

WATERLOO REGION PSYCHOLOGY CONSORTIUM¹

Predoctoral Residency in Clinical Psychology

Policies and Procedures

2020 – 2021

¹ Updated July 2020 and applicable to the 2020-21 training year.

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Waterloo Region Psychology Consortium

Introduction

The Consortium consists of six organizations that provide mental health and/or educational services in Waterloo Region. As the host organization of the Consortium, Lutherwood is the employer of prospective residents and of the Training Director and associated administrative staff. The other partners are Campus Wellness², University of Waterloo; Centre for Mental Health Research and Treatment (CMHRT), University of Waterloo; the Waterloo Region District School Board (WRDSB); Homewood Health Centre; and the Private Practice of Drs. Doering, Torrance-Perks, Drugovic, Lawrence, Aquino, and Associates – Dr. Julie Torrance-Perks. The number of rotations provided by each of the partner organizations is negotiated annually. Full descriptions of participating agencies may be found in the Waterloo Region Psychology Consortium Guide.

1. Training Committee

1.1 Purpose

To guide all processes and decisions involving the Waterloo Region Psychology Consortium residency.

1.2 Duties and Responsibilities

The Training Committee is responsible for the Consortium

- For ensuring that the structures and program content fit with CPA accreditation and APPIC requirements as well as the requirements of participant organizations
- For overseeing the operations of the WRPC to ensure that CPA, APPIC, and other quality requirements are being upheld
- For overseeing the annual planning process prior to recruitment
- For the recruitment, selection, placement and evaluation of residents
- For overseeing the annual contracting process between the host organization and participant organizations
- For annual revisions to the WRPC Guide and Policy and Procedures Manual.

1.3 Membership

The Training Committee consists of the following members:

- The Training Director, who acts as the chair of and a resource to the Training Committee
- A psychologist who acts as voting member and Site Coordinator from each of the participant organizations
- A non-voting member from the host organization to ensure administrative requirements are appropriately monitored
- Each of the current program residents on a rotating basis (typically, half of the residents during the first six months, and the other half during the second six months)

² Campus Wellness is or has been variously referred to in some materials as Counselling Services, Counselling and Psychological Services, or C & PS

In addition, other participants from the consortium may elect to attend Training Committee meetings for the purposes of gathering and sharing information, and offering input into the consortium's operations. These may include:

- Clinical supervisors from the consortium rotation sites (participant organizations)
- Administrators from the participant organizations who are responsible for oversight or management of training and/or psychology at their organizations, and as such are involved in the administration of their organization's involvement in the residency
- Residents who are not currently the resident representatives (upon approval of time availability and fit with training plan from their supervisors)

1.4 2020-2021 Members³ (projected; subject to change)

Voting Members:

- Lutherwood: Dr. Karen MacLeod (Training Director)
- Campus Wellness: Dr. Walter Mittlestaedt
- Centre for Mental Health Research and Treatment: Dr. Marjory Phillips
- Waterloo Region District School Board: Dr. Lisa Mulvihill
- Homewood Health Centre: Dr. Ann Malain
- Drs. Doering, Torrance-Perks, Drugovic, Lawrence, Aquino, and Associates: Dr. Julie Torrance-Perks

Non-Voting Participants:

- Resident Representatives:
 - September 2019 – February 2020: (TBD)
 - March – August 2020: (TBD)
- Lutherwood: Kelly Bedbrook (Administrative Assistant)
Tracy Mewhort-Buist (Clinical Supervisor)
- Campus Wellness: Christine Tauer Martin (Manager, Counselling Services, UW)
- Other relevant participants, as described above, may attend on an occasional basis as need or interest arises

1.5 Meetings

- Training Committee meets on a regularly scheduled basis. The current frequency is once monthly, for 1 ½ hours.
- Additional meetings may also be called at the discretion of the Training Director in consultation with members or staff.
- The committee is chaired by the Training Director, or a rotating chair is assigned from the site coordinators, at the committee's discretion

1.6 Reporting

Official meeting minutes are retained at the administrative offices of the host agency. Minutes are distributed to site coordinators, who distribute as needed among members and participants at their sites.

³ It is recognized that Dr. MacLeod, as Training Director, Site Coordinator, and Site Supervisor, fulfills multiple roles within the WRPC hence creating potential conflicts of interest. Similarly, each Site Coordinator also acts as a clinical Site Supervisor, also creating potential conflicts of interest. Please refer to pages 23 - 28 of this Manual for a description of how we endeavor to manage such conflicts of interest, should they arise.

1.7 Review

The Training Committee will review its mandate annually.

2. Responsibilities of Members

2.1 Responsibilities of the Training Director

- Overall coordination of the Consortium, including:
 - Ensuring regular training committee meetings
 - Coordinating training committee activities such as brochure update and distribution
 - Resident welcome and farewell social events
 - Review of resident and supervisor goal setting and evaluations
 - Communication with each resident's academic training program
 - Communication with Canadian Psychological Associations Accreditation Panel
 - Delegation of the coordination of the resident seminar series
 - Attendance at the annual meeting of the Canadian Council of Professional Psychology Programs
 - Attendance at twice-yearly Joint Meetings of Internship Directors and Training Directors, College of Psychologists of Ontario
 - Serving as a resource for residents, site coordinators, and site supervisors on issues relating to specific residents' training and evaluation
 - Meeting with residents as necessary, and individually a minimum of three times per year.
- Coordinating recruitment of residents, including
 - Advertisement of the program
 - Applicant selection, interviews, and rankings
 - Coordination of accepted residents and employment requirements
 - Coordination of rotations
 - Acting as a main point of contact for residents (e.g., providing feedback and evaluation to residents and their DCTs, ensuring smooth transitions between rotations, addressing residents' concerns, and providing residency program, host agency, and other information as needed) and site coordinators (e.g., organizing around timelines and expectations, summarizing evaluation feedback, facilitating and organizing applicant selection and interviews across sites, ensuring needs of organizations are likely to be met through the residency program in keeping with the consortium contract).
- Involvement in seeking resolution to resident and/or supervisor grievance difficulties that require higher-order processes, including:
 - Creating alternative arrangements should any of the residents be unable to complete residency due to health or family planning concerns
 - Creating a plan to monitor and provide support should any of the residents be placed on probation.

2.2 Responsibilities of Training Committee Members

- Regularly attend Training Committee meetings (or send an alternate representative)
- Report Training Committee activities to their respective constituencies
- Represent their constituency's training issues at the Training Committee meetings
- Be aware of specific training issues ongoing in the Profession
- Facilitate implementation of the Training Committee policies
- Provide oversight for the application, interview, and applicant selection process

2.3 Responsibilities of Site Coordinators

- Assist with the brochure description of their site, its staff, and the rotations at their site
- Meet with residents during the initial Consortium orientation
- Receive all documentation related to residents at their site
- Liaise with the management of their organization regarding site specific issues (e.g., office space, access to resources)
- Address concerns or complaints specific to the site
- Ensure regularly scheduled opportunities to provide agency staff with feedback on Consortium activities, changes, and updates, and for staff to ask questions, provide site updates or request future agenda items (can be within site psychology meetings)
- Keep the Consortium apprised of site staffing and rotation changes, site concerns and/or needs
- Keep on-site residency materials current (e.g., revised policies/procedures, up-to-date brochure)
- Ensure a site welcome and orientation for new residents (e.g., meeting staff, verbal introduction to site, orientation to physical spaces at sites, luncheon with other site supervisors)
- Assist with resident consultation and case review process in the event of patient suicide or another adverse event
- Assist in mediation of conflicts between supervisor and resident (when irresolvable by Training Director) or Training Committee and resident
- Participate in Ad Hoc Review Committee when needed for probation procedures
- Address complaints regarding residents' behaviour by clients, staff, others.
- Serve as member of the Training Committee

3. Philosophy

The purpose of the Consortium's training programme is to develop psychologists who will be capable of sound, independent professional functioning in the provision of psychological assessment, intervention, and consultation. We believe that clinical competence is built on a solid base of scientific evidence and on experience with a variety of assessment and treatment approaches. Our programme is committed to building on the base of knowledge and experience that residents have already begun to establish in graduate school and in previous practica. The Consortium settings offer opportunities for residents to develop and hone their skills in working with clients with complex and serious challenges within varying therapeutic models. Clinical experiences are available across a wide age range, from young children to adults. We encourage the development of clinical understanding from a variety of theoretical orientations. We make every effort, within the structure of the Consortium, to individualize residents' training experiences to suit their interests and needs. We are committed to providing the degree of supervision necessary to permit residents to manage complex cases effectively, with supervision designed to facilitate gradually increasing independence.

Psychology staff across the Consortium are committed to:

- The development, provision, and evaluation of high-quality psychological services that promote the physical, emotional, cognitive, and social well-being of persons seeking assistance
- The training of skilled, ethical, healthy psychology professionals
- The advancement of psychological perspectives in health and mental health care.

3.1 Psychological Services Offered

Psychological services are regulated by the College of Psychologists of Ontario and are offered in accordance with the relevant legislative acts and professional standards, guidelines, and codes of ethics. Although specific functions for psychology staff vary by agency and service area, services include:

- Psychological assessment and diagnosis
- Psychological treatment
- Psychological consultation
- Provision of training in psychology (e.g., supervision of practicum students)
- Contribution of psychological (a) perspectives to evaluation of clinical programmes and policy initiatives within host agencies and (b) expertise through education in health-care and community settings
- Facilitation, implementation, and dissemination of research and/or program evaluation.

3.2 Goals and Objectives

The specific **goals** that emanate from our philosophy of training are as follows:

- Residents will further their mastery of clinical skills and demonstrate sound clinical judgment in the provision of psychological assessment, intervention, and consultation.
- Residents will ground all aspects of their practice in knowledge of the most current research, and will have an understanding of the role and application of program evaluation in service provision settings.
- Residents' exercise of clinical skills and judgment will be informed by sensitivity to individual and cultural differences.
- Residents will solidify their sense of themselves as future psychologists, incorporating the values, standards, and ethical principles that this professional identity entails, as well as developing a healthy work-life balance and ability to incorporate self-care into their professional practice.

The following **objectives** correspond to each of these goals. The extent to which these objectives are met will vary according to the level of training/skill/preparation of each resident.

1. **Assessment/Diagnosis/Consultation**

Residents are expected to achieve competence in the skills and judgments required for assessment, diagnosis, and consultation. Such skills include interviewing, selecting psychological tests, administering and scoring psychological tests, interpreting test results, integrating findings from various sources, conceptualizing cases, diagnosing psychological disorders, communicating diagnoses, formulating intervention recommendations, writing assessment/consultation reports, and giving feedback to clients/families and other professionals.

2. **Intervention**

Residents are expected to achieve competence in the following skills and judgments required for psychological intervention: evaluating intervention needs, working with clients to set realistic intervention goals, selecting interventions with consideration of the existing evidence base, operating effectively within chosen theoretical orientation(s), responding flexibly to clients' needs, managing crises, recognizing the need for consultation, and managing termination.

3. **Provision of Supervision**

Residents may have the opportunity to provide clinical supervision to more junior psychology trainees (e.g., practica students) as part of one or more of their rotations, under the overarching supervision of a registered psychologist. Residents are expected to recognize that the provision of training and clinical supervision is an important part of the role of psychologists and entails the development of a unique skill set, including ensuring the quality of clinical service being provided by the supervisee, communicating feedback to the supervisee about strengths and areas for improvement, and modelling and educating the supervisee about ethical practice and professionalism. Residents involved in providing supervised supervision are expected to be familiar with and conduct themselves in accordance with all professional codes and standards of conduct that regulate this activity.

4. **Research and Evaluation**

Residents are expected to evaluate practice-related research and to base decisions about their work (i.e., assessment, intervention, consultation) with clients on current findings. They are expected to be able to evaluate the quality of evidence used to support clinical decisions. Residents are also expected to develop their understanding of how program evaluation activities inform service provision. More directly, residents are further expected to become involved in a research or applied evaluation project at one of their rotation sites during their residency year.

5. **Sensitivity to Differences and Diversity**

Residents are expected to demonstrate sensitivity to individual and cultural differences by taking into account considerations such as ethnicity, gender, sexual orientation, and gender identity differences (among others) in all of their clinical work. They are expected to incorporate considerations of diversity and respectfulness in their assessment methods, develop and value self-awareness of their own potential biases, seek consultation/supervision/education as needed regarding diversity issues that they encounter that are new to them, and adjust assessment and intervention approaches to meet the needs of clients related to the wide range of differences and diversity in our communities.

6. **Professional Identity and Functioning**

Residents are expected to develop and demonstrate an identification with the psychologist's professional role and values by: understanding the psychologist's role on inter-professional clinical teams; participating in activities specific to psychologists; interacting respectfully with other professions; understanding the roles of other professions; showing awareness of ethical standards of psychological practice; showing awareness of mental-health and other relevant legislation; behaving ethically toward clients, colleagues, and other staff; managing workload responsibly; and interacting with community partners (e.g., schools, probation, physicians) to facilitate client care. As part of the

development of professional identity, residents will demonstrate an ability to balance workload, self-advocate, practice good self-care, and will cultivate a healthy work-life balance that allows them to function productively and in a healthy manner as a professional as well as in their non-professional roles.

3.3 Ethical Practice

- At the outset of the residency program, residents are provided with a list of legislation, standards, and guidelines relevant to members of the College of Psychologists of Ontario.
- Electronic copies of provincial and federal legislation and College of Psychologists of Ontario materials are available on a shared network drive accessible to all residents through their Lutherwood email account.
- The documents provided include the College of Psychologists of Ontario Standards of Professional Conduct, the CPA Canadian Code of Ethics for Psychologists, 3rd Edition, the CPA Practice Guidelines for Providers of Psychological Services, and the CPA Guidelines for Non-discriminatory Practice.

