

Canadian Psychological Association

Proposed Revisions for the 6th Revision of the Accreditation Standards for Doctoral and Residency Programs in Professional Psychology

November 1, 2021

BACKGROUND AND RATIONALE FOR SIXTH REVISION

The 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 Standards (between 1989 and 2011) have been approved by the CPA Board of Directors, and the present document marks the sixth revision of the CPA's Accreditation Standards.¹

The goal for the present revision of the Standards is 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 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 Canada's Indigenous Peoples by the discipline of psychology³, 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 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 Canadian Psychological Association (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, CPA has an important role in the development and the scope of psychology as a discipline and as a profession.

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 the Canadian Psychological Association's *Psychology's Response to the Truth and Reconciliation Commission of Canada's Report*

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 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, and that promotes: equity, diversity, inclusion, and access, reflective practice, outcome evaluation, collaboration, and continuous learning.

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.

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. 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; see Appendix B), and with the Association of Canadian Psychology Regulatory Organizations (ACPRO) *Position Statement on the National Standard for Entry to Practice* (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.
- hold that the doctorate degree (Ph.D., Psy.D. or Ed.D.) 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 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 both quantitative and qualitative systematic reviews and quantitative meta-analysis and qualitative meta-syntheses. Judicious review of other sources of information, such as randomized control 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 sociopolitical/cultural contexts.

Evidence-based practice requires the integration of research-based knowledge/skill, clinician expertise/judgement, and **client**/family values and circumstances⁵. Clinical expertise/judgement, derived from the application of assessments and treatments to a range of clinical populations, informs and guides training as research-based findings require nuancing 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

⁵ See Sackett et al.(1996)

race, religion, heritage, 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. Key means by which we do so effectively is by 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 in a fulsome manner; it also requires the identification and inclusion of historically, persistently, and systemically marginalized persons and groups (e.g. racialized persons and peoples such as Black, Indigenous, and Persons of Colour [BIPOC 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.

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, 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 to confront 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 be provided with opportunities for research and practice that identify and reach individuals and groups who face barriers in accessing psychological services.

Reconciliation Promotion: Canada's Indigenous Peoples are the original inhabitants and custodians of the land on which we live and work. They have unique relationships with 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 psychology⁶. 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 Truth and Reconciliation Commission (TRC) of Canada 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. In order to demonstrate this commitment, programs should demonstrate how they have responded to relevant TRC Calls to Action (2015) and recommendations outlined in CPA’s “Psychology’s Response to the Truth and Reconciliation Commission of Canada’s Report” (May 2018).⁷

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 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 (2017): “The supervisor has a special responsibility to address fluctuations and possible ruptures in the supervisory relationship in ways that are respectful, constructive, and open”.⁸ 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) 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

⁶ Although the focus of this value is on Canada’s Indigenous Peoples, this approach could also be used for other historically, persistently, and systemically marginalized groups (e.g. BIPOC persons, peoples, and communities, LGBT2SQ+ persons and communities)

⁷ Extensive guidance can be found in the CPA report prepared by the Task Force on Responding to the Truth and Reconciliation Commission of Canada’s Report (https://cpa.ca/docs/File/Task_Forces/TRC%20Task%20Force%20Report_FINAL.pdf).

⁸ https://cpa.ca/docs/File/Ethics/CoEGuidelines_Supervision2017_final.pdf

include, but are not limited to: the CPA Accreditation Panel, the CPA 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 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 Mutual Recognition Agreement (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 post-graduate 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; 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: 1) foundational competencies and 2) 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**⁹ as their main strategy for the evaluation of performance during practica and residency experiences.

Foundational competencies¹⁰. Foundational (or cross-cutting) competencies represent the consolidated knowledge, values, skills, and attitudes in broad areas of professional practice, on which functional competencies are built. 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:

⁹ For examples of behavioural anchors, see the American Psychological Association Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties (2020) (<https://www.apa.org/ed/graduate/specialize/taxonomy.pdf>)

¹⁰ Definitions for foundational competencies adapted from Rodolfa et al. (2005) A Cube Model for Competency Development: Implications for Psychology Educators and Regulators. *Professional Psychology: Research and Practice*, 36(4), 347–354.

