowerment, priority setting, and decision making” (p. 21). Commitment is also “important for sustaining long-term and effective partnerships. Practices that support co-learning and power sharing can foster mutual responsibility” (p. 6).

GUIDING QUESTIONS

- On whose Land is your program situated?
- To whom (Communities or Peoples) do those Lands belong?
- Who has your program invited to be part of these conversations?
- How has colonization affected your program? How will you acknowledge this?
- What groups or agencies could your program contact to begin this process?
- Are there protocol specialists or other resource persons/groups within your organization that could help your program understand how to begin these meetings?
- What is your program offering these communities or Peoples as part of this process?
- What is your intention(s) and goal(s) in building relationships and/or collaborating with Indigenous communities? Who do these efforts serve and how?

RECOMMENDED PRACTICES

The following recommendations for meaningful engagement (drawn largely from *Meeting in the Middle: Protocols and Practices for Meaningful Engagement With Indigenous Partners And Communities* [City of Toronto, 2019]) are not meant to be a mere checklist. Rather, programs should see these—and other actions—as manifestations of the principles outlined above. The following list includes important considerations but should not be viewed as exhaustive. It is assumed that individuals and programs educate themselves sufficiently in relationship building to understand how to best realize these activities locally, with respect to the history, values, preferences, and protocols of specific communities. It is important to understand that each practice below is meant to represent significant and complex processes that merit thoughtfulness, intention, and effort; all are ongoing processes and ideally none are ever considered complete. Moreover, each of the practices listed below are significantly expanded upon in the source document, and it is recommended that this document and others are consulted thoroughly.

Finally, it is important to understand how a Eurocentric/settler approach to engaging in the following practices may differ from the approach of the Indigenous community with which individuals and/or programs wish to engage. For example, there may be a preferred way to engage youth in a particular community that differs from what would be considered normative by program leaders.

1. Undertake work to gain awareness of conscious and unconscious biases that may impede meaningful engagement and take steps to address these.
2. Allow yourself to be informed and influenced by community members, but take responsibility for your own learning. For example, avoid reliance on community members for information that you could find yourself.
3. Understand the historical and current colonial context of your program, as well as the Nation(s) and communities with which you engage.
4. Engagement with Indigenous Peoples should be on a Nation-to-Nation basis.
5. Engagement must be mutually beneficial and egalitarian.
6. The process of engagement should not do any harm and should benefit Indigenous communities.
7. “Nothing about us without us”: the idea that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy.
8. Good engagement is a process that focuses on relationship building.
9. Engagement should begin early in your project and be ongoing.
10. Engagement is not outcome-based; rather, it should be considered an ongoing process.

11. Community engagement is a must.
12. Be clear and transparent about time and/or resource constraints, and recognize that establishing timelines is also a part of the relationship-building process.
13. Use Learning Circles/Engagement Sessions.
14. Engage Indigenous Elders and Knowledge Keepers.
15. Engage Indigenous youth.

Finally, a potential means to engage in good relationship building and mutual exchange of knowledge is the formation of a standing advisory circle composed of program and community members.

RESOURCES/REFERENCES

- Blume, A. W. (2020). *A new psychology based on community, equality, and care of the Earth: An Indigenous American perspective*. Praeger.
- Canadian Psychological Association & Psychology Foundation of Canada. (2018). *Psychology's response to the Truth and Reconciliation Commission of Canada's report*. https://cpa.ca/docs/File/Task_Forces/TRC%20Task%20Force%20Report_FINAL.pdf
- City of Toronto, Shelter, Support and Housing Administration. (2019, September 6). *Meeting in the middle: Protocols and practices for meaningful engagement with Indigenous partners and communities*. https://www.toronto.ca/wp-content/uploads/2019/12/8674-SSHA-Protocols-and-Practices-for-Indigenous-Engagement_Sept-9-2019.pdf
- Ermine, W. (2007). The ethical space of engagement. *Indigenous Law Journal*, 6(1), 193–203. <https://jps.library.utoronto.ca/index.php/ilj/article/view/27669/20400>
- Joseph, B., & Joseph, C. F. (2019). *Indigenous relations: Insights, tips, & suggestions to make reconciliation a reality*. Indigenous Relations Press.
- Marshall, A. (2018, May 29). Learning together by learning to listen to each other. *EdCan Network*. <https://www.edcan.ca/articles/learning-together-learning-listen/>
- Relationship Building with First Nations and Public Health Research Team. (2017). *Relationship building with First Nations and public health: Exploring principles and practices for engagement to improve community health – Literature Review*. Sudbury, ON: Locally Driven Collaborative Projects. https://www.phsd.ca/wp-content/uploads/2017/12/FirstNationsTeam_LiteratureReview_FINAL.pdf
- Truth and Reconciliation Commission of Canada. (2015). *Calls to action*. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