4. Resident Application Process

4.1 Recruitment of Resident Applicants

- The Residency Guide is updated annually by August of each year for distribution to:
 - The websites for Lutherwood, the Canadian Council of Professional Psychology Programs (CCPPP), and the Association of Psychology Postdoctoral and Internship Centres (APPIC)
 - Prospective applicants requesting brochures.
- Discipline members attending conferences are encouraged to attend resident recruitment activities at those meetings.
- The Training Director keeps CCPPP, APPIC, and CPA records up-to-date regarding programme description.
- The Training Director ensures that publications and websites describing the residency programmes remain up-to-date regarding our programme.
- The Consortium is a member of the Canadian Council of Professional Psychology Programs (CCPPP) and the Association of Psychology Postdoctoral and Internship Centres (APPIC) and participates in the APPIC National Matching Service.

4.2 Eligibility/Candidate Qualifications

- Documentation required to apply to the WRPC is listed under "Application Process".
- Candidates must be registered in an APA- or CPA-accredited clinical or school psychology program and must have completed a minimum of 600 practicum hours, including a minimum of 150 direct assessment hours. Experience with complex clinical cases is preferred.
- Candidates must have completed all requirements for the doctoral degree, except for the dissertation. It is strongly recommended that candidates plan to have their dissertation completed prior to the residency year. We expect residents to give priority to their clinical training while with the Consortium, and it is our experience that it is very challenging for them to try to complete the dissertation at the same time.
- It is the policy of the Consortium to reserve one position (which may or may not be required) for a University of Waterloo clinical psychology graduate student.
- Given Canadian immigration policy restrictions in agency hiring policies, we are able to accept applications only from individuals legally entitled to work in Canada.
- In reviewing applications, the selection committee seeks to ensure a good fit between the candidate's needs and interests and the training provided in the Consortium. In-person interviews are preferred, but phone interviews can be arranged.

- Diversity/non-discrimination - The member sites of the Waterloo Region Psychology Consortium are committed to employment equity, and WRPC fosters workplace culture that respects, appreciates, and values diversity. Qualified candidates of all ethnicities, races, genders, sexual orientation and gender identities, cultural backgrounds, abilities, and beliefs are encouraged to apply.
 - The Waterloo Region Psychology Consortium is committed to an inclusive and accessible workplace and supports residents who require accommodations (for example, with respect to office space, parking, equipment, along with any other accommodation needs).
 - Applicants with specific questions or needs related to access and accommodations available at our settings are encouraged to contact the Training Director early in the process, in order that their concerns or needs may be fully addressed, including during the application process.

4.3 Application Process

- The residency program is a member of APPIC and participates in the APPIC National Matching Service. Candidates are required to submit a complete application submitted through APPIC, including:
 - Cover letter outlining your plans and special interests, such as the rotation(s) in which you are interested
 - Essays, including personal essay, theoretical orientation, experience with diversity, and research interests (each section approximately one page in length)
 - Curriculum Vitae
 - Summary of clinical hours and experiences
 - "Academic Program's Verification of Internship Eligibility and Readiness" completed by the graduate program's Director of Clinical Training
 - One official copy of graduate transcripts
 - Three letters of reference, including both clinical and academic references. Referees may be contacted to provide further information.
- Application deadline: Typically, the first or second Monday in November, set annually.
 - Applications for the Child/Adolescent Track use the following program code number: **186611**
 - Applications for the Adult Track use the following program code number: **186612**
- The completed residency application must be submitted via the AAPI Applicant portal to:

Dr. Karen MacLeod, Training Director
 Waterloo Region Psychology Consortium
 285 Benjamin Rd.
 Waterloo, ON
 N2J 3Z4

kmacleod@lutherwood.ca
 ph: 519-884-1666, ext. 2287
 fax: 519-886-8479

4.4 Procedures for Selection of Candidates for Interviews

- A minimum of two representatives from each track select residents to invite for interviews in their track. The Consortium adheres to provincial universal notification date timelines with respect to interview invitations and scheduling.
- Standards for acceptance for interviews
 - The following criteria will be considered when selecting applicants for interviews: goodness of fit/suitability for position, coursework, stage of dissertation completion, research experience, clinical experience, essays, letters of reference, and additional experiences.
- Weighting of credentials

- All aspects of an applicant's credentials are valued and given due consideration. In addition, careful attention is paid to the fit of the candidate's qualifications and training goals with the opportunities available in the residency program.
- Feedback to applicants about eligibility for interview:
 - Invitations for interviews will be sent in keeping with the local interview notification procedure, typically on the first Friday in December. Interview scheduling will be conducted through phone calls and email.
- Applicants who are not going to be considered for an interview will be sent an email thanking them for their application and informing them of the decision. It is generally not possible to offer individualized feedback regarding the decision-making process, although exceptions may be considered.

4.5 Interview Process

- Interviews are scheduled in January, during the two weeks designated by CCPPP for Ontario internship sites.
- Applicants are interviewed by two individuals (site coordinators, site supervisors) from two different sites from the track to which they are applying.
- A structured interview format is used, and interviewers complete an applicant evaluation form for each person interviewed.
- Interviewees will either meet or have the opportunity to correspond with at least one of our current residents. These interviews are confidential and are aimed at giving applicants greater knowledge of the residency programme.
- Before the interview, candidates are invited to contact the Training Director to obtain a general overview of the programme, and answers to any questions they may have about the residency.
- If requested, and where feasible, individual appointments may also be scheduled with selected Consortium staff, which may include representatives of the candidate's requested major and minor rotations. These additional appointments should be initiated by interested applicants and could be by telephone or in person during the interview process if schedules permit.

4.5.1 Conflict of Interest Policy

- WRPC exists within a relatively small psychology community, and many students from the University of Waterloo and other nearby clinical programs have had previous experience with one or more members of the Training Committee (e.g., former supervisor, provided letter of reference for applicant, personal relationship). All members of the Training Committee are committed to objectivity and professionalism in reviewing applications of students known to them.
- To avoid conflict of interest in the selection of applicants, where possible it is recommended that an individual with a previous relationship decline to participate in either the file review or the interview process for a particular track.
- However, it is recognized that there are limited resources in each track and, as a result, it may be difficult for this recommendation to be employed. Possible mechanisms for a committee member who may have a potentially conflicting relationship with an applicant include:
 - declining to review particular files or to interview particular candidates if they believe that they will be in a conflict of interest
 - participating in file reviews, but not the interviews for particular candidates
 - participating in the interview process and in the ranking of applicants but excusing themselves from discussions and ranking of particular candidates and making that plan clear to the candidates to whom the conflict of interest might apply.

4.6 Ranking and Notification

- Following the completion of the interview process, the track interviewers meet to rank order the applicants and provides the rank ordering of applicants to the Training Director at least one week prior to the APPIC rank submission date.
- The track interviewers will not show bias with regard to:
 - whether the selected applicant is from a Ph.D. or Psy. D. program
 - whether the selected applicant was interviewed in person, videoconference, or by telephone
 - the selected applicant's desired rotations.
- APPIC notification guidelines are followed for resident selection.
- Separate sets of resident rankings are made for each track and are submitted to the National Matching Service by the Training Director.
- This residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any resident applicant.

5. Tracks and Rotations

- The Waterloo Region Psychology Consortium offers four full-time twelve-month pre-doctoral positions. Residents apply to and are accepted for a position in one of two tracks.
 - Child/Adolescent Mental Health (2 positions)
 - Adult Mental Health (2 positions)
- Within each track, there are a number of potential rotation opportunities with which the resident may be matched according to availability and the residents' expressed interests.
- Each resident is assigned to two "major" rotations (3 days per week for 6 months) and one "minor" rotation (1.5 days per week for 12 months).
- All residents have one half day per week designated for non-clinical (e.g., didactic) activities for the duration of the residency year.
- Applicants are clearly informed in program materials and through the selection process as needed that no guarantees can be made about the availability of specific rotations for those matched to the program.

5.1 Child/Adolescent Mental Health Track

- The Child/Adolescent Mental Health Track is designed to prepare residents for future post-doctoral supervised practice focused on children, adolescents and their families. Clients range in age most often from three to 18 years. There are opportunities for rotations across various sites, including schools, a community agency, and a university clinic. Training is available in a variety of types of services, including out-client, day treatment, or residential treatment programs. In addition to providing direct client service, many of the child rotations provide opportunities for residents to supervise more junior clinical psychology graduate students who are conducting assessments or psychotherapy in those settings. Program evaluation or research opportunities also exist in the child track.
- To be considered for the Child/Adolescent Track, resident applicants must have completed relevant course work in child assessment, child development, and child psychopathology, ethics and research practices. They must also have completed a minimum of 600 hours of clinical experience, at least half of which involve child/adolescent assessment AND therapy.
- Potential rotations in the Child/Adolescent Mental Health Track include:
 - Centre for Mental Health Research and Treatment (CMHRT): Child/Adolescent Assessment, Intervention, Consultation, Supervision, and Research
 - Lutherwood: Complex Psychological Assessments, Intervention and Consultation related to children and youth in a variety of mental health services
 - Waterloo Regional District School Board: Psychological Assessment, Clinical Consultation, Group and Individual Intervention

5.2 Adult Mental Health Track

- The Adult Mental Health Track is designed to prepare residents for future post-doctoral supervised practice focused on adults. There are opportunities for major rotations at a university mental health centre, a residential treatment centre, and a private psychology practice. In addition to providing direct client service, the adult rotations may provide opportunities for residents to supervise more junior clinical psychology graduate students conducting assessments or psychotherapy in each setting. Program evaluation and research opportunities also exist in the adult track.
- To be considered for the Adult Mental Health Track, resident applicants must have completed relevant course work in psychopathology, assessment and intervention, ethics and research practices. They must also have completed a minimum of 600 hours clinical experience, at least half of which involves assessment AND therapy for adult clients. A minimum of 150 hours must be related to direct assessment experience.
- Rotations in the Adult Mental Health Track include:
 - Campus Wellness: Psychological Assessment, Individual and Group Intervention, and Consultation
 - Homewood Health Centre: Psychological Assessment, Individual and Group Intervention, Interprofessional Rounds, Consultation, and Program Evaluation
 - The Psychology Practice of Drs. Doering, Torrance-Perks, Drugovic, Lawrence, Aquino, and Associates: Consultation, Assessment, and Treatment

5.3 Sample Rotation Chart

		ADULT TRACK				CHILD TRACK	
Resident	Term	Major Rotation (3 days/week)	Minor Rotation (1.5 days/week)	Resident	Term	Major Rotation (3 days/week)	Minor Rotation (1.5 days/week)
A	1)Sept-Feb	Homewood	Practice	C	1)Sept-Feb	WRDSB	Lutherwood
	2)March-Aug	CW	Practice		2)March-Aug	Lutherwood	Lutherwood
B	1)Sept-Feb	Homewood	Practice	D	1)Sept-Feb	Lutherwood	Practice
	2)March-Aug	CW	Practice		2)March-Aug	CMHRT	Practice

5.4 Rotation Selection Process

- Candidates are instructed to indicate their preferred rotations in rank order of preference in their application materials (cover letter) and this is also explored if needed during the interview process.

- The Consortium Training Committee will meet in the spring to coordinate individualized schedules for incoming residents. While many practical factors (e.g., supervisor availability and the number of available rotations at each partner organization) are taken into consideration during this process, resident interest, training goals, and the need to ensure that all residents have a broad-based clinical experience are important influences in the formation of the final schedule.
- All efforts are made to honor resident preferences and training goals in rotation assignment. However, when it is not possible to provide first-choice rotations to all residents (e.g., if two residents rank a single available rotation as their first choice), factors such as the degree of qualification for the rotation, and the fit between resident goals and available opportunities at the rotation will be considered.
- The selection also requires that all residents work in more than one participating organization of the consortium during the residency year in compliance with CPA accreditation criteria.

5.5 Carryover Cases

- To facilitate the establishment of new responsibilities in future rotations and to complete final tasks in a timely manner, as a rotation nears completion, supervisors are required to assist residents in the termination or transfer of clients with whom they have been working. At the start of service provision, all clients must be informed about the limits on the time that the resident will be available to them.
- In order to receive long-term therapy supervision, a resident may contract with a supervisor to provide therapy over a period of time longer than a single rotation. Such contracts should not total more than two clients over the residency year and a written plan for these arrangements must be approved in advance by the resident's supervisors at both affected sites as well as the Training Director. As the residency year ends in August, carryover cases would be restricted to patients initially seen in the first six months of the year.
- A smaller degree of carry over work from a rotation may sometimes occur due to unexpected service obstacles or delays (for example, if there has been an impediment in delivering assessment feedback to a client before the end of a rotation), or due to the nature or scheduling of a clinical activity (for example, if a group intervention has a limited amount of follow up activity extending beyond the end of the rotation). In such circumstances, if carry over is felt necessary to uphold ethical and appropriate client service, or deemed desirable for the purpose of training goals, approval from clinical supervisors at both sites, as well as the Training Director, must be secured with as much advance notice as possible before the start of the new rotation, and plans made to minimize disruption to training and service delivery at the new rotation.
- The Training Committee agenda will include discussion and planning for any carry over work at committee meetings in preparation of the transition to the second major rotation (at relevant timepoints beginning ideally in December of the first major rotation).

5.6 Outside Rotation ("Extra") Educational Opportunities

- On occasion, a non-supervising psychologist may offer a resident an opportunity to participate in an educational/training experience that is not a regular part of their assigned rotations, or a resident may request the opportunity to participate in such an experience. Should a resident be interested in participating in an extra-rotation activity, they should first obtain permission from the supervisor from whose rotation the time is to be taken. At their discretion, the two supervisors may also wish to discuss the merits of the training opportunity. Permission of the Training Director is also required for participation in such activities.