Individual, social, and cultural diversity: underscores 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 Canada's Indigenous Peoples. Training is regionally-relevant and includes awareness of the significant work of the Truth and Reconciliation Commission (TRC) of Canada, 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 research evidence, clinical expertise, and *client* values and contextual information.

Professionalism: development of professional identity and professional behaviour. This domain refers to the (i) ability to identify and observe boundaries of competence in all areas of practice and (ii) 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 makes adjustments to priorities as demands evolve), appropriate collegial communication (verbal and nonverbal communications 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 & complex relationships including those with individuals and groups who differ significantly from oneself), and personal congruence between professional ethical values and behaviours that strives to inspire trust in the profession (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).

Reflective practice, Bias evaluation: 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 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 Mutual Recognition Agreement (MRA) of the Regulatory Bodies for Professional Psychology in Canada (2001, 2004, see Appendix B) and the Association of Canadian Psychology Regulatory Organizations Position Statement on the National Standard for Entry to Practice (2014; 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.¹¹

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

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

¹¹ 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 Services Specialties and Subspecialties to describe such training. (<https://www.apa.org/ed/graduate/specialize/taxonomy.pdf>)

The aforementioned competencies are established during doctoral training but 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: manage the direct delivery of services and/or the administration of organizations, programs, communities, or agencies. Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (*client*), institutional, and/or systems level.

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	Reflective practice, Bias evaluation	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 provincially or territorially **chartered Canadian university**.
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 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. 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 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 three academic years of full-time, **resident graduate study** (or its equivalent¹²) at the doctoral level. Training is provided in an in-person, face-to-face instructional format.¹³

II. Philosophy, Mission, Model

A program's mission represents the totality of its values and principles, and 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 Standard II. 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 and Criteria 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 stakeholders 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)?

¹² Training in professional psychology includes socialization to the profession, faculty role-modeling, 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 programme to demonstrate that these accommodations allow for substantial equivalency to full-time studies in all aspects of that student's training.

¹³ The Accreditation Panel is aware of the evolving role of new technologies in education and training, and requires that any program utilizing distance or electronically-mediated education technologies to adhere to the requirements of Standard XI.B, and ensure that in so doing they continue to comply with this 3-year residency requirement.

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 and their graduates to readily demonstrate how they have trained their students to develop the professional competencies defined at the beginning of this document.

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) 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 detail its attention to 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 task forces 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 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, and 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 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 which include but are not limited to, CPA's Canadian Code of Ethics for Psychologists and Practice Guidelines for Providers of Psychological Services. 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 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 is comprised of 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 modeling, 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 modeling self-care, wellbeing, 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 mindful of the importance of self-care, wellbeing, 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, and can also include complementary and adjunct faculty 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 competences is done in an integrated manner (see also section 'The Standards Competency Framework' on p. 6).

- 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 specialities. The program requires that each student demonstrate undergraduate or graduate competence in these areas in any 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 two-semester (or two, one-semester) **undergraduate course**. There is an exception for the Historical and Scientific Foundations of General Psychology area, which can be fulfilled with a one-semester, senior undergraduate course.

The **general psychology core content areas** are¹⁴:

- The biological bases of behaviour,
- The cognitive-affective bases of behaviour,
- The social-cultural bases of behaviour,
- Individual differences, diversity, growth and lifespan development, and
- The historical and scientific foundations of psychology

In addition to these, Clinical Neuropsychology programs have the following additional requirements in the Foundations for the study of brain-behaviour relationships¹⁵

- Functional neuroanatomy
- Neurological and related disorders including their etiology, pathology, course, and treatment
- Non-neurologic conditions affecting central nervous system (CNS) functioning
- Neuroimaging and other neurodiagnostic techniques
- Neurochemistry of behaviour (e.g., psychopharmacology)
- Neuropsychology of behaviour

- 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

¹⁴ For definitions and examples of individual general psychology core content areas, please see the Glossary.