APPENDIX F

Quick References to Standards

Page	Standards	Comment
	DOCTORAL PROGRAM STANDARDS <u>ADMINISTRATIVE STANDARDS</u> I. Eligibility, Organization, Program A. Institution <ol style="list-style-type: none"> 1. Doctoral-level program at non-for-profit Canadian University. 2. Appropriate financial support. 3. Faculty receive recognition and reward from institution for training activities B. Program <ol style="list-style-type: none"> 1. Doctoral-level professional psychology program within a department or recognizable and coherent unit of psychologists that assume responsibility for it. 2. Identifiable body of students. 3. Mechanisms for assessing advanced standing 4. Abides by April 15th deadline for students to accept an offer of program admission and/or financial support. 5. Minimum of three academic years of full-time graduate study. 	
	II. Philosophy, Mission, Model A. Programs develop and articulate their values, principles, goals, and objectives. B. Practice, theory, and research are integrated early in the program. C. Research as method of problem solving and acquiring D. knowledge E. Research training includes the techniques and methods of inquiry appropriate to applied research questions.	
	<u>PERSONNEL STANDARDS</u> III. Students A. Program has developed anti-racist, anti-discriminatory, and anti-oppressive recruitment and evaluation policies and procedures. B. Students are treated with dignity, integrity, and respect. C. Students demonstrate their commitments to the intellectual, scientific, and applied enterprises of psychology. D. Students commit themselves to the standards of the professional and ethical practice of psychology. E. Progress in a timely fashion. F. Students do not work more than an average of 20 hours per week in employment outside of the program.	
	IV. Program Faculty A. Program has developed anti-racist, anti-discriminatory, and anti-oppressive policies and procedures. B. Faculty uphold relevant national and provincial/territorial professional and ethical values, standards, and guidelines of practice. C. Program has core faculty with primary responsibility for the instruction and supervision of the program's students. D. Core faculty members doctoral trained in program's professional area. E. Core faculty is experienced and productive, tenured. F. Core faculty is sufficiently large and available to meet program needs. G. Core faculty responsible for monitoring practica. H. Faculty actively support timely completion of program and role-model work-life balance. I. Faculty who teach or supervise students in the provision of professional service are appropriately credentialed and registered. J. Training committee present. K. Director of training appointed, not also Chair or Head of Department of academic unit.	

Page	Standards	Comment
	<p><u>TRAINING STANDARDS</u></p> <p>V. Knowledge and skills</p> <p>A. General psychology core content areas.</p> <ol style="list-style-type: none"> 1. The biological bases of behaviour, 2. The cognitive-affective bases of behaviour, 3. The social-cultural bases of behaviour, 4. Individual differences, diversity, growth and lifespan development, and 5. The historical and scientific foundations of psychology 6. The foundations of psychopharmacology <p>Clinical Neuropsychology additional requirements:</p> <ol style="list-style-type: none"> 7. Functional neuroanatomy 8. Neurological and related disorders including their etiology, pathology, course, and treatment 9. Non-neurologic conditions affecting central nervous system (CNS) functioning 10. Neuroimaging and other neurodiagnostic techniques 11. Neurochemistry of behaviour (e.g., psychopharmacology) 12. Neuropsychology of behaviour <p>B. Foundational competencies.</p> <ol style="list-style-type: none"> 1. Individual, social, and cultural diversity: 2. Indigenous interculturalism: 3. Evidence-based knowledge and methods 4. Professionalism 5. Interpersonal skills and communication 6. Bias evaluation, Reflective practice 7. Ethics, standards, laws, policies 8. Interprofessional collaboration and service settings <p>C. Functional Competencies</p> <ol style="list-style-type: none"> 1. Assessment 2. Interventions 3. Consultation 4. Research design and test construction 5. Program development and evaluation 6. Supervision <p>D. Access to instruction in related fields</p>	