6. Administrative Components of the Consortium

6.1 Salary and Benefits

- The current salary for the Waterloo Region Psychology Consortium Residency is \$30,000/year. Residents are contract employees of Lutherwood and as such receive the benefits associated with this status. These include mandatory benefits (Employee Health Tax, Employment Insurance, and Canada Pension Plan), 11 statutory holidays per year, 1.5 sick days per month (accumulated to a maximum of 40 days), 2 paid personal days per year, and two weeks of paid vacation per year.
- While residents may accumulate small amounts of overtime hours which may be taken back as flex time (with advance supervisor approval only), the number of hours accumulated at any one time must not exceed 15.
- Residents are permitted one week of educational leave as well as one week for research/ dissertation completion. Educational leave is intended for attendance at professional conferences and workshops.
- Approval for time off for vacation, education and research must be sought in advance from the clinical supervisor at the affected rotation, and from the Training Director, in order to ensure clinical and learning activities are not unduly disrupted.
- It is preferred that residents distribute their time off across rotations in order to ensure that learning opportunities at each rotation are maximized.
- An amount of \$200 for each resident is available for outside education (e.g., workshops). There may be additional opportunities for educational funding subject to the financial capability and needs of individual rotations.
- Travel between Consortium sites within a work day for meetings, and to other schools and community agencies when required, will be paid at Lutherwood's mileage rate (currently \$0.43/km but varies according to rising and falling gas prices).
- Out-of-province residents may apply for Ontario Health Insurance. A three-month waiting period, during which the resident is responsible for his/her own health insurance, applies.

6.2 Residents' Responsibility to Organizations Hosting Rotations

- As employees of the host agency (Lutherwood), residents will adhere to employment policies of that agency.
- As contractees to participant agencies (University of Waterloo, Waterloo Region District School Board, Homewood Health Centre, the Private Practice), residents will adhere to operational policies of the organizations hosting each rotation.

6.3. Procedure

- Residents will familiarize themselves with the employment policies of the host agency by reading relevant policies and attending orientation activities.
- Employment policies provide information about hours of work, notification of absences, and compensation.
- Residents will familiarize themselves with operating policies of participating agencies for which they are completing rotations by reading relevant documentation and receiving orientation from the rotation supervisor.
- Residents will be expected to adhere to rotation policies, including safety and security policies, professionalism, clinical recording guidelines, client booking procedures, collection of fees (where applicable).
- If a resident is uncertain about which policy applies to which situations, they will discuss this with the primary rotation supervisor and/or the Training Director.

6.4 Employment Requirements

- As contract employees of Lutherwood, residents must meet several requirements before the offer of employment is finalized. In advance of the commencement of the residency, accepted applicants must meet or have contact with a member of our Human Resources Department who will explain and coordinate these requirements, which include:
 - A Vulnerable Sectors Criminal Records Check
 - A Health Check including confirmation of up-to-date Hepatitis B and TB immunizations
- Residents will meet with Lutherwood HR staff on the first day of the residency year to complete all required outstanding employment forms and paperwork.

6.5 Professional Liability Insurance

- Before starting the residency year, all residents must provide the Training Director evidence of having Professional Liability Insurance. Coverage must be in effect by the first day of the residency. If the resident's university program does not provide insurance coverage while on residency, information about how to obtain this insurance is available from the Training Director. The Ontario Psychological Association and the Canadian Psychological Association provide information on insurance at reduced group rates to their members. Information on membership is available from the Training Director.

6.6 Cross-Site travel

- The Consortium is a multi-site training program, and as such, residents will be required to travel between sites for some activities. While every effort will be made to schedule residents at only one site per day, there may be times when travel between sites within a day will be necessary.
- Specific details for each setting:
 - There is a cost for parking at the University of Waterloo, which is not reimbursed by the Consortium, however, the University campus is readily accessible via Kitchener Transit.
 - Lutherwood's main site is at the edge of town but is accessible by public transportation. Client care sometimes requires travel to other Lutherwood sites or other agencies, all of which are accessible via public transportation, but with a considerable time expenditure. There is no cost for parking at Lutherwood.
 - Work at the Waterloo Regional District School Board requires travel between many sites. There is no cost for parking at the Board office or at any of its schools.
 - Homewood Health Centre is located just outside of Waterloo Region, in the neighboring city of Guelph, Ontario. Public transportation is available between the cities, however, is time consuming and would pose obstacles for travel within a day. There is a staff parking fee at Homewood Health Centre
 - The Psychology Practice is located in Uptown Waterloo and readily accessible by public transit. There are parking fees associated with nearby parking lots or on-street parking meters.
- Given the above, access to use of a vehicle is necessary for most residents of the WRPC. Child Track residents will require access to use of a vehicle in order to complete a rotation at WRDSB.
- While the Consortium will not pay for parking or routine transit costs, there is reimbursement for travel between Consortium sites within a day for meetings and the like, and for client-related travel to schools or other locations.

7. Resident Requirements

7.1 Time Requirements

- In accordance with CPA-accreditation requirements, residents must complete a minimum of 1600 residency hours. Residents are expected to spend no more than two-thirds of their time in direct service provision. Service delivery levels have been established for each Rotation.

7.2 Mandatory Attendance

- Resident (peer consultation) meetings
- Clinical/Professional seminar series
- Resident case and/or research presentations
- Training Committee meetings, for the resident representative to the committee (which is on a rotating basis)

7.3 Resident Meetings

- Because of the geographic layout and multi-site nature of the Consortium, residents may have little informal contact with one another. Relationships and the chance to consult, socialize, and share experiences among residents, however, are seen as an important and integral part of their residency experience. In order to facilitate the development of these relationships, regular weekly meetings are scheduled for the residents to meet and informally discuss common issues and experiences.

7.4 Required Presentations

- Residents are required to give a minimum of two presentations during the year as part of the didactic seminar series. One is a clinical case presentation reflecting work done at one of their rotations. The other, occurring near the end of the training year, is a presentation of the research or evaluation project that they have been involved in during the residency year. If desired, residents also have the opportunity to give a seminar presentation related to their dissertation research. The dates for these presentations are scheduled early in the residency year. It is expected that the audience for these presentations will be comprised of fellow residents, representatives from Consortium faculty, as well as possibly broader professional members.

7.5 Alternate Arrangements for Completion of Residency Due to Leave

- Should a resident not be able to complete a portion of his or her residency due to illness, pregnancy and/or childbirth/parental leave, or other acceptable reasons, an appropriate schedule to complete the residency minimal requirements may be negotiated between the resident, the rotation supervisor(s), the Training Director, and Lutherwood's HR Department.
- The potential for such an arrangement will depend on the length of the leave of absence, and availability of supervisors and space.
- The resident should be aware that financial support cannot be guaranteed beyond the regular contract period.
- It is expected that all cases will be unique in their specific circumstances and, as such, will be addressed on a case-by-case basis.
- Residency certificates are issued only to residents who have met residency minimum requirements.

8. Supervision

8.1 Ethical and Quality Standards for Supervision

- Supervisors should ensure that the programs conducted and experiences provided are in keeping with current guidelines and standards of the profession.
- Supervisors should provide education and/or supervise clinical work only in areas where they are fully competent and experienced.
- Supervisors should provide experiences that integrate theoretical knowledge and practical application. Supervisors also should provide opportunities in which supervisees are able to apply the knowledge they have learned and understand the rationale for the skills they have acquired. The knowledge and skills conveyed should reflect current practice, research findings, and available resources.
- Professional competencies and required experiences expected of supervisees will be established and communicated in writing via Learning Contracts at the beginning of each rotation.
- The nature of the supervision arrangements, the detailed duties of both supervisor and supervisee, and any other relevant factors defining the supervision relationship will be established between the resident and each supervisor through a written Supervision Agreement (attached in Appendix F). This agreement encompasses standard requirements for supervision as well as being tailored to the specific supervision requirements of the resident and rotation.
- Supervisors should inform supervisees of the goals, policies, and theoretical orientations toward assessment, psychotherapy, and training, and the supervision model (or approach) on which the supervision is based.
- Supervisees should be encouraged and assisted to define their own theoretical orientation toward assessment and psychotherapy, to establish supervision goals for themselves, and to monitor and evaluate their progress toward meeting these goals.
- Supervisors should assess supervisees' skills and experience in accordance with established standards for competent professional behaviour. Supervisors should restrict supervisees' activities to those that are commensurate with their current level of skills and experiences.
- Supervisors should have a limited number of supervisees to ensure that each supervisee has ample opportunity for individual supervision and feedback.
- Supervisors should use the following prioritized sequence in resolving conflicts among the needs of the client, the needs of the supervisee, and the needs of the program or agency. It should be understood that client welfare is usually subsumed in federal and provincial laws which should be the first point of reference. Where laws, professional and ethical standards are not present or are unclear, the good judgment of the supervisor should be guided by the following list:
 - Relevant legal, professional, and ethical standards (e.g., duty to warn, provincial child protection legislation)
 - Client welfare
 - Supervisee welfare
 - Supervisor welfare
 - Program and administrative needs.
- When a conflict arises among the needs of the client, the needs of the supervisee, and the needs of the program, all parties are directed to the relevant organizational policies.

8.2 Supervision Frequency

- Each resident will work with the Training Director to ensure smooth transitions into and from each rotation, to facilitate communication among supervisors, and to attend to the practical and logistical needs of the resident's placement.
- There is a possibility of having more than one supervisor within each rotation.
- Frequency - According to CPA Accreditation Standards, 5th Revision (2011), residents will receive at least four hours of scheduled supervision per week, at least three of which are individual supervision (directed towards the supervision of the psychological service provided by the resident directly to a client). The fourth hour may be individual supervision or can be directed towards any other training or service-related activity (group supervision).

- On average, approximately 2.5 hours of supervision should occur in the major rotation and 1.5 hours in the minor rotation.
- Residents should complete logs of supervision activities. These logs are to be signed by supervisors and turned in to the Training Director (or administrative assistant, if indicated) on a monthly basis.
- Supervision logs should contain minimal information about topics and clients discussed, and amount of time spent.

8.3 Definitions of Supervision

- As per CPA (2011) Accreditation Standards, all four hours of supervision are to be from supervisors who are doctoral-level 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.
- CPA Accreditation Standards further define individual supervision as visual and/or verbal communication in person between a supervisor and supervisee, and may include case discussion, direct observation, co-therapy for individuals or groups, or review of audio or video tapes.
- The fourth hour of supervision may be provided in an individual or group format, and may include discussion of specific psychological disorders, assessment or therapy techniques, or professional and ethical issues.
- CPA Accreditation Standards define group supervision as activities or meetings in which:
 - residents partake in supervision of other residents'/trainees' psychological service delivery, or
 - some combination of residents and supervisors meet to review or discuss some method or technique of psychological service delivery, particular problems or disorders, or professional or ethical issues affecting practice.

8.4 Supervision Standards

- The College of Psychologists of Ontario (CPO) provides the following definition of supervision: *Supervision of psychologists is a distinct professional activity provided by a member of the College registered for autonomous practice. Its goal is to ensure that psychological services meet the standards of practice of the profession in Ontario. For supervision of individuals training to become members of the profession of psychology, the relationship develops the supervisee's knowledge and skills through instruction, modelling, problem solving and on-going evaluation.* Implicit in this definition are the following objectives:
 - To ensure that the recipients of psychological services receive care that meets or exceeds standards of the profession, with the emphasis on the well-being of the client: Supervisors and residents must develop a clear and accurate conceptualization of the client's needs and of factors giving rise to their difficulties.
 - To contribute to the training and professional development of residents, with an emphasis on instilling an attitude of life-long learning: The supervisor as teacher, mentor, and professional role model supports the acquisition of technical skills, ethical decision making, self-awareness and interpersonal effectiveness, with the goal of aiding the development of an understanding of the impact of their role as psychologist on their clients.
 - To provide ongoing evaluation to identify the extent to which clients have been well served and residents' learning has been enhanced: Feedback is delivered on an ongoing basis.
- Inherent in its educative and evaluative nature is the notion that the supervisory relationship is hierarchical, placing responsibility on supervisors to be cognizant of the power differential that exists between them and their residents. Supervisors must be aware of the individual needs of their residents and sensitive to their emerging development as individual practitioners.
- The Training Director, in conjunction with site supervisors, will ensure smooth transitions both into and from each rotation, facilitate communication among supervisors, and attend to the practical and logistical needs of residents' placements.

8.5 Learning Contract and Evaluation

- The resident's individual goals and objectives are set through mutual consultation at the start of each rotation and are incorporated into a written Learning Contract (see Appendix A). Residents are asked to informally rate themselves on a number of required clinical competencies to assist with the choice of clinical activities and development plan.
 - Evaluation of the residents' work and skills will take place on an ongoing basis within supervisory sessions and the supervisors will complete ratings on each of those clinical competencies at the end of each rotation (see Appendix B).
 - To enhance this process, supervisors will meet a minimum of four times per year to discuss each resident's progress.
 - At mid-rotation meetings supervisors' general impressions are recorded on mid-rotation evaluation forms, on which areas of strength and areas requiring more attention are recorded.
 - Finally, formal evaluation forms are to be completed by the residents' supervisors at end of each rotation. Feedback is to be communicated to the residents' university by the Training Director twice per year.
- Feedback and evaluation are intended to be a two-way process, and the WRPC highly values input from our residents. Residents are asked to formally evaluate their rotations and supervisors at the end of each rotation, and the entire Consortium at the end of the year (see Appendices C and D). To ensure that this feedback is as open as possible, supervisors are not to be provided with this feedback until all supervisor evaluations of the resident have been submitted.

8.6 Minimum Standards for Successful Completion of the Residency

As indicated by CPA accreditation requirements, residents must complete a minimum of 1600 residency hours. The Learning Contracts and Resident Evaluation Forms provide the standards that will be used to evaluate Residents' successful completion of the residency from a competency standpoint. It is expected that Residents obtain satisfactory ratings on their final Resident Evaluation Form (ratings of at least of 4/7 on all competencies assessed), and that the goals and expectations of each rotation's Learning Contract are met. In addition, the following minimum standards of professional conduct are required in order to successfully complete the residency:

- Regular and punctual attendance at all residency activities
- Respectful, cooperative interactions with clients, staff, and community members
- Able to receive feedback and act on it in order to improve residency performance
- Able to use Consortium processes (i.e., Resident Evaluation Form, supervision) to self-identify strengths and challenges
- Timely completion of all residency activities (e.g., completion of assessments, regular meetings with intervention clients, timely completion of scoring and report writing, client follow-up)
- Timely completion of all Consortium requirements (e.g., Learning Contract, Resident Evaluation Form, supervision logs, seminar, rotation, supervisor, and residency evaluations)

If the minimum standards of professional conduct are not being met, remedial and appeals procedures will be followed (See section 12 of this Manual).