¹⁵ Core content areas for neuropsychology programs follow the Houston Conference Guidelines (retrieved from: <https://uh.edu/hns/hc.html>) for training in clinical neuropsychology, and any areas not included in this table are addressed by the functional and foundational competencies listed below.

neuropsychology are required to be included in each of these areas of instruction (see also Figure 1).¹⁶

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 to address systems of oppression and discrimination that often occur on the basis of, and at the intersection of, these 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 Report, 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 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 the (i) ability to identify and observe boundaries of competence in all areas of practice and (ii) 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 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 personal congruence between professional ethics/values and behaviours that strives to

¹⁶ Definitions for foundational competencies adapted from Rodolfa et al. (2005) A Cube Model for Competency Development: Implications for Psychology Educators and Regulators. *Professional Psychology: Research and Practice*, 36(4), 347–354.

- inspire trust in the profession (including congruence between own and others' assessment 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, 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. Reflective practice, bias evaluation: 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. 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. Interdisciplinary 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 practises.

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 are required to be included in each of these areas of instruction. Additionally, training in each functional competence must include commensurate training in the above foundational competencies (see Appendix D for an example).

1. Assessment using more than one type of assessment approach (e.g., intelligence testing, behavioural assessment, personality testing, and/or 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, neuropsychological interventions, integrative, multicultural, feminist); and that use different modes of delivery (e.g., individual, couple, family, group, telepsychology).
 3. Consultation (e.g., inter-professional 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, and test construction and psychological measurement, including the assumptions underlying research methods.)
 5. Program development and evaluation (e.g., methodology for total quality management, inter-disciplinary 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**, 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 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 assessed 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. 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 student's work have occurred over the course of the student's training and across multiple competency domains; at a minimum, students are 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 twenty-five percent (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.

Individual Supervision:

- At least seventy-five percent (75%) of the supervision 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.
- 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 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 receiving group supervision.

- Up to twenty-five percent (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 Panel acknowledges and supports training programs that allow practicum students to be supervised by residents or doctoral students with appropriate experience. It is necessary, however, that the residents providing such supervision receive supervision from a doctoral-level, registered psychologist specifically for this activity.

Group Supervision:

- Up to twenty-five percent (25%) of supervision 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*.
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 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 following practicum requirements 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- 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 students have completed the following prior to undertaking the residency year:

1. all requisite coursework;
2. practicum requirements, as defined by Standard VI;

3. received approval for 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 defined under the Standards for residency programs in 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 university 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 established that the residency is equivalent to a CPA-accredited residency must be articulated and publicly disclosed. The Standards and Criteria for CPA accreditation of residency programs are detailed later in these Standards; and
- 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, program 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 penalised 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 organization (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, etc.,
7. computer facilities, including Internet access, which supports communication, research, and data analysis,
8. resources, including consultants, to support data analysis,
9. audio-visual recording equipment, 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 or clinical neuropsychology or combined program. Its descriptive materials communicated to all applicants, describe the:
 - i. program's philosophy and mission,
 - ii. theoretical orientations as well as professional and research interests of the program's faculty,
 - iii. 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. requirements and expectations of students, including, but not limited to, the completion of a CPA-accredited residency (or its equivalent)
 - v. academic and practical functions for which the student will be prepared, and
 - vi. training resources at the program's disposal.
 - vii. 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 Office¹⁷
 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; and
 - vi. percentage of graduates that successfully become registered/licensed psychologists.

XI. 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 its 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

¹⁷ It is important when giving evidence of its accreditation status that the programme clearly indicate the name of the programme for which accreditation has been accorded. It is the programme which is accredited, not its department or host institution. In the event that there are several programmes within the host department, statements must be clear when indicating which programme(s) is accredited.