Page	Standards	Comment
	<p>VI. Practicum</p> <p>A. Practicum training is integrated with didactic instruction, and incorporates and covers learning aims based on the functional and foundational competencies outlined in Standard V.</p> <p>B. The doctoral program has full discretion over the designation of what qualifies or constitutes a practicum as long as the following requirements are met. Over the course of practicum training prior to residency:</p> <ol style="list-style-type: none"> Some portion of students' supervised practicum training is devoted to direct, face-to-face client contact. Director of Training monitors balance of hours and competency development. Appropriate and adequate supervision is provided. <ol style="list-style-type: none"> Individual Supervision: <ul style="list-style-type: none"> A minimum of one hour of supervision for every four hours of direct service-related activity. Individual occurs in face-to-face meetings between the supervisor and the student. Individual supervision of a student's work can occur in group meetings. Up to twenty-five percent (25%) of individual supervision can be asynchronous. Supervision of supervision is performed by doctoral psychologists only. Group Supervision: <ul style="list-style-type: none"> Any additional supervision beyond that noted above can be group supervision, although there is no minimum amount required and all of a student's supervision could be individual. As outlined above, group supervision is defined as the time a student observes or participates in the supervision of another student's work with clients. Support Activities: Clinically relevant activities in support of direct service. No more than 1000 hours of total practicum training is recommended. 	
	<p>VII. Residency</p> <p>A. A CPA-accredited residency (or its equivalent) is required. Eligibility for residency:</p> <ol style="list-style-type: none"> all requisite coursework completed all practicum requirements completed doctoral thesis proposal completed <p>B. Evidence of the goodness of fit.</p> <p>C. Equivalence articulated and disclosed.</p> <p>D. Residency completed before degree conferred.</p>	
	<p>VIII. Evaluation, Due Process</p> <p>A. Programme has clear and comprehensive set of standards for evaluating students' success in meeting goals and expectations of programme.</p> <p>B. Students evaluate program and faculty</p> <p>C. Policies and procedures for handling student difficulties, for developing and implementing remediation plans.</p> <p>D. Policies and procedures for student to lodge complaints and appeals</p> <p>E. Conforms with privacy legislation</p>	
	<p><u>FACILITIES, RESOURCES, AND PROGRAM-LEVEL EVALUATION STANDARDS</u></p> <p>IX. Facilities, Resources</p> <p>Adequate facilities, including:</p> <ol style="list-style-type: none"> teaching facilities library facilities office space and adequate support quiet and unobstructed work space research space and resources current and relevant assessment materials and facilities computer facilities resources to support data analysis, audio-visual equipment access for students with disabilities 	