8.7 Guidelines for Resident Training by Non-Psychologist Staff

- Under certain circumstances, and on a case-by-case basis, the Training Director may approve supplementation of the resident's regular training with that from a non-Psychologist staff member. Non-Psychologist staff members may include Psychological Associates or members of other professions who are in a position to provide important training experiences not otherwise

available. Such training experiences supplement regular supervision and do not imply delegation of the supervising Psychologist's responsibility for patient care to a non-registered staff member. The preceding does not refer to observation of other professionals in an interprofessional team setting, but rather to specific direct training of a resident in some professional activity.

- Consultations provided by a non-Psychologist staff member do not abridge or supplant supervision that would be otherwise provided by the supervisor.
- Process - In order to ensure required standards of care and appropriate supervision to the resident, the following process should occur:
 - The site supervisor will review and approve the nature and amount of supervision to be provided by the non-Psychologist member
 - Supervision meetings between the resident and the site supervisor will include discussion of the training provided by the non-Psychologist supervisor
 - The site supervisor will discuss regularly with the non-Psychologist staff member the resident's progress.

8.8 Resident Supervision of Practicum Students in Clinical Psychology

Graduate students in clinical psychology programs are not always exposed to the topic of supervision, either from a theoretical or practical perspective. As the full-year pre-doctoral clinical residency is usually completed just prior to the resident entering full employment or a postdoctoral residency, it would be beneficial to obtain experience in the area of supervision during their residency year.

- Opportunities for residents to supervise more junior clinical psychology students are made available during the residency year but cannot be guaranteed in all settings.
- While experience in supervision is deemed to be of value, consideration must also be given to the supervisees such that they are receiving the best possible supervision experience.
- The following policies have been developed to help ensure that practicum students will receive high quality supervision if supervised by residents during their practicum placements at any Consortium site.

8.8.1 Supervision by the Psychologist and Resident

- All residents' supervision of practicum students will be supervised by psychologists.
 - The degree to which a resident engages in supervision of practicum students will be commensurate with their training and experience. That is, the resident's previous training and experience will influence when the resident begins to provide supervision, cases supervised, and the amount of supervision the resident provides.
 - In all cases, the psychologist will be actively involved in independent supervision of the practicum student and in supervision of the resident's supervision.

8.8.2 Responsibility of the Psychologist

- The resident is closely supervised by the psychologist. The involvement and responsibility of the psychologist is considered significant.
- The responsible supervising psychologist will countersign all documentation for clients seen by the practicum students that are supervised by the resident.

8.8.3 Evaluations

- In consultation with the resident, the psychologist completes the practicum students' final evaluation.

8.8.4 Adherence to Supervision Guidelines

- In supervising residents and, in turn, practicum students, psychologists will follow the suggested *Guidelines for Members of the College Supervising Non-Registered Personnel* published by the College of Psychologists of Ontario.

8.8.5 Process

- At least three formal two-hour didactics sessions on supervision will be presented to residents through the seminar series. Topics to be covered will include models of supervision, styles of supervision, ethical issues, and other general issues regarding supervision.
- Prior to involvement with a client, a meeting will occur between the three parties involved: the practicum student, the resident, and the supervising psychologist. The purpose of the meeting is to review the principles and policies outlined in this document and to answer any questions that the student may have. This meeting may also be used to review the form on goals and objectives for the practicum and to create documentation for clients explaining the various roles of the practicum students' supervisors (i.e., resident and doctoral-level supervising psychologist).
- All contacts between the resident and the practicum student will be comprehensively reviewed by the resident and the psychologist.
- The report written by the practicum student will be countersigned by the supervising psychologist. The report-writing process will be supervised by the resident in close consultation with the supervising psychologist.

9. Evaluation

9.1 Letters to Residents' University Programmes

- The Training Director writes summary evaluation letters for the resident's Doctoral Supervisor and the Clinical Training Director at his or her University Programme after the first six months and at the end of the residency. The evaluation letter is based on the Training Director's discussions with site supervisors, on site supervisors' formal evaluations, and on the residents' monthly client and hours tracking sheets and supervision logs.
- Interim Letter - Appraisals are based on reports received up to the end of February. The Training Director is responsible for ensuring that site supervisors complete their evaluations.
 - Letters sent to university programme directors include a description of the resident's activities in each rotation, the amount of supervision provided, and a brief description of the clinical (assessment, therapy and consultation, description of client population) experiences that the student has had. Additional responsibilities such as committee work and research activities are also to be noted.
 - Letters also include information about the resident's working relationships, ethical behaviour, use of supervision, strengths and weaknesses, and the like. Any difficulties are to be described clearly and the remedial action indicated.
 - Areas of future development are also to be outlined and, finally, an indication of the resident's progress, satisfactory or unsatisfactory, is given.
- Pass/Fail Letters - A letter is sent to the resident's university programme immediately after the end of the residency. The letter is limited to a clear statement about whether the resident has passed or failed the residency and an indication that a more thorough final letter is forthcoming.
- Final Letters - A final letter is sent after the completion of all evaluations. This letter is based primarily on information acquired since the previous evaluation.
 - This letter includes much of the same information outlined above.
 - If a need to take remedial action was noted in the interim letter, the outcome is indicated.
 - Additionally, there is a clear statement about whether the resident has passed or failed the residency.
- Pass/Fail and Final letters are sent out only after all residency requirements, including case closures, client reports, and resident evaluations of the residency programme are complete and handed in.

9.2 Resident Evaluation of Faculty, Rotation, and Residency

There are a number of different mechanisms by which the residents evaluate the residency programme.

- Feedback and evaluation are carried on informally in interactions between supervisors and residents throughout the rotation. Residents are to provide continual feedback to supervisors to ensure that the Rotation is meeting their needs and expectations.
- Residents are invited to share feedback with the Training Director in individual meetings that take three times per year.
- Participation by resident representatives on the Training Committee provides resident perspectives on programme developments.
- Formal evaluations of rotations, supervisors, and the residency as a whole must be completed and handed in to the Consortium administrative support person for review by the Training Director *only after residents have received their formal evaluations, certificates have been awarded, and final letters sent to their home universities*. This process minimizes the perception that the evaluations of the resident could be affected by the residents' feedback about the residency.
 - Formal evaluations of supervisors and rotations are completed at the end of each Rotation by each resident. Supervisors are rated on the quantity and quality of supervision provided, and aspects of the supervisory relationship. Copies of the evaluations are sent to each supervisor and the Training Director retains a copy.
 - The Residency Evaluation Form assesses the strengths and weaknesses of the WRPC as a whole. The residents complete this form at the end of the programme. In addition to providing feedback about the quality of the clinical training, it allows for feedback in areas including but not limited to the following: a) performance of the Training Director and site coordinators b) evaluation methods c) accuracy of the residency brochure d) overall work load e) relations with staff f) administrative support g) access to facilities, equipment and computers and h) committee work.
 - The Training Director reviews all supervisor evaluations completed by the residents and discusses any significant concerns or patterns of feedback with each supervisor. A supervisor about whom concerns are raised has the option of writing a formal response. If the matter is not resolved, the Training Director will discuss the issue with the Training Committee. If the Training Director has a conflict of interest (e.g., dual roles), the Training Committee will request that another agency psychology staff member or impartial, non-participating psychologist review the material and offer an opinion to the Training Director.
- An annual review of the seminar series is completed by the residents. As well, residents are polled as to what seminar topics or speakers they would like to have had and which topics they believe could be eliminated in future years. The seminar organizers use this information to develop the seminar series for the upcoming residency year.
- Review of the Consortium Guide is completed annually by the residents to ensure that it is clear and accurate in its description of the Programme.
- Annual review of the residency Policy and Procedure Manual by the residents ensures that the manual is clear, accurate, and up-to-date in its description of the Programme and its Policies.

10. Faculty-Resident Relationships

10.1 Junior Colleague Model

- The Waterloo Region Psychology Consortium abides by all CPA guidelines regarding Faculty-Student Relationships. Our programme operates on a "junior colleague" model, whereby residents receive the same benefits allotted to permanent staff members and serve as active members on Psychology committees including the Training Committee and (if interested) specific Task Forces organized as needed.
- In addition, residents are to be treated with the same respect as permanent psychology staff. They have equality with other staff with respect to workload, accessing the organization's

resources, attending professional development events, and participating in social events. Overall, they are treated in a manner similar to psychology staff that hold entry-level positions.

11. Multi-Organizational Confidentiality

- While serving in one rotation, residents may become aware of information regarding clients who may have been referred concurrently to a service in another organization in which the resident is serving. Inasmuch as these organizations are discrete settings, and although information of which the resident may be aware may be of value in the diagnosis or treatment of such patients, professional standards and provincial legislation require the resident to obtain consent for release of personal health information prior to the sharing of information gained at one setting with staff at the other setting.
- Notwithstanding the above, for purposes of supervision, residents are free to discuss in confidence with their rotation supervisors, any information or issues of which they become aware, regardless of the setting. In dealing with information received while serving at an agency other than the one to which the supervisory relationship pertains, the supervisor is obliged to retain in confidence information revealed in supervisory sessions as per professional standards and statutory obligations.

12. Remediation Policy for Residents/ Conflict Resolution Policies

12.1 General Statement

- It is essential that mechanisms be in place for resolution of residents' concerns about their placements and supervisors, and for supervisors' concerns about their residents.
- The following guidelines are intended to provide residents with a means to resolve perceived conflicts that cannot be resolved by informal means, to allow any resident to pursue grievances without fear of retribution, and to enable supervisors to take fair and just actions about concerning resident behavior and performance.
 - If issues are not immediately resolved between resident and supervisor, the Training Director (TD) should be informed, initially on an informal basis. Lutherwood's HR Department should also be informed on an informal basis so that if required they may become involved in an advisory or supportive capacity. HR may become more actively involved if all mechanisms internal to the Consortium have been exhausted without satisfactory resolution.
 - ***Both residents and supervisors have the option of consulting with the College of Psychologists of Ontario.***

12.2 Multiple Roles

- Because the WRPC is a relatively small consortium with relatively few psychologists fully involved, the Training Director (TD) has more than one role, resulting in potential conflicts of interest. Although outlined in more detail in Sections 12.3 – 12.4, the general approach is outlined here.
- As currently structured, the TD is both a Site Coordinator and a site supervisor at Lutherwood.
 - Residents placed at Lutherwood each have a primary supervisor who is not the TD. The TD acts only as a secondary supervisor, for typically one case at a time. Hence any concerns that are unable to be resolved with the TD in that role, or in her role as Site Coordinator or site supervisor, can be raised with their primary supervisors who will take the issue forward.
 - If a concern about the TD must be resolved at the level of the Training Committee, the TD will recuse themselves from those meetings.
- As currently structured, the Site Coordinators at other Consortium sites also act as site supervisors. At each site, at least one additional psychologist also acts as a site supervisor.

- Residents who have concerns that they are unable to resolve with their site supervisors can take their concerns to their respective Site Coordinators.
- Any concerns that are unable to be resolved with Site Coordinators can be raised with the Training Director.

12.3 Resident Grievance Procedure – Supervisor Issues

- Possible issues for residents include but are not limited to matters such as: poor technical supervision, inadequate time provision, relative unavailability of the supervisor, onerous workload, evaluations perceived as unfair, or conflicts over scientific ownership of ideas or data.

12.3.1 Conflicts with a Supervisor

- The following steps are followed if conflicts arise with a supervisor. A slightly different protocol (see section 12.3.2) is recommended if the supervisor is the Training Director. At each step, the resident should receive a response to his/her concern within five working days.
 - In the event of difficulties with a supervisor or other grievances about training, the resident should consult the following persons, in order, and attempt to resolve the conflict: 1) his or her supervisor (if comfortable doing so); 2) another supervisor at the same site; 3) the site coordinator 4) the Training Director. Later steps as outlined below should be taken only following failure of resolution of the problem by earlier steps. The resident should document his or her experience throughout the entire process.
 - If the Training Director or other Training Committee member (as relevant) cannot resolve the matter, they will choose, from among the Consortium sites, a staff psychologist who is acceptable to both the supervisor and the resident, and who will attempt to mediate the difference. The mediator will request written materials from the resident and the supervisor prior to meeting with them.
 - If mediation fails, the Training Committee (without the presence of the administrative assistant or the resident representative, unless requested by the resident in question) will review the issue based on materials supplied by the resident, the supervisor, and the mediator. The resident, supervisor, Training Director, and site coordinator must be present.
 - The Training Committee has final discretion regarding outcome. If the conflict is not resolved by a general consensus, an anonymous vote will be taken.
 - The resident may appeal the Training Committee’s decisions to Lutherwood’s Director of Human Resources if all appeal mechanisms within the Consortium have been exhausted.

12.3.2 Supervisor Conflicts When the Supervisor is the Training Director

- If conflicts arise when the resident is being supervised by the Training Director, the following steps should be followed. At each step, the resident should receive a response to his/her concern within five working days:
 - If the resident is comfortable conveying their concerns directly to the supervisor/ Training Director, they do so.
 - If the resident is not comfortable raising the concern with the supervisor/Training Director they may approach another member of the Training Committee, for support and to help address the concern.
 - If the Training Director cannot resolve the matter, they appoint, from among the Consortium sites, a staff psychologist acceptable to both parties, to review the information and mediate.
 - If mediation fails, the Training Committee (without the presence of the administrative assistant or resident representative, unless requested by the resident in question) reviews

- the issue based on materials supplied by the resident, the supervisor, and the mediator. The resident and supervisor/Training Director must be present.
- The Training Director will enlist the help of another registered psychologist from within the Consortium to represent the site during the discussions.
 - The Training Committee has final discretion regarding outcome. If the conflict is not resolved by a general consensus, an anonymous vote will be taken.
 - The resident may appeal the Training Committee's decision to Lutherwood's Human Resource Director if all appeal mechanisms within the Consortium have been exhausted.