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, its 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 underrepresented groups); and
 - the jobs and career paths attained by the program's graduates.
- 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-modeling, 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 Standards and Procedures, which include, but are not limited to, meeting deadlines prescribed by the Accreditation Panel for:
 - 1. Submit self-studies in preparation for a site visit. The self-studies are prepared in accordance with the reporting prescriptions of the Panel,
 - 2. Schedule and prepare for a site visit,
 - 3. Submit annual reports in a timely manner. Annual reports are prepared in accordance with the reporting prescriptions of the Panel,
 - 4. Supply the Accreditation Panel with any other information relevant to maintaining the program's accreditation status, and
 - 5. Submit all fees, according to the schedule prescribed by the Panel, which include, but are not limited to, the self-study application, the site visit, and annual fees.
- B. Maintain written records of their compliance with the Standards (i.e., records of annual reports, self-studies, correspondence with the CPA Accreditation Panel), and any changes or innovations the program has made to maintain or better meet the Standards.
- C. Inform the CPA 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 foregoing assumptions underlying accreditation, programs seeking accreditation must meet the following eligibility requirements:

A. Organization

1. The residency 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 is commensurate with that of a Master's-level mental health professional, and accounts for yearly cost-of-living increases, as well as average cost of living in the community in which the program is located. All residents 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 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 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:
 - 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 (e.g., are

elaborated in their own section of this Manual (immediately following the standards for residency training).

B. Program

1. Applicants are enrolled as students of a CPA- or APA-accredited¹⁸ 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 students have completed the following prior to undertaking the residency year:
 - all requisite coursework,
 - all practicum requirements outlined by their doctoral training program,
 - 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 university 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 CCPPP).
6. The residency is a 1600-hour commitment, which is full-time over the course of one year or half-time over the course of two years. If a student elects for a half-time experience over two 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.

¹⁸ See First Street Accord (<https://cpa.ca/accreditation/accreditationthroughoutnorthamerica/>)

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.

II. Philosophy, Mission, Model

A program's mission represents the total of its values and principles, and 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 Panel's position that a program be able to meet the prescriptions of the Accreditation Standards and Criteria 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 publics 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, which 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 on degrees or types of programs and 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.

- A. The program's philosophy and mission:
 - 1. are fully developed and articulated, including its values, principles, goals, and objectives,
 - 2. 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
 - 3. 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 students. 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 competence 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.A.7.
- D. Residents make reasonable commitments to progress through the program in a timely fashion while 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 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:
 - 1. advocacy for the profession;
 - 2. planning, delivering, and monitoring professional psychological services;
 - 3. monitoring professional issues and supporting staff in meeting professional standards;

4. 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 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.C 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 which include but are not limited to, CPA's Canadian Code of Ethics for Psychologists and Practice Guidelines for Providers of Psychological Services. 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 modeling self-care, wellbeing, resilience, and balance between professional and personal lives. Supervisors encourage and actively support residents in the timely completion of their residency requirements while mindful of the importance of self-care, wellbeing, 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 enhance supervisory competence.

TRAINING STANDARDS

- V. Knowledge and skills (see Competency model above)

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 inter-professional 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 and 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 knowledge 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 practicing 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 competence listed in in V.B must include commensurate training in the foundational competencies that complement them, including¹⁹:

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 to address systems of oppression and discrimination that often occur on the basis of these 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 Report, 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 in research evidence.
4. Professionalism: development of professional identity and professional behaviour. This domain refers to the (i) ability to identify and observe boundaries of competence in all areas of practice and (ii) 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 makes adjustments to priorities as demands evolve), appropriate collegial communication (verbal and nonverbal communications 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 personal congruence between professional ethical values and behaviours that strives to inspire trust in the profession (including congruence between own and others' assessment and ability to resolve any incongruities therein). Professionalism also requires attention to

¹⁹ Definitions for foundational competencies adapted from Rodolfa et al. (2005) A Cube Model for Competency Development: Implications for Psychology Educators and Regulators. *Professional Psychology: Research and Practice*, 36(4), 347–354.

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. 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. Reflective practice, bias evaluation: 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 are required to be included in each of these areas of instruction. Additionally, training in each functional competence must include commensurate training in the foundational competencies outlined in V.A (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, and/or neuropsychological assessment),
2. Intervention (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, neuropsychological interventions, integrative, multicultural, feminist); and that use different modes of delivery (e.g., individual, couple, family, group, electronically-mediated).