Page	Standards	Comment
	<p>X. Public Disclosure</p> <p>A. Documentation includes:</p> <ol style="list-style-type: none"> 1. Public-facing materials (website and/or brochure): <ol style="list-style-type: none"> i. program's philosophy and mission, ii. theoretical orientations of faculty iii. goals and outcomes iv. application requirements v. requirements and expectations of students vi. academic and practical functions for which the student prepare vii. training resources viii. evidence of accreditation status 2. Public disclosure section: <ol style="list-style-type: none"> i. size of the applicant pool ii. diversity of application pool and current student body iii. acceptance rates iv. availability and nature of financial, academic, counselling, and other support systems v. attrition rates vi. percentage of graduates registered 	
	<p>XI. Quality Improvement</p> <p>A. Programme reviews training model, goals and objectives and curriculum in light of:</p> <ul style="list-style-type: none"> • evolving body of scientific knowledge in psychology as applies to professional practice • current ethical, professional, and regulatory standards of best professional practice • needs for psychological services • jobs and career paths of graduates • emerging issues related to equity, diversity, and inclusion of different groups or populations in the community. <p>B. Evaluation of emerging technology and distance or electronically-mediated training.</p>	
	<p>XII. Relationship with the CPA Accreditation Panel</p> <p>A. Comply with the Standards including:</p> <ol style="list-style-type: none"> 1. Submission of self-studies 2. Scheduling and preparing for site visits, 3. Submission of annual reports 4. Supplying Accreditation Panel with other information as relevant 5. Submission of fees <p>B. Maintain written records of their compliance with the Standards</p> <p>C. Inform the CPA Accreditation Panel any changes in a timely manner</p>	

	<p>RESIDENCY STANDARDS</p> <p><u>ADMINISTRATIVE STANDARDS</u></p> <p>I. Eligibility, Organization, Program</p> <p>A. Organization</p> <ol style="list-style-type: none"> 1. Support of host institution including stable and specifically-designated budgeting and financial support for residents. 2. The host department/division are committed to and supportive training. Recognition and reward for faculty. 3. Appointment of a Director of Training. Not the same person as the Professional Practice Leader or equivalent. <p>B. Program</p> <ol style="list-style-type: none"> 1. Applicants enrolled as students of a CPA- or APA-accredited doctoral program 2. Eligibility: <ul style="list-style-type: none"> • all requisite coursework, • all practicum requirements outlined by their doctoral training program, • approval of their doctoral thesis proposal prior to application for residency. 3. Systematic review of applicants' qualifications to determine applicants' readiness and fit with program. 4. Evidence of readiness and fit provided in writing by applicants' doctoral programs. 5. Close working relationships with doctoral programmes to ensure goodness of fit 6. Full-time 1600 or part-time over two years. 7. Minimum of two residents per year. 8. Compliance with APPIC/CCPPP procedures 	
	<p>II. Philosophy, Mission, Model</p> <p>The program's philosophy, mission, and model:</p> <ol style="list-style-type: none"> A. are fully developed and articulated, including its values, principles, goals, and objectives, B. are complementary with the philosophy and mission of the doctoral programs from which residents are accepted. C. respect the scientific basis of psychological practice and explicitly recognize how science both informs and is informed by practice. 	
	<p>III. Residents</p> <ol style="list-style-type: none"> A. Program has developed anti-racist, anti-discriminatory, and anti-oppressive recruitment and evaluation policies and procedures. B. Residents have the expected level of skill to engage in residency-level training and uphold principles of social justice and demonstrate respect for the diversity and wellbeing of others. C. Residents uphold the standards of the professional and ethical practice. D. Progress in a timely fashion and work-life balance. E. Residents are treated with the dignity, integrity, and respect. 	
	<p>IV. Program Supervisors and Staff</p> <ol style="list-style-type: none"> A. Program is offered by an organized group of professional psychologists reporting to a Professional Practice Leader or Chief Psychologist. B. Program has developed anti-racist, anti-discriminatory, and anti-oppressive policies and procedures. C. The staff of the program is sufficiently stable and of sufficient numbers. D. Staff involved in the training program as supervisors are registered in the province or territory in which the program is located. E. Other professional staff participate in training F. Supervisors uphold relevant national and provincial/territorial professional and ethical values, principles, and standards of practice. G. Faculty actively support timely completion of program, and role-model work-life balance. H. Access to didactic instruction, training and development opportunities to support supervisory competence. 	