12.4 Resident Grievance Procedure – Administrative Issues

- Concerns regarding administrative issues might include letters to a resident's university programme, track requirements, rotation assignments, and supervisor assignments.

12.4.1 Site Coordinator

- It is possible that a grievance with the site coordinator may arise specific to their administrative role in the Residency (not related to supervision issues). At each step, the resident should receive a response to their concern within five working days. If such a conflict arises, the resident should:
 - Discuss the issue with the site coordinator, if comfortable doing so. If the issue is not satisfactorily resolved, the issue and related documentation are provided to the Training Director who acts as a mediator.
 - In the event of failure to resolve the matter, the Training Committee reviews the issue as described above.
 - The resident may appeal the Training Committee's decisions to Lutherwood's Human Resource Manager if all appeal mechanisms within the psychology service have been exhausted.

12.4.2 Training Director

- It is possible that a grievance with the Training Director may arise specific to their administrative role in the Residency. At each step, the resident should receive a response to their concern within five working days. If a conflict arises, the resident should:
 - Convey their concerns directly to the Training Director, if comfortable doing so.
 - If the resident is not comfortable raising the concern with the supervisor/Training Director they may approach another member of the Training Committee, for support and to help address the concern.
 - If the Training Director or other Training Committee member (as relevant) cannot resolve the matter, they appoint a staff psychologist, acceptable to both parties, to review the information and mediate.
 - If mediation fails, the Training Committee (without the presence of the administrative assistant or resident representative, unless requested by the resident in question) reviews the issue based on materials supplied by the resident, the supervisor (Training Director), and the mediator.
 - The Training Committee has final discretion regarding outcome. If the conflict is not resolved by a general consensus, an anonymous vote will be taken.
 - The resident may appeal the Training Committee's decisions to Lutherwood's Human Resource Manager if all appeal mechanisms within the psychology service have been exhausted.

12.5 Supervisor Concerns - Probation Procedure

12.5.1 Probation or Dismissal

- Unsatisfactory performance, unprofessional behavior or unethical behavior on the part of a resident may result in placement on probation or may result in dismissal from the program
 - Unsatisfactory performance may include but not be limited, to inability, despite supervision, to relate to clients, conceptualize their concerns, or work with them effectively, and unwillingness to make use of supervisory input
 - Unprofessional behavior may include but not be limited to, excessive lateness or unexplained absences, disrespectful behavior towards clients, colleagues or others, persistent failure to complete assigned tasks despite the provision of supports to get things done
 - Unethical behavior may include but not be limited to, violation of clients' rights to confidentiality, failure to break confidentiality when faced with circumstances that warrant a duty to report, engaging in a dual relationship with a client
- It is recognized that the current set of policies and procedures may not hold sway in our partner organizations. If a matter cannot be resolved internally within the residency consortium, it will be necessary to follow policies and procedures in place in each of our residency sites.
- The following steps govern the placement of residents on probation or program dismissal

12.5.2 Site Supervisor

- If in the opinion of a supervisor the resident is not performing at a satisfactory level of competence or engages in unethical behavior the clinical supervisor will:
 - discuss their concerns with the resident
 - discuss their concerns with others supervising the same resident
 - increase their supervisory guidance
 - direct the resident to other appropriate resources such as additional didactics, additional readings, and in some cases, individual therapy
 - Alert the Training Director and members of the Training Committee that there is a potential concern and that efforts are currently being made to resolve the matter internally to the specific rotation.
 - The Training Director and members of the Training Committee may participate in consultation and problem-solving discussions about the matter.
- At this step, the clinical supervisor will, in writing, note what concerns led to the discussion and the remedial steps, if any, that were proposed, and place them in his or her own resident's supervision file. A copy is to be shared with the resident. Part of the remediation plan will include a specific time line outlining when specific goals should be met.
- If the concerns are of a serious nature or if they fall outside the boundaries of the residency (e.g., criminal behaviour), the clinical supervisor will communicate their concerns in writing to the Training Director within one working day. The Training Director will determine if the problem is of sufficient severity to forward directly to Lutherwood's HR Department and/or Lutherwood's Director of Operations for Mental Health Services. Situations may arise in which a resident's behaviour is of sufficient severity that the probation procedure outlined here will be pre-empted by organizational policies regarding unacceptable and/or criminal behaviour.

12.5.3. Training Director

- If the competency or training issues persist for more than one month, the supervisor will communicate his or her concerns in writing to the Training Director. The communication will include copies of any documentation developed as described above. The Training Director will consult with the resident and supervisor to assist in the remediation process.
- It is imperative that the remediation process developed with the assistance of the Training Director establishes a specific timeline for the attainment of goals. The Training Director will keep detailed records of meetings and remediation plans.

- At this point, and with the knowledge of the resident, the Director of Clinical Training of the resident's university programme will be notified that there is a concern and that we are attempting to resolve it internally.

12.5.4. Training Director/Ad Hoc Review Committee

- If concerns persist for more than two weeks after the involvement of the Training Director, the information is forwarded to a Review Committee consisting of themselves, an alternate registered psychologist from the rotation, and a third staff psychologist who has not supervised the resident, chosen by the Training Director and acceptable to both the resident and supervisor.
- The Review Committee must be assembled within one week, and all parties involved in the conflict must attend.
- The Committee's mandate is to review all pertinent data, to interview the resident and all supervisors involved, and to make one of the following recommendations to the Training Committee: (a) no action required; (b) corrective action short of probation; (c) probation for three months; (d) immediate dismissal from the program. All corrective actions proposed, whether involving formal probation or not, are documented on all contacts.
- If corrective action or probation is recommended, the Review Committee will specify a timeline for reviewing progress and schedule a follow-up meeting. Recommendations to the Training Director are prepared. If the conflict is not resolved by a consensus, an anonymous vote will be taken in which the Training Director, site coordinator, and third staff psychologist vote.
- The Training Director summarizes the Review Committee's decision in a written document and forwards the document to all relevant parties. The resident is provided the opportunity to have a staff psychologist representative of his or her choice present at the Training Committee meeting when the case is presented.
- Prior to the end of the formal probation period, the Review Committee will review the resident's progress by examining reports and conducting interviews with the resident and relevant supervisors.
- The Review Committee will make one of the following recommendations to the Training Committee: (a) removal from probation; (b) continuation of probation for an additional stipulated period; (c) dismissal from the program.
- If the probation period is continued, the Ad Hoc Review Committee will specify a timeline for review of the resident's progress.
- Prior to the end of the second probation period, the Review Committee repeats previous steps, however, one of only two recommendations is available: (a) removal from probation; or (b) dismissal from the program.

12.5.5 The Training Committee

- The Training Committee (without the administrative assistant or resident representatives) will review all relevant documentation, the recommendations presented by the Ad Hoc Review Committee and additional information, if needed, within one week of the Ad Hoc Review Committee's decision.
- The Training Committee will accept or reject the recommendations of the review committee either by a consensus or, if needed, by majority vote. The Training Director and supervisor (if a member of the Training Committee) will abstain from voting given their prior involvement in the process.
- If the decision is to place the resident on probation or to dismiss the resident, the Training Director will communicate the decision immediately to the resident and the Director of Clinical Training of the resident's home university. Minutes of the meeting are kept.
- Prior to the end of the second probation period, the Review Committee repeats previous steps, however, one of only two recommendations is available: (a) removal from probation; or (b) dismissal from the programme.

12.6 Appeals Procedures

- An appeal for any decision made by the Training Committee may be made to an Ad Hoc Appeals Committee through the Training Director within one week of the Training Committee's decision.
- The Training Director, or their alternate, will appoint an independent Appeals Committee composed of members of the residency supervisors that can uphold, modify, or reject the decision of the Training Committee.
- In the event of a conflict of interest on the part of the Training Director, the Training Committee will appoint an alternate from among the staff psychologists.
- The Appeals Committee will be composed of the Training Director or alternate, a staff psychologist within the resident's track (whenever possible), and a staff psychologist outside of the track.
- The decision of the Appeals Committee may be appealed to Lutherwood's Human Resource Manager if all appeal mechanisms within the consortium have been exhausted.

12.7 Complaints about Residents' Behaviour by Clients, Other Staff, or Police

- Any concerns about a resident's behaviour that have been raised by people other than the resident's supervisors will be directed to the site coordinator who will investigate the matter and take appropriate action as warranted. The site coordinator will inform the Training Director of the concern.

12.8 Highly Unethical Behaviour and Behaviour of a Serious Nature

- Residents may be asked to leave the residency programme subsequent to either:
 - Ethical violations that endanger patients or create a substantial liability risk for a member organization.
 - Clinical practice that endangers patients and which has not changed despite repeated feedback from supervisors and adequate opportunities to practice more clinically safe skills.
 - Ethical violations that endanger patients include, but are not limited to:
 - sexual harassment, sexual exploitation, or sexual assault of patients or staff
 - significant dual relationships with patients
 - breaches of privacy.
 - Ethical violations that create a substantial liability risk for the organizations include all of those mentioned above as well as:
 - falsification of billing records
 - falsifications of health records
 - falsification of any other records.
 - Clinical practice that clearly endangers patients includes, but is not limited to:
 - recommending treatments outside the sphere of competence of a psychologist
 - recommending practices to a patient that place them at undue financial or health risk without a thorough review with the patient of those risks (e.g., divorce, quitting employment).
- The supervisor is responsible for providing feedback regarding inappropriate clinical practice. Feedback will be provided by:
 - Documented verbal warnings and suggestions for corrective actions about the behaviour in question
 - Two written warnings and suggestions for corrective actions with respect to the problematic behaviour.
- When appropriate, opportunities to practice improved clinical skills will be provided by:
 - Exposure to clinical cases with whom these skills can be practiced
 - Opportunity to obtain a supervisor's feedback on the newly practiced skill (e.g., audiotape review)
 - Further opportunity to practice following a second round of corrective feedback about the behaviour in question.

12.9 Termination of Resident Employment

- Should a resident behave in a manner that causes them to be fired from the employ of Lutherwood (the host organization), the residency will be terminated, and a failing grade given. In addition, should a resident behave in a manner that would cause them to be fired from another Consortium member agency, this may entail behaviour that also requires termination of their employment with Lutherwood. The situation will be reviewed by the Training Committee as soon as possible (without the Resident Representatives, to protect confidentiality of the resident in question) to determine if that is the case, and if so then the residency would also be terminated and a failing grade given. Likewise, if a resident leaves the residency prior to completion without an acceptable explanation, or has an unacceptable reason for an extended absence, the residency will be terminated, and a failing grade given.

13. Anti-Violence, Anti-Harassment and Anti-Discrimination Policies

- The Consortium is committed to ensuring that residents experience a safe and healthy workplace environment free of violence, discrimination and harassment, where all individuals are treated with respect and dignity, and where all can contribute fully and access equal opportunities.
- The Consortium adheres to the following policies of its host organization, Lutherwood:
 - C 12.0 Human Rights, Anti-Harassment, and Anti-Discrimination Policy
 - E 13.0 Workplace Violence
 - E 13.1 Workplace Harassment
- All persons are expected to uphold and abide by the above policies, by refraining from any form of violence, harassment or discrimination, and by cooperating fully in any investigation of a workplace violence, harassment or discrimination complaint.
- In the event of a concern by a resident about workplace harassment, discrimination, or human rights infringement in violation of these policies, residents are to follow a parallel process to the grievance procedure outlined in Section 12 of this document, reporting their concerns, as relevant and where they feel safe to do so, to (in ascending sequence as needed until concerns are resolved):
 - Clinical supervisor
 - Site Coordinator
 - Training Director or designate
 - Training Committee
 - Lutherwood Human Resources Director or delegate
- Each of these individuals will seek consultation from Lutherwood's HR Director and the relevant policies as required.
- Where there is a conflict of interest due to multiple roles, delegates will be identified also as delineated in Section 12.
- Any violent or potentially violent situations should be reported to a Clinical Supervisor, Site Coordinator, Training Director or designate, or the Human Resources Department immediately.

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Waterloo Region Psychology Consortium

Rotation Learning Contract

Name of Rotation:

Date:

Primary Supervisor:

Rotation Requirements:

- 3 days per week for six months commencing (*date*) and ending (*date*) OR 1.5 days per week for 12 months commencing (*date*) and ending (*date*)
- The resident will provide psychological services in accordance with the (*Rotation name*) Guidelines and Procedures
- Rotation specific activities as listed after Objectives

Note: Training Goals and activities may be focused more heavily on some Objectives than others for particular residents and rotations.

Objective - Assessment

Competency 1: Residents will be able to demonstrate competence utilizing a variety of approaches to diagnose and assess diverse client populations. Specific areas of assessment to be covered include clinical interviewing, clinical/behavioral observation, and psychological testing, including intelligence and academic assessment tools, objective personality tests, and questionnaires completed by collateral informants as required.

Competency 2: Residents will be able to interpret data generated through assessment, develop appropriate formulations of this information, communicate test findings and diagnoses, and prepare comprehensive written reports documenting assessment results.

Assessment training goals for this rotation: (specify)

Assessment activities planned/anticipated as part of this rotation: (specify)

Objective - Intervention

Competency 1: Residents will demonstrate competence with the planning and implementation of a variety of intervention strategies, including crisis intervention, brief counseling, ongoing individual psychotherapy, group psychotherapy and psycho-educational groups *as available*.

Competency 2: Residents will be able to select, plan, and adapt appropriate treatment modalities to the unique needs of a diverse client population.

Competency 3: Residents will demonstrate competence in the formulation of written treatment

plans and in the maintenance of ongoing records of intervention.
Intervention training goals for this rotation: (specify)

Intervention activities planned/anticipated as part of this rotation: (specify)

Objective - Consultation and Communication

Competency 1: Residents will create and maintain communication channels with multi-disciplinary teams within the agency and with external agencies as required, to pass on clinically useful and relevant information.