3. Consultation (e.g., inter-professional 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, inter-disciplinary 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 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 four hours per week for full-time residents; at least three of which are individual supervision. The three individual hours are directed towards the supervision of the psychological service provided by the resident directly to **clients**. The fourth 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 four 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 Standard 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., three of the four 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.
- 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 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 would be receiving group supervision.
- At least ten percent (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-visual recordings of the student's work.
- Up to twenty-five percent (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. It would be the responsibility of the supervisor to advise the student about the amount of time spent on such asynchronous supervision.

Group Supervision:

- Up to twenty-five percent (25%) of supervision 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:

- 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. Residents who, in the opinion of the program, are not meeting minimum standards will:
 1. be advised of their substandard performance in writing,

2. 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
 3. not be terminated from a program, or receive a failing grade at the conclusion of the residency, until the remediation plan is deemed unsuccessful in helping the resident achieve standard performance.
 4. 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, 2017) or policies defined by the host institution.
 5. If remediation is required of a resident, the program will contact the Director of Training of the resident's doctoral programme 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. This format accurately reflects the program's stated goals and objectives and explicitly assesses the resident's performance and progress in meeting training goals and objectives. The evaluation is completed by the 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 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:
1. is in writing,
 2. 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),
 3. synthesizes all supervisors' evaluations, and
 4. is submitted in a form 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:
1. the institution of a remediation plan,
 2. the determination that a resident has failed to meet the provisions of the remediation plan, and
 3. 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:
1. quality and quantity of supervision and instruction, and
 2. 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 that 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 unique needs. When these accommodations require additional resources from the host organization (Standard I.A.2), 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:
 1. quiet, accessible, secure and private work space (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. audio-visual 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, 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 and mission, structure and goals of the training program, and 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 which 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 accredited.
- C. Include the name and address of the CPA Accreditation Office in the program's brochure and website.

IX. Quality Improvement

The critical questions a program asks and answers when addressing Standard IX 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?*

- A. 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. 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, its goals and objectives, as well as its curriculum, in light of:
 1. the evolving body of scientific knowledge in psychology as it applies to professional practice,
 2. current professional and regulatory standards of best professional practice,
 3. local, regional, and national needs for psychological services, and
 4. the jobs and career paths attained by the program's graduates.
- 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:
 1. program's standards for the preparedness of applicants to undertake residency training,
 2. program's expectations of residents for successful completion and the residents' success in meeting them,
 3. preparedness of the program's graduates to apply for registration, and
 4. 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 prepare 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 Accreditation 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, according to the schedule prescribed by the Panel, which include, but are not limited to, the self-study application, the site visit, and annual fees.
- B. Maintain written records of their compliance with the Standards (i.e., records of annual reports, self-studies, correspondence with the CPA Accreditation Panel), and any changes or innovations the program has made to maintain or better meet the Standards.
- C. Inform the 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.

AFFILIATED AND NON-AFFILIATED 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 (nonaffiliated 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 nonaffiliated 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 internship 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 an 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 an resident from a different university. Residencies that are fully or partially captive to a doctoral program(s) can be accredited concurrently with the doctoral program.

RESIDENCY CONSORTIA

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 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 following:

- the integration and organization of the training program offered by the consortial settings,
- 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, that is continually updated with time and changes. 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 and Criteria 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 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, 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, evaluates residents performance as well as evaluates the program itself. These policies and procedures apply to and include all settings that make up the consortium and are available, in writing, at each site,
 - iv. There is a single set of documentation (e.g., brochure, manual, website) that describe the consortial program and that is made available to the public,
 - v. Every resident is assigned to more than one of the service settings that make up the consortium, and all residents have access to rotations at all settings, over the course of the residency year. All settings are used during any given training year,
 - 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 Standard I.B.6 of the Standards and Procedures for internship programs, there are at least three (and preferably more) residents enrolled in a consortial residency program, and
 - 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 accredited status.