	<p><u>TRAINING STANDARDS</u></p> <p>V. Knowledge and skills</p> <p>A. Residents play integral role while training needs accommodated. Training is applied in nature and is organized and sequenced.</p> <p>B. <u>Foundational Competencies:</u></p> <ol style="list-style-type: none"> 1. Individual, social, and cultural diversity 2. Indigenous interculturalism 3. Evidence based knowledge and methods 4. Professionalism 5. Interpersonal skills and communication 6. Reflective practice, bias evaluation 7. Ethics, standards, laws, policies 8. Interprofessional collaboration and service settings <p>C. Functional Competencies</p> <ol style="list-style-type: none"> 1. Assessment 2. Interventions 3. Consultation 4. Program development and evaluation 5. Supervision <p>D. Practice both informs and is informed by science.</p> <p>E. Supervision</p> <p>At least four hours per week of supervision from doctoral-level supervisor.</p> <ol style="list-style-type: none"> 1. Individual Supervision: <ul style="list-style-type: none"> • At least 3 hours per week individual supervision. • In-person, face-to-face primarily. • Can occur in groups. • At least ten percent (10%) of supervision includes direct observation. • Up to twenty-five percent (25%) of individual supervision can be asynchronous. 2. Group Supervision: <ul style="list-style-type: none"> • Any supervision beyond the first three (3) hours of weekly supervision can be group supervision. <p>F. Support Activities: Clinically relevant activities in support of direct service.</p>	
	<p>VI. Evaluation, Due Process</p> <p>A. Written, individualized training plan.</p> <p>B. The program has minimum standards for successful completion of the program.</p> <p>C. Written feedback about progress on a regular basis and in a consistently applied format.</p> <p>D. Director of Training at the residency site provides feedback on the resident's performance to the resident's academic program.</p> <p>E. Residents are presented with program's policies and procedures to appeal a decision at the beginning of the training year.</p> <p>F. Residents contribute to program planning and development and are included on program's training committee.</p> <p>G. Certificate of completion.</p>	
	<p><u>FACILITIES, RESOURCES, AND PROGRAM-LEVEL EVALUATION STANDARDS</u></p> <p>VII. Facilities, Resources</p> <p>A. Facilities and resources adequate, including:</p> <ol style="list-style-type: none"> 1. quiet, accessible, secure and private work space 2. secure storage of residents' work 3. efficient means of communication with supervisors and fellow residents 4. policies and mechanisms to ensure client confidentiality 5. secure and sound-dampened space 6. reasonable clerical support 7. audio-visual resources 8. computer access 9. library facilities 10. current and relevant assessment materials 11. access for students with disabilities 	

	<p>VIII. Public Disclosure</p> <p>A. Descriptive materials include philosophy and mission, structure and goals of training programme and host organization</p> <p>B. Evidence of accreditation status made available to applicants</p> <p>C. Name and address of the CPA Accreditation Office in the program's brochure and website.</p>	
	<p>IX. Quality Improvement</p> <p>A. Mechanisms in place to examine success in meeting model's goals and objectives. Model, goals and objectives and curriculum reviewed in light of</p> <ul style="list-style-type: none"> • the evolving body of scientific knowledge in psychology as it applies to professional practice, • current professional and regulatory standards of best professional practice, • local, regional, and national needs for psychological services, and • the jobs and career paths attained by the program's graduates. • emerging issues related to equity, diversity, and inclusion of different groups or populations in the community. <p>B. Self assessment activities are responsibility of Director of Training and Training Committee to address</p> <ul style="list-style-type: none"> • program's standards for the preparedness of applicants to undertake residency training, • program's expectations of residents for successful completion and the residents' success in meeting them, • preparedness of the program's graduates to apply for registration, and • applicability of knowledge and skills acquired on residency to postdoctoral training and employment. 	
	<p>X. Relationship with the CPA Accreditation Panel</p> <p>A. Comply with the Standards including:</p> <ol style="list-style-type: none"> 1. Submission of self-studies 2. Scheduling and preparing for site visits, 3. Submission of annual reports 4. Supplying Accreditation Panel with other information as relevant 5. Submission of fees <p>B. Maintain written records of their compliance with the Standards</p> <p>C. Inform the CPA Accreditation Panel any changes in a timely manner</p>	