Competency 2: Residents will demonstrate proficiency in written and oral communication to psychology and non-psychology staff. Written communication skills will be assessed by examining such documents as memos, reports, case notes and treatment plans prepared by residents. Oral communication skills will be evaluated by observing resident interactions with staff and through such resident activities as conducting groups, seminars, presentations, and staff training activities.

Consultation training goals for this rotation: (specify)

Consultation activities planned/anticipated as part of this rotation: (specify)

Objective – Provision of Supervision

Competency 1: Residents will develop effective working relationships with supervisees, taking into account the power differential between themselves and their supervisees, and respecting the supervisees' training and developmental level.

Competency 2: Residents will assist with supervisees' case conceptualizations and will provide both support and constructive feedback as required

Provision of supervision training goals for this rotation: (specify)

Provision of supervision activities planned/anticipated as part of this rotation: (specify)

Objective – Research and Evaluation

Competency 1: Residents will ground all aspects of their practice in knowledge of the most current research. They will demonstrate and articulate an ability to evaluate clinical research and to base decisions about their work (i.e., assessment, intervention, consultation) with clients on current findings.

Competency 2: Residents will develop and demonstrate an understanding of the role and application of program evaluation and applied research in service provision settings. They will take on direct involvement in a research or program evaluation project in one of their rotation settings, either through taking on a role in an existing project, or developing a new project in consultation with their supervisor. They will present their research/evaluation work and its outcomes near the end of the residency year.

Research/Evaluation training goals for this rotation: (specify)

Research/Evaluation activities planned/anticipated as part of this rotation: (specify)

Additional rotation experiences and activities:

(list any additional components to the rotation, for example, didactic learning experiences, participation in committees/teams, etc)

Typical weekly schedule and any further expectations:

(list typical days and hours of work, and any further details of rotation, such as regular meetings, etc.)

Resident (Name and signature)

Supervisor (Name and signature)

**WATERLOO REGION PSYCHOLOGY CONSORTIUM
RESIDENT EVALUATION FORM**

5. Formulates recommendations that are logically related to assessment results	Click to select from drop down menu
6. Effectively conceptualizes client's difficulties, issues, themes, or patterns	Click to select from drop down menu
Comments about assessment knowledge:	
ASSESSMENT PROCESS (formal assessments)	
1. Clarifies the stated and implicit referral issues and questions in collaboration with client	Click to select from drop down menu
2. Clearly communicates approach to assessment to client	Click to select from drop down menu
3. Effectively addresses the referral questions via the assessment	Click to select from drop down menu
5. Establishes alliance with the client, while maintaining appropriate personal boundaries	Click to select from drop down menu
Comments about assessment process:	
TREATMENT KNOWLEDGE AND ITS APPLICATION (treatment)	
1. Has knowledge of a broad range of theoretical orientations	Click to select from drop down menu
2. Integrates and applies theoretical knowledge into clinical cases, as appropriate	Click to select from drop down menu
3. Is able to effectively conceptualize clients' themes, issues, relational dynamics, or difficulties	Click to select from drop down menu
4. Is knowledgeable of principles of sound assessment as the basis for subsequent intervention	Click to select from drop down menu
5. Is knowledgeable of the scientific, theoretical, empirical, and contextual basis of intervention	Click to select from drop down menu
Comments about treatment knowledge:	
THERAPY PROCESS (treatment)	
1. Able to clearly communicate responses and interventions to clients	Click to select from drop down menu
2. Demonstrates flexible use of various therapeutic techniques	Click to select from drop down menu
3. Works with the client to generate mutually-derived, realistic treatment goals	Click to select from drop down menu
4. Able to establish, maintain, and repair therapeutic alliance	Click to select from drop down menu
5. Maintains appropriate personal and emotional boundaries with clients	Click to select from drop down menu
Comments about therapy process:	
CONSULTATION (FORMAL AND INFORMAL)	
1. Listens to concerns, asks appropriate questions that clarify and lead to greater understanding	Click to select from drop down menu
2. Conceptualizes quickly, provides feedback that enhances understanding of the client/situation	Click to select from drop down menu
3. Generates on-the-spot recommendations that provide guidance to the consultee	Click to select from drop down menu
4. Seeks and provides additional recommendations, resources, and referral sources	Click to select from drop down menu
5. If required, generates a formal consultation report that summarizes	Click to select from drop down menu

**WATERLOO REGION PSYCHOLOGY CONSORTIUM
RESIDENT EVALUATION FORM**

issues succinctly	
Comments about consultation:	
SUPERVISION PROVIDED	
1. Demonstrates sensitivity to power differentials and diversity issues (resident/supervisee/supervisee's clients)	Click to select from drop down menu
2. Actively listens to supervisee's comments and conceptualizations	Click to select from drop down menu
3. Acknowledges and respects supervisee's strengths and developmental stage	Click to select from drop down menu
4. Anchors supervision within an empirically supported theoretical orientation	Click to select from drop down menu
5. Provides constructive feedback to supervisee, being more directive when required	Click to select from drop down menu
Comments about supervision provided:	
CLINICAL JUDGMENT	
1. Able to think on his/her feet, deal effectively with the unexpected, and manage crises	Click to select from drop down menu
2. Accomplishes therapeutic/assessment goals while remaining flexible to emerging client issues	Click to select from drop down menu
3. Effectively makes decisions and problem-solves	Click to select from drop down menu
4. Able to gather, prioritize, and use information effectively	Click to select from drop down menu
5. Able to effectively identify and understand clients' strengths and weaknesses	Click to select from drop down menu
Comments about clinical judgment:	
PROFESSIONAL CONDUCT	
1. Keeps appointments and arrives on time	Click to select from drop down menu
2. Behaves in an appropriately professional manner	Click to select from drop down menu
3. Follows the organization's operations and procedures	Click to select from drop down menu
4. Relates well with colleagues, co-workers and other mental health professionals	Click to select from drop down menu
5. Prepares well for client sessions in terms of organization and knowledge of materials/procedures	Click to select from drop down menu
6. Carries out the assessment process a clear, well-organized and timely manner (testing, report writing, and feedback)	Click to select from drop down menu
Comments about professional conduct:	
USE OF SUPERVISION	
1. Is able to be self-reflective and recognize own contributions to therapeutic/assessment process	Click to select from drop down menu
2. Is able to discuss personal feelings and reactions in supervision	Click to select from drop down menu
3. Is willing to discuss personal areas of weakness and responds well to criticism	Click to select from drop down menu
4. Uses the supervision time well	Click to select from drop down menu
5. Is able to take feedback from supervision and apply it to the case	Click to select from drop down menu
Comments about use of supervision:	

**WATERLOO REGION PSYCHOLOGY CONSORTIUM
RESIDENT EVALUATION FORM**

ETHICS	
1. Demonstrates knowledge of ethical professional codes, standards of practice guidelines, statutes, rules, and regulations relevant to practice in psychology	Click to select from drop down menu
2. Recognizes and analyzes ethical and legal issues as encountered	Click to select from drop down menu
3. Recognizes/understands the ethical implications of own attitudes, biases, beliefs, and limitations	Click to select from drop down menu
4. Seeks information and consults when considering ethical issues	Click to select from drop down menu
Demonstrates appropriate professional assertiveness related to ethical issues (e.g., raises issues when they become apparent)	Click to select from drop down menu
Comments about ethics:	
DIVERSITY AND CULTURAL SENSITIVITY	
1. Identifies personal biases and subjective impressions re. culture and diversity	Click to select from drop down menu
2. Demonstrates knowledge of <i>own</i> attitudes and values and implications for clinical work	Click to select from drop down menu
3. Demonstrates knowledge about nature and impact of <i>others'</i> attitudes and values (diversity) and implications for clinical work	Click to select from drop down menu
4. Is able to work effectively with clients of different backgrounds	Click to select from drop down menu
Comments about diversity and cultural sensitivity:	
SUMMARY EVALUATION	
General comments on the student's strengths and areas for continuing development:	

Waterloo Region Psychology Consortium

Resident's Self-Evaluation

Resident's Name:

Rotation:

Start & End dates:

Site Coordinator:

Additional Supervisors:

Summary of Experience and Supervision:

	Individual therapy	Assessment	Consultation	Individual supervision	Group supervision	Supervision of student	Support Hours
Hours							
# clients							

Comments regarding experiences:

Resident perception of Progress towards Learning Goals:

Resident's Perception of Personal Relative Strengths and Weaknesses at this point (noting progress or new areas identified):

Resident in Clinical Psychology
Waterloo Region Psychology Consortium

Waterloo Region Psychology Consortium

Supervisor Evaluation

Resident's Name:
Rotation:
Start & End Dates:
Site Coordinator:
Supervisor's Name:

Please complete an evaluation for each supervisor in this rotation (**Use a separate single sided page for each supervisor**)

Please rate your supervisor with respect to the following areas:

	N/A	Poor						Excellent	
Accessible	N/A	1	2	3	4	5	6	7	
Approachable	N/A	1	2	3	4	5	6	7	
Open to Feedback	N/A	1	2	3	4	5	6	7	
Respectful – Empathic	N/A	1	2	3	4	5	6	7	
Supportive	N/A	1	2	3	4	5	6	7	
Knowledgeable	N/A	1	2	3	4	5	6	7	
Flexible	N/A	1	2	3	4	5	6	7	
Clear in Expectations	N/A	1	2	3	4	5	6	7	
Prompt with Feedback	N/A	1	2	3	4	5	6	7	
Supervision Style	N/A	1	2	3	4	5	6	7	
Reasonable with Respect to Goals	N/A	1	2	3	4	5	6	7	
Integrates Theory and Practice (e.g., applies evidenced-based approaches)	N/A	1	2	3	4	5	6	7	
Other, Specify:	N/A	1	2	3	4	5	6	7	

Please comment on your overall supervision experiences, including areas both assessed and not assessed in the rating scale.

Resident in Clinical Psychology
Waterloo Region Psychology Consortium

Waterloo Region Psychology Consortium

Resident Evaluation of Rotation

Resident's Name:

Rotation:

Start & End Dates:

Site Coordinator:

Strengths of the Rotation

Areas for Improvement

General Comments

Resident in Clinical Psychology
Waterloo Region Psychology Consortium

6. **How do you rate the responsivity and availability of supervisors? Please elaborate.**

7. **How do you rate the collegiality of and integration into the rotation settings? Please elaborate.**

8. **Did you have opportunities for non-clinical interactions with peers and professionals? Please elaborate.**

9. **Did you have sufficient availability of diverse opportunities for didactic training? Please elaborate.**

10. **Did you have sufficient administrative support? Please elaborate.**

11. **Please provide your thoughts on the integration of research and evaluation opportunities/requirements.**

12. **Please provide us with an overall rating of your experiences within the consortium.**

Poor									Excellent
1	2	3	4	5	6	7	8	9	10

13. **Please rate the extent to which we met your training needs.**

Poorly									Excellently
1	2	3	4	5	6	7	8	9	10

14. Other comments on the consortium and residency experience (e.g., what did you most benefit from or enjoy? What did you least benefit from or dislike?).

15. What suggestions do you offer for improving the WRPC residency program and experience?

Resident Signature

Waterloo Region Psychology Consortium

Residents' Evaluation of the Seminar Series

Name:

Residency year:

Please reflect on the seminar series over the course of the past year.

1. A. Please note seminars (topic and presenters) that you felt were most useful:

B. What made these seminars most useful?

2. A. Please note seminars that you felt were not as useful:

B. If these seminars could be changed or improved, what would you suggest to make them more useful?

3. What seminars would you suggest eliminating?

4. What seminar topics were not provided but should be in future years?

5. Who do you feel the seminars should be open to, in terms of attendance? Do you think that attendance should be limited to only residents and the presenter? Should it be open to supervisors/training director? To other trainees such as psychology practicum students at the residency sites? Please note the reasons for your opinion.

6. How would you describe the series overall? Any further comments or feedback?

Resident Signature

Waterloo Region Psychology Consortium

SUPERVISION AGREEMENT

Supervisor: _____ Supervisee: _____

Residency Rotation/Site: _____

Agreement in effect between: _____ and _____
Date *Date*

This agreement defines a relationship of supervision between the above-named parties, as part of training provided by the Waterloo Region Psychology Consortium’s pre-doctoral internship in clinical psychology. The agreement can be terminated with reasonable notice by either party given sufficient reason.