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 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. 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 exists between the doctoral program(s) and its service settings that all CPA Standards and Criteria 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 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, evaluates residents' performance as well as 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 at each doctoral and service site,
 - iv. There is a single brochure and website that describe the consortial program and that is made available to the public,
 - v. Every resident is assigned to more than one of the service settings that make up the consortium, and all residents have access to all settings, over the course of the residency year. All settings are used during any given training year,
 - 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 Standard I.B.6 of the Standards and Procedures for residency programs, 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. The doctoral programs and the service settings cannot independently claim or represent accredited residency status, and
 - ix. The consortium meets all standards and criteria for residency programs as described earlier in this document.

REFERENCES:

- American Psychological Association. (2020). *Education and training guidelines: A taxonomy for education and training in professional psychology health service specialties and subspecialties*. Retrieved from <http://www.apa.org/ed/graduate/specialize/taxonomy.pdf>
- Canadian Psychological Association & Psychology Foundation of Canada (2018). *Psychology's Response to the Truth and Reconciliation Commission of Canada's Report*. Ottawa, ON: Author. Retrieved from: https://cpa.ca/docs/File/Task_Forces/TRC%20Task%20Force%20Report_FINAL.pdf
- Canadian Psychological Association (CPA). (2017). *Canadian code of ethics for psychologists (4th ed.)*. Ottawa, ON, Canada: Author.
- Canadian Psychological Association. (2009/2017). *Ethical Guidelines For Supervision In Psychology: Teaching, Research, Practice, And Administration*. Ottawa, ON, Canada: Author.
- 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., Rosenberg, W., Gray, J, R Brian Haynes, R., & Richardons, S. (1996) Evidence based medicine: what it is and what it isn't. *British Journal of Medicine*, 312, 71-72
<https://doi.org/10.1136/bmj.312.7023.71>
- Truth and Reconciliation Commission of Canada (2015) *Calls to Action*. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

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, nationality, language, sexual orientation, physical and psychological functioning, gender, age, socio-economic status or the intersection of these dimensions of diversity.

Anti-Oppressive/Anti-Oppressive: Strategies, theories, and actions that challenge social and historical inequalities/injustices that have become part of our systems and institutions and 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.

Chartered Canadian university: Universities that are established and operate under provincial and territorial government charters.

Clients: 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 programme 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 CPA 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: includes both doctoral dissertations, as well as 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 sociopolitical/cultural contexts.

General psychology core content areas:

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

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, 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.

Basic neurosciences: includes education in neuroanatomy and clinical neuroanatomy.

Behavioural neurosciences: includes education in physiological psychology and pharmacology,

Basic human neuropsychology: includes education in the relationship between behaviour, emotion, cognition, and brain function.

Principles of rehabilitation: includes education in the assessment and treatment of psychological concerns arising from disability or injury.

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.

Licensed/Credentialed: In possession of license or certification in good standing to provide the services being supervised.

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

Psychology Faculty

Core Program Faculty: Core faculty members are 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 Program 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)

Part-time/Adjunct Program Faculty: clinicians responsible for supervision in the community and/or teaching occasional or specialized courses.

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

Resident 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 programmes do not have direct entry to their doctoral programs (i.e., programs that are structured as a master's-PhD stream), or when a student is accepted to a doctoral program from another institution.

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: Includes, but is not limited to, the core clinical faculty of the training program. Can also include complementary and adjunct faculty, and faculty in administrative roles (e.g. clinic directors, practicum coordinators).

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, Marshall, & Marshall, 2012, p. 335)

University Department or Academic Unit Faculty Complement: Can include both university psychology departments or 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. 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 Canadian Psychological Association 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 Education and Training Board to undertake accreditation of applied psychology programs at the doctoral level” (Webster, 1967, p. 111).

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

At the 1980 Annual Meeting of the Canadian Psychological Association 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 Canadian Psychological Association. That accreditation initiative, and the efforts of the CCCPPD in drafting criteria, were supported by the Board of Directors of CPA 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 Canadian Psychological Association’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 American Psychological Association and the Canadian Psychological Association and the chairs of the APA Committee on Accreditation and 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 (see Appendix A for APA/CPA “Memorandum of Understanding”). 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 1988-89. 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 (1st 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 (2nd revision).