Duties and obligations of the supervisor:

- Share qualifications and background with supervisee
- Ensure supervisee undertakes only work for which they have the appropriate education, training, and experience
- Collaboratively establish a training plan to meet supervisee’s training needs, considering factors such as the length of time to be spent in the residency/internship/practicum, the service delivery parameters of the training site, the availability of opportunities, and the qualifications of the supervisee
- Maintain supervision record/notes to document occurrence and content of supervision
- Provide agreed upon amount and frequency of supervision (total weekly supervision across sites and supervisors to total an average of four hours); be available, punctual, and prepared for supervision sessions
- Provide feedback that is respectful, clear, and honest
- Be open and responsive to supervisee feedback about the supervision process
- Provide guidance, education, and feedback on clinical skills and competencies through a variety of methods, including, as suitable:
 - Co-interviewing or co-therapy
 - Live attendance at sessions, consultations, or feedback meetings
 - Review of and feedback/discussion regarding sessions – via live observation or audio or video sessions
 - Discussion of sessions, techniques, supervisee responses, and other clinical content
 - Review of psychometric data
 - Review of and feedback/discussion regarding written reports and clinical documents
 - Role playing
 - Didactic sharing of information verbally or through suggested empirical and clinical readings; discussion of readings
 - Group supervision
- Provide timely feedback and co-signature on written reports and clinical notes as needed

- Provide ongoing feedback about observed areas of clinical and professional strength, as well as ongoing constructive feedback and guidance on areas for improvement or remediation
- Provide ongoing monitoring of progress of training plan
- Encourage ongoing professional development
- Provide opportunity for discussion of broader professional identity, issues and goals
- Abide by the Standards of Professional Conduct (CPO, 2017)

Duties and obligations of the supervisee:

- Share qualifications and background with supervisor
- Collaboratively establish a training plan to meet supervisee's training needs, considering factors such as the length of time to be spent in the residency/internship/practicum, the service delivery parameters of the training site, the availability of opportunities, and the qualifications of the supervisee
- Discuss with supervisor preferred methods of supervision and identified learning goals, and engage in ongoing discussion as needed regarding supervision needs and goals
- Be open and responsive to supervisor feedback
- Be forthcoming with concerns about supervision and the training experience and engage in constructive problem solving with the supervisor
- Maintain supervision log of supervision dates, length, and content (in brief summary format)
- Inform clients of the status as supervisee and provide name and contact information of the supervisor
- Provide full and accurate information regarding client service and records, recognizing that ultimate accountability for service rests with the supervisor; keep supervisor routinely informed of all contact and communication with clients
- Immediately report to the supervisor (and other relevant parties as deemed necessary) any concerns about significant risk of harm to self or other by a client
- Engage in agreed upon amount and frequency of supervision; be available, punctual, and prepared for supervision sessions
- Maintain clinical records in an accurate and timely fashion, with co-signature of supervisor obtained in a timely fashion
- Engage in ongoing monitoring of progress of training plan
- Abide by the Standards of Professional Conduct (CPO, 2017)

Limitations on the activities of the supervisee (if relevant):

Expected frequency, length, location, and nature (e.g., individual/group) of supervision meetings:

Means through which supervisor will be directly involved in planning, monitoring, and evaluation of services provided by the supervisee to clients:

As deemed relevant to the progressive development and competence level of the supervisee, methods may include:

- Direct observation of clinical work
- Co-therapy or co-interviewing
- Attendance at assessment feedback meetings and case conferences
- Review of written reports and notes
- Individual supervision meetings
- Being copied on correspondence

Plan for support/supervision in the event of supervisor's unavailability (short term and/or long term):

Other details of supervision arrangements/agreement (as relevant):

Contact Information - Supervisor:

Location (e.g., office number, building): _____

Telephone: Office _____ Cell: _____

Email: _____

Other: _____

Emergency Contact Number: _____

Contact Information - Supervisee:

Location (e.g., office number, building): _____

Telephone: Office _____ Cell: _____

Email: _____

Other: _____

Emergency Contact Number: _____

The undersigned confirm that both supervisor and supervisee will comply with all requirements under the legislation and regulations relevant to the service and with the *Standards of Professional Conduct (2017)*.

Supervisee:

Name: _____

Signature: _____

Date: _____

Supervisor:

Name: _____

Signature: _____

Date: _____

Distribution:

Copies of this agreement should be held by:

- *Supervisor*
- *Supervisee*
- *WRPC Resident File*

LUTHERWOOD POLICY AND PROCEDURE MANUAL

C 12.0

SUBJECT: Human Rights, Anti-Harassment and Anti-Discrimination

PURPOSE:

Ensure that all members of Lutherwood are aware of their rights and responsibilities under the Canadian Human Rights Act, Ontario Human Rights Code and the Occupational Health and Safety Act with respect to Human Rights, Anti-Harassment and Anti-Discrimination, and to outline the organization's procedures for addressing a complaint.

POLICY:

1. This policy and accompanying procedures are governed by the Canadian Human Rights Act, Ontario Human Rights Code and the Occupational Health and Safety Act legislations.
2. Lutherwood is committed to providing an environment free of discrimination and harassment, where all individuals are treated with respect and dignity, can contribute fully and have equal opportunities.
3. Under the Ontario Human Rights Code, every person has the right to be free from harassment and discrimination. Harassment and discrimination will not be tolerated, condoned or ignored at Lutherwood. If a claim of harassment or discrimination is proven, disciplinary measures will be applied, up to and including termination of employment.
4. Lutherwood is committed to a comprehensive strategy to address harassment and discrimination, including: a. providing training and education to make sure everyone knows their rights and responsibilities b. regularly monitoring organizational systems for barriers relating to Code grounds c. providing an effective and fair complaints procedure d. promoting appropriate standards of conduct at all times.
5. The right to freedom from discrimination and harassment extends to all employees, including full-time, part-time, casual and contract staff, as well as volunteers and students.
6. It is also unacceptable for members of Lutherwood to engage in harassment or discrimination when dealing with clients, or with others they have professional dealings with, such as suppliers or service providers.
7. The agency recognizes that staff members may be subject to workplace harassment and discrimination by clients or others who conduct business with the agency. In these circumstances, the agency will take every reasonable precaution for the protection of the worker.
8. This policy applies at every level of the organization and to every aspect of the workplace environment and employment relationship.
9. This policy also applies to organizational events that occur outside of the physical workplace.

10. This policy prohibits discrimination or harassment based on the following grounds, and any combination of these grounds: a. Age b. Creed (religion) c. Sex (including pregnancy and breastfeeding) d. Sexual orientation e. Gender identity f. Gender expression g. Family status h. Marital status (including married, single, widowed, divorced, separated or living in a conjugal relationship outside of marriage, whether in a same-sex or opposite-sex relationship) i. Disability (including mental, physical, developmental or learning disabilities) j. Race k. Ancestry l. Place of origin m. Ethnic origin n. Citizenship o. Colour p. Record of offences (criminal conviction for a provincial offence, or for an offence for which a pardon has been received) q. Association or relationship with a person identified by one of the above grounds r. Perception that one of the above grounds applies.

DEFINITIONS:

11. The following behaviour is prohibited: a. Discrimination: means any form of unequal treatment based on a Code ground, whether imposing extra burdens or denying benefits. It may be intentional or unintentional. It may involve direct actions that are discriminatory on their face, or it may involve rules, practices or procedures that appear neutral, but disadvantage certain groups of people. Discrimination may take obvious forms, or it may happen in very subtle ways. Even if there are many factors affecting a decision or action, if discrimination is one factor, that is a violation of this policy. b. Harassment: means a course of comments or actions that are known, or ought reasonably to be known, to be unwelcome. It can involve words or actions that are known or should be known to be offensive, embarrassing, humiliating, demeaning or unwelcome, based on a ground of discrimination identified by this policy. Harassment can occur based on any of the grounds of discrimination. Examples of harassment include: i. Epithets, remarks, jokes or innuendos related to a person's race, gender identity, gender expression, sex, disability, sexual orientation, creed, age, or any other ground ii. Posting or circulating offensive pictures, graffiti or materials, whether in print form or via e-mail or other electronic means iii. Singling out a person for humiliating or demeaning "teasing" or jokes because they are a member of a Code-protected group iv. Comments ridiculing a person because of characteristics that are related to a ground of discrimination. For example, this could include comments about a person's dress, speech or other practices that may be related to their sex, race, gender identity or creed. If a person does not explicitly object to harassing behaviour, or appears to be going along with it, this does not mean that the behaviour is okay. The behaviour could still be considered harassment under the Code. c. Sexual and gender-based harassment: sexual harassment is a form of harassment that can include: i. Gender-related comments about a person's physical characteristics or mannerisms ii. Paternalism based on gender which a person feels undermines their self-respect or position of responsibility iii. Unwelcome physical contact iv. Suggestive or offensive remarks or innuendoes about members of a specific gender v. Propositions of physical intimacy vi. Gender-related verbal abuse, threats or taunting vii. Leering or inappropriate staring viii. Bragging about sexual prowess or questions or discussions about sexual activities ix. Offensive jokes or comments of a sexual nature about an employee or client x. Rough and vulgar humour or language related to gender xi. Display of sexually offensive pictures, graffiti or other materials including through electronic means xii. Demands for dates or sexual favours. d. Sexual Solicitation: this policy prohibits sexual solicitations or advances by any person who is in a position to grant or deny a benefit to the recipient of the solicitation or advance. This includes managers and supervisors, as well as co-workers where one person is in a position to grant or deny a benefit to the other. Reprisals for rejecting such advances or solicitations are also not allowed. e. Poisoned environment: a poisoned environment is created by comments or conduct (including comments or conduct that are condoned or allowed to continue when brought to the attention of management) that create a discriminatory work environment. The comments or conduct need not be directed at a specific person, and may be from any person, regardless of position or status. A single comment or action, if sufficiently serious, may create a poisoned environment.

12. All persons are expected to uphold and abide by this policy, by refraining from any form of harassment or discrimination, and by cooperating fully in any investigation of a harassment or discrimination complaint.
13. Managers and supervisors have the additional responsibility to act immediately on observations or allegations of harassment or discrimination. Managers and supervisors are responsible for creating and maintaining a harassment- and discrimination-free organization and should address potential problems before they become serious.
14. The provisions of this policy and procedure in no way affect the right of any person to exercise their rights under the Ontario Human Rights Code, within the time limits specified by that legislation.
15. Complainants are encouraged to explain to the person who is harassing or discriminating against them that the conduct is unwelcome but are not obliged to do so. If addressing the person responsible could lead to an escalation of the harassment or discrimination, or to safety risks, complainants should not be expected to have to directly interact with that person. If a complainant feels they can safely make it known to the person responsible that the behaviour is unwelcome, this may resolve the matter, or may help them later if they make a complaint. However, the complainant should never feel obliged to address their harasser against their better judgement.
16. If the situation cannot be resolved by speaking to the person responsible, a complaint may be made by speaking to either: (1) the supervisor or manager, or (2) the Human Resources Representative.
17. Where possible, the complaint should be made in writing, including details of:
 - a. What happened – a description of the events or situation
 - b. When it happened – dates and times of the events or incidents
 - c. Where it happened
 - d. Who saw it happen – the names of witnesses, if any.
18. The supervisor, manager or Human Resources Department will advise both the complainant and the individual implicated (respondent) in the complaint that an investigation has begun. The Human Resources Department may also recommend, where deemed appropriate, interim action.
19. If necessary, the complainant or the respondent will be placed on a paid leave of absence, moved to a different location within the organization, or provided with alternative reporting relationships. The decision will be made on a case-by-case basis and will reflect the principle that the complainant will not be penalized for making the complaint.
20. Every person has a right to claim and enforce their right to a workplace free of harassment and discrimination. No person shall be negatively treated for bringing forward a complaint, providing information related to a complaint, or helping to resolve a complaint. Reprisal may be the subject of a complaint under this procedure, and persons engaging in reprisal are subject to disciplinary measures, up to and including termination of employment.
21. Where appropriate, the person receiving the complaint will offer the parties an opportunity to mediate the complaint. No person will be required to undertake mediation. Mediation will be conducted by a neutral third-party mediator and may take place at any stage during the complaint process.
22. The Human Resources Department will determine the severity of the complaint and may elect to consult with third parties including but not limited to an external investigator, legal counsel, health and safety consultant or the Joint Health and Safety Committee.

23. Investigators, mediators and persons receiving complaints will, to the extent possible, protect the confidentiality and privacy of persons involved in a complaint, subject to the requirements of a fair investigation and resolution process.
24. All documents related to a complaint, including the written complaint, witness statements, investigation notes and reports, will be securely maintained by the Human Resources Department, separate from personnel files. Only the outcomes of investigations and records of remedial and or disciplinary action shall be filed in a staff member's personnel file.
25. The investigator is responsible for ensuring a thorough, fair and impartial investigation of the allegations in the complaint. The investigator will interview the complainant, the respondent(s), and relevant witnesses suggested by the complainant or respondent(s), as well as gather documents relevant to the matters in the complaint.
26. All staff of the organization are required to cooperate with the investigator.
27. The investigator will, wherever possible, complete the investigation within 90 days of receiving the assignment.
28. The Human Resources Department or external investigator will summarize their findings and reach a recommendation for decision and final approval by the Chief Executive Officer or designate. In the event that the CEO is either the complainant or the respondent, the Human Resources Department or external investigator will forward their recommendations for approval to the Chair of the Board of Governors.
29. If the policy has been violated, the Human Resources Director, in consultation with the Department Director, will determine the appropriate consequences for the person(s) who violated the policy. These may include: a. An apology b. Counselling c. Education and training d. Verbal or written warning e. Suspension with pay f. Suspension without pay g. Transfer h. Termination of employment.
30. In determining the appropriate consequences, the Human Resources Director will consider the nature of the violation of the policy, its severity, and whether the individual has previously violated the policy.
31. Where a violation of the policy is found, the Human Resource Department, in consultation with the Department Director, will also take any steps necessary to repair the effects of the discrimination or harassment on the complainant, and to prevent any further recurrences of harassment or discrimination within the organization.
32. The complainant and the respondent(s) will each be provided with a copy of the investigator's report, and with the Human Resources Director's decision regarding outcomes.
33. Where a complainant is dissatisfied with the outcome of the complaint, they will be reminded of their rights under the Ontario Human Rights Code.
34. Should a complaint be found frivolous, vexatious, and/or made in bad faith, the Human Resources Director, in consultation with the Department Director, will determine the appropriate consequences, up to and including termination of employment.

LUTHERWOOD POLICY AND PROCEDURE MANUAL

E 13.0

SUBJECT: Workplace Violence

PURPOSE:

To ensure that all members of Lutherwood are aware of their rights and responsibilities under the Occupational Health and Safety Act with respect to Workplace Violence, and to outline the organization's procedures for addressing a complaint.

POLICY:

1. This policy and accompanying procedures are governed by the Occupational Health and Safety Act legislation.
2. Lutherwood is committed to providing all members of the organization with a working environment free from workplace violence and will take every reasonable precaution to protect staff members from workplace violence.
3. The general duties of employers, duties of supervisors, and duties of workers as set out in the Occupational Health and Safety Act, and reflected in Lutherwood policies apply, as appropriate, with respect to workplace violence.
4. An investigation that is appropriate in the circumstances will be conducted in response to all claims of workplace violence.
5. If a claim of workplace violence is proven, disciplinary measures will be applied, up to and including termination of employment.

Definitions:

Violence:

6. The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker or an attempt to exercise physical force against a worker, in a workplace that could cause physical injury to the worker.
7. A statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.
8. Examples of violence may include, but are not limited to: a. Threatening behavior such as, shaking fists, destroying property, or throwing objects; b. Verbal or written threats or any expression of intent to inflict harm; c. Verbal abuse such as swearing, insults, condescending language; d. Physical attacks such as hitting, shoving, pushing or kicking

PROCEDURE:

9. The agency will be responsible for communicating to all staff members the terms of this policy, information about the types of comments and behaviour that may constitute workplace violence and the procedures to be followed in making a complaint.

10. The agency will regularly assess the risks of workplace violence that may arise from the nature of the workplace, the type of work, and the conditions of work.

11. The agency recognizes that staff members may be subject to workplace violence by clients or others who conduct business with the agency. In these circumstances, the agency will take every reasonable precaution for the protection of the worker.

12. If the agency becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace, the agency shall take every precaution reasonable in the circumstances for the protection of the worker.

13. The agency encourages the reporting of all incidents of workplace violence, regardless of who the offender might be.

14. All staff members have a right to freedom from reprisals or threatened reprisals for refusing to accept workplace violence in any form or for making a formal complaint or for cooperating in any investigation.

15. Complaints of workplace violence will be promptly investigated and documented.

16. All records of complaints, including contents of meetings, interviews, results of investigations, and other relevant material will be kept confidential by Lutherwood, except where disclosure is required by disciplinary or other remedial process.

17. The agency is committed to ensuring that the careers and reputations of neither party are unjustly affected as a result of a workplace violence complaint.

18. To ensure the benefits of this policy are realized by everyone, all staff members must cooperate in the investigation of complaints of workplace violence in the agency.

19. The agency is committed to discouraging and preventing workplace violence whether or not formal written complaints have been brought to the attention of the agency.

20. All incidents of workplace violence resulting in the injury of an employee will be brought to the Joint Health and Safety Committee for review.

21. Notwithstanding the existence of this policy, every person continues to have the right to seek assistance from the Ontario Human Rights Commission, even when steps are being taken under this policy.

Complaint Procedure:

22. Any violent or potentially violent situations should be reported to a supervisor, manager, or the Human Resources Department immediately.

23. The complaint should be made in writing and should include the following information: a) Name(s) of the complainant(s) and contact information b) Name of the respondent(s), position and contact information (if known) c) Names of the witness(es) (if any) or other person(s) with relevant information to provide about the incident (if any) and contact information (if known) d) Details of what happened including date(s), frequency and location(s) of the alleged incident(s) i. Any supporting documents the worker who complains of violence may have in their possession that are relevant to the complaint ii. List any documents a witness, another person or the respondent may have in their possession that are relevant to the complaint.

24. The supervisor, manager or Human Resources Department will advise both the complainant and the respondent in the complaint that an investigation has begun. The Human Resources Department may also recommend, where deemed appropriate, interim action.

25. While the investigation is on-going, the complainant, the respondent, and any witnesses will be asked not to discuss the complaint, incident, or the investigation with other workers or witnesses unless necessary to obtain advice about their rights.

26. If necessary, the complainant or the respondent will be placed on a paid leave of absence, moved to a different location within the organization, or provided with alternative reporting relationships. The decision will be made on a case-by-case basis and will reflect the principle that the complainant will not be penalized for making the complaint.

27. Every person has a right to claim and enforce their right to a workplace free of violence. No person shall be negatively treated for bringing forward a complaint, providing information related to a complaint, or helping to resolve a complaint. Reprisal may be the subject of a complaint under this procedure, and persons engaging in reprisal are subject to disciplinary measures, up to and including termination of employment.

28. The Human Resources Department will determine the severity of the complaint and may elect to consult with third parties including but not limited to an external investigator, legal counsel, health and safety consultant or the Joint Health and Safety Committee.

29. Investigators, mediators and persons receiving complaints will, to the extent possible, protect the confidentiality and privacy of persons involved in a complaint, subject to the requirements of a fair investigation and resolution process.

30. To ensure the protection of confidentiality of witnesses and others, all documents related to a complaint, including the written complaint, witness statements, investigation notes and reports, will be securely maintained by the Human Resources Department, separate from personnel files. Only the outcomes of investigations and records of remedial and or disciplinary action shall be filed in a staff member's personnel file.

31. The investigator is responsible for ensuring a thorough, fair and impartial investigation of the allegations in the complaint. The investigator will interview the complainant, the respondent(s), and relevant witnesses suggested by the complainant or respondent(s), as well as gather documents relevant to the matters in the complaint.
32. The investigator will, wherever possible, complete the investigation within 90 days of receiving the assignment.
33. The Human Resources Department or external investigator will summarize their findings and reach a recommendation for decision and final approval by the Chief Executive Officer or designate. In the event that the CEO is either the complainant or the party implicated in the complaint, the Human Resources Department or external investigator will forward their recommendations for approval to the Chair of the Board of Governors.
34. Written results of the investigation and a recommended course of action will then be presented to the complainant and the respondent.
35. If the policy has been violated, the Human Resources Director, in consultation with the Department Director, will determine the appropriate consequences for the person(s) who violated the policy.
36. Where a complainant is dissatisfied with the outcome of the complaint, they will be reminded of their rights under the Occupational Health and Safety Act.
37. If the situation cannot be resolved at this stage, recommendations will be acted upon by the CEO or the Chair of the Board and the Human Resources Committee of the Board of Governors.
38. A follow-up will be conducted by the Human Resources Department within three months after the investigation to ensure that the recommendations have been followed and that workplace violence or harassment has ceased.
39. Should a complaint be found frivolous, vexatious, and/or made in bad faith, the Human Resources Director, in consultation with the Department Director, will determine the appropriate consequences, up to and including termination of employment.

LUTHERWOOD POLICY AND PROCEDURE MANUAL

E 13.1

SUBJECT: Workplace Harassment

PURPOSE:

Ensure that all members of Lutherwood are aware of their rights and responsibilities under the Occupational Health and Safety Act with respect to Workplace Harassment, and to outline the organization's procedures for addressing a complaint.

POLICY:

1. This policy and accompanying procedures are governed by the Occupational Health and Safety Act legislation.
2. Lutherwood is committed to providing an environment free of workplace harassment and will take every reasonable precaution to protect staff members from workplace harassment.
3. The general duties of employers, duties of supervisors, and duties of workers as set out in the Occupational Health and Safety Act, and reflected in Lutherwood policies apply, as appropriate, with respect to workplace harassment.
4. Harassment will not be tolerated, condoned or ignored at Lutherwood. If a claim of harassment is proven, disciplinary measures will be applied, up to and including termination of employment.
5. An investigation that is appropriate in the circumstances will be conducted in response to all claims of workplace harassment.

DEFINITIONS:

Workplace Harassment:

6. Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or
7. Workplace sexual harassment.

Workplace Sexual Harassment:

8. Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or

9. Making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation is unwelcome.

10. Examples of behaviours that constitute workplace harassment include, but are not limited to: a) Offensive or intimidating comments or jokes; b) Bullying or aggressive behaviour; c) Displaying or circulating offensive pictures or materials; d) Inappropriate staring; e) Workplace sexual harassment f) Isolating or making fun of a worker because of gender identity.

11. For the purpose of this policy, harassment can occur: a) At the workplace; b) At employment-related social functions; c) In the course of work assignments outside the workplace; d) During work related travel; e) Over the telephone, if the conversation is work related; or f) Elsewhere, if the person is there as a result of work-related responsibilities or a work-related relationship.

12. A reasonable action taken by the agency or a member of the leadership team at Lutherwood relating to the management and direction of workers or the workplace is not workplace harassment.

PROCEDURE:

13. The agency will be responsible for communicating to all staff members the terms of this policy, information about the types of comments and behaviour that may constitute workplace harassment and the procedures to be followed in making a complaint.

14. The agency recognizes that staff members may be subject to workplace harassment by clients or others who conduct business with the agency. In these circumstances, the agency will take every reasonable precaution for the protection of the worker.

15. The agency encourages the reporting of all incidents of workplace harassment regardless of who the offender might be.

16. An investigation appropriate in the circumstance will be conducted when: a) A manager, supervisor, or designate becomes aware of an incident of workplace harassment by the worker who experienced it or another worker; or b) A formal complaint of workplace harassment is made.

17. Incidents of workplace harassment shall be promptly investigated and documented.

18. All records of complaints, including contents of meetings, interviews, results of investigations, and other relevant material will be kept confidential by Lutherwood, except where disclosure is required by disciplinary or other remedial process.

19. The agency is committed to ensuring that the careers and reputations of neither party are unjustly affected as a result of a workplace harassment complaint.

20. To ensure the benefits of this policy are realized by everyone, all staff members must cooperate in the investigation of complaints of workplace harassment in the agency.

21. The agency is committed to discouraging and preventing workplace harassment whether or not formal written complaints have been brought to the attention of the agency.

22. The agency will be responsible for informing all staff members about other resources available to seek help to address workplace harassment.

23. Notwithstanding the existence of this policy, every person continues to have the right to seek assistance from the Ontario Human Rights Commission, even when steps are being taken under this policy.

COMPLAINT PROCEDURE:

24. Complainants are encouraged to explain to the person who is harassing against them that the conduct is unwelcome but are not obliged to do so. If addressing the person responsible could lead to an escalation of the harassment, or to safety risks, complainants should not be expected to have to directly interact with that person. If a complainant feels they can safely make it known to the person responsible that the behaviour is unwelcome, this may resolve the matter, or may help them later if they make a complaint. However, the complainant should never feel obliged to address their harasser against their better judgement.

25. If the situation cannot be resolved by speaking to the person responsible, a complaint may be made by speaking to either: (1) the supervisor or manager, or (2) the Human Resources Representative.

26. Where possible, the complaint should be made in writing, including details of: a) Name(s) of the complainant(s) and contact information b) Name of the alleged harasser(s), position and contact information (if known) c) Names of the witness(es) (if any) or other person(s) with relevant information to provide about the incident (if any) and contact information (if known) d) Details of what happened including date(s), frequency and location(s) of the alleged incident(s) i. Any supporting documents the worker who complains of harassment may have in their possession that are relevant to the complaint ii. List any documents a witness, another person or the alleged harasser may have in their possession that are relevant to the complaint.

27. The supervisor, manager or Human Resources Representative will advise both the complainant and the individual implicated in the complaint (respondent) that an investigation has begun. The Human Resources Department may also recommend, where deemed appropriate, interim action.

28. While the investigation is on-going, the worker who has allegedly experienced harassment, the alleged harasser(s) and any witnesses will be asked not to discuss the complaint, incident, or the investigation with other workers or witnesses unless necessary to obtain advice about their rights.

29. If necessary, the complainant or the respondent will be placed on a paid leave of absence, moved to a different location within the organization, or provided with alternative reporting relationships. The decision will be made on a case-by-case basis and will reflect the principle that the complainant will not be penalized for making the complaint.

30. Every person has a right to claim and enforce their right to a workplace free of harassment. No person shall be negatively treated for bringing forward a complaint, providing information related to a complaint, or helping to resolve a complaint. Reprisal may be the subject of a complaint under this procedure, and persons engaging in reprisal are subject to disciplinary measures, up to and including termination of employment.

31. Where appropriate, the person receiving the complaint will offer the parties an opportunity to mediate the complaint. No person will be required to undertake mediation. Mediation will be conducted by a neutral third-party mediator. Mediation may take place at any stage during the complaint process.
32. The Human Resources Department will determine the severity of the complaint and may elect to consult with third parties including but not limited to an external investigator, legal counsel, health and safety consultant or the Joint Health and Safety Committee.
33. Investigators, mediators and persons receiving complaints will, to the extent possible, protect the confidentiality and privacy of persons involved in a complaint, subject to the requirements of a fair investigation and resolution process.
34. To ensure the protection of confidentiality of witnesses and others, all documents related to a complaint, including the written complaint, witness statements, investigation notes and reports, will be securely maintained by the Human Resources Department, separate from personnel files. Only the outcomes of investigations and records of remedial and or disciplinary action shall be filed in a staff member's personnel file.
35. The investigator is responsible for ensuring a thorough, fair and impartial investigation of the allegations in the complaint. The investigator will interview the complainant, the respondent(s), and relevant witnesses suggested by the complainant or respondent(s), as well as gather documents relevant to the matters in the complaint.
36. To ensure the benefits of this policy are realized by everyone, all staff of the organization are required to cooperate with the investigator.
37. The investigator will, wherever possible, complete the investigation within 90 days of receiving the assignment.
38. The Human Resources Department or external investigator will summarize their findings and reach a recommendation for decision and final approval by the Chief Executive Officer or designate. In the event that the CEO is either the complainant or the party implicated in the complaint, the Human Resources Department or external investigator will forward their recommendations for approval to the Chair of the Board of Governors.
39. If the policy has been violated, the Human Resources Director, in consultation with the Department Director, will determine the appropriate consequences for the person(s) who violated the policy. These may include: a) An apology b) Counselling c) Education and training d) Verbal or written warning e) Suspension with pay f) Suspension without pay g) Transfer h) Termination of employment.
40. In determining the appropriate consequences, the Human Resources Director will consider the nature of the violation of the policy, its severity, and whether the individual has previously violated the policy.
41. Where a violation of the policy is found, the Human Resources Department, in consultation with the Department Director, will also take any steps necessary to repair the effects of the harassment on the complainant, and to prevent any further recurrences of harassment within the organization.
42. The complainant and the respondent(s) will each be provided with a copy of the investigator's summary report and will be presented with the recommended course of action.

43. Where a complainant is dissatisfied with the outcome of the complaint, they will be reminded of their rights under the Occupational Health and Safety Act.

44. If the situation cannot be resolved at this stage, recommendations will be acted upon by the CEO or the Chair of the Board and the Human Resources Committee of the Board of Governors.

45. A follow-up will be conducted by the Human Resources Department within three months after the investigation to ensure that the recommendations have been followed and that workplace harassment has ceased.

46. Should a complaint be found frivolous, vexatious, and/or made in bad faith, the Human Resources Director, in consultation with the Department Director, will determine the appropriate consequences, up to and including termination of employment.