In August of 1990, Sections 1 and 23 submitted a proposal to the Board of Directors which 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 (3rd 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 are presented separately from the standards and criteria for accreditation in clinical neuropsychology in this Manual. It should be noted, however, that in accordance with direction received from the 1996-97 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 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 1996-97, the Panel undertook its fourth review of the accreditation criteria (4th 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 1996-97 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", p.16-17, fall 1997). 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 CPA's, and the CPA Accreditation Panel's, acceptance of the CPA Psy.D. Task Force's 1998 recommendations. The Panel anticipated the application of the 2002 Standards to Psy.D. programs as these programs began to emerge in Canada and seek accreditation. Prior to the 2011 revision, two Psy.D. 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 2011 revision 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 have also been 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. Accordingly, the criteria of Standard II (Philosophy, Mission and Curriculum) have been mapped on to the competencies defined by the Mutual Recognition Agreement (MRA) of the Regulatory Bodies for Professional Psychology in Canada (2001, 2004).

Mutual Recognition Agreement

Mutual Recognition Agreement of the Regulatory
Bodies for Professional Psychologists in Canada
- June, 2001
1-13

Mutual Recognition Agreement of the Regulatory
Bodies for Professional Psychologists in Canada
- As Amended June, 2004
14-28

Amendments to the Mutual Recognition
Agreement of the Regulatory Bodies for
Professional Psychologists in Canada - June, 2004
29-32

²⁰ Downloadable version available at <https://cpa.ca/docs/File/MRA.pdf>

APPENDIX C - Association of Canadian Psychology Regulatory Organizations Position Statement on the National Standard for Entry to Practice²¹



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

²¹ Downloadable version available at <https://acpro-aocrp.ca/wp-content/uploads/2020/03/ACPRO-Position-Statement-National-Standard-November-2014.pdf>

Appendix D – Example of Foundational and Functional Competencies in Professional Psychology Training
(THIS TABLE WILL INCLUDE A COMPLETED ROW AS AN EXEMPLAR)

		Foundational Competencies							
		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	Interdisciplinary collaboration and service settings
Functional Competencies	Assessment								
	Intervention								
	Consultation								
	Supervision								
	Research								
	Program Development and Evaluation								
	Teaching								
	Leadership, Service, and Advocacy								

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 Canada's Indigenous Peoples 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 *Canada's Truth and Reconciliation Commission'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's 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 People's 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 and 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 People's 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, 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 both 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 are 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 (e.g., intervention, assessment) 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 Canadian Psychological Association & 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 acknowledgment 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 (from *Relationship building with First Nations and public health: Exploring principles and practices for engagement to improve community health*)

The “*Relationship building with First Nations and public health*” document indicates that effective engagement and relationship building with Indigenous communities is 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”. 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” and that “there is no single engagement approach that will work with all Indigenous communities”.

Trust “can be viewed as a foundation to building a respectful and mutually empowering long-term relationship” 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.”

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.” 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.”

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.” Commitment is also “important for sustaining long-term and effective partnerships. Practices that support co-learning and power sharing can foster mutual responsibility.”

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 those 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 (drawn largely from *Meeting In The Middle: Protocols And Practices For Meaningful Engagement With Indigenous Partners And Communities*)

The following recommendations for meaningful engagement 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 focusses 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 Elders and Knowledge Keepers
15. Engage 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 (see p. 1).

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*. Ottawa, ON: Author. Retrieved from: https://cpa.ca/docs/File/Task_Forces/TRC%20Task%20Force%20Report_FINAL.pdf

City of Toronto, Shelter, Support and Housing Administration (2019). *Meeting In The Middle: Protocols And Practices For Meaningful Engagement With Indigenous Partners And Communities*. Retrieved from: 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.

Joseph, B., & Joseph, C. F. (2019). *Indigenous relations: Insights, tips, & suggestions to make reconciliation a reality*. Indigenous Relations Press.

Marshall, A. (2018). *Learning together by learning to listen to each other*. Retrieved from:
<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.
Retrieved from: https://www.phsd.ca/wp-content/uploads/2017/12/FirstNationsTeam_LiteratureReview_FINAL.pdf

Truth and Reconciliation Commission of Canada (2015) Calls to Action. Retrieved from
http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf