

NON-ADJUNCT CLINICAL PROFILE
Western University - *Clinical Psychology Program*

Note :

- This information will be on Western's Clinical Psychology Program's website in the 'Information for non-Adjunct Clinical Supervisors' page, at:
<https://www.psychology.uwo.ca/research/clinical/infofornonadjunctsupervisors.html>
- FYI, the criteria for Adjunct Clinical Status is available at
<https://psychology.uwo.ca/research/clinical/adjfacinfosheet.html>

Date:

Name:

Business Address:

Business Telephone:

Business Email:

Home Address:

Clinical Practice:

Please provide a brief summary of your clinical interests, the client population(s) you work with and your theoretical approach to assessment/intervention.

Research Interests:

Please provide a brief summary of your research interests. If this is not applicable, please proceed to the next section.

Clinical Science Training Model:

Western's Clinical Psychology Graduate Program adheres to the clinical science training model (Baker, McFall, & Shoham, 2008), the modern instantiation of the aspirations of the scientist-practitioner (aka Boulder) model. More specifically, the goal of our training is to produce psychological scientists and skilled clinicians who approach psychological problems from an evidence-based perspective.

How do you model evidence-based practice in your supervision?

Please specify the ways in which you would model for our students the integration of science with practice conceptually and/or operationally. This could include, but is not limited to:

- Accessing and integrating scientific findings to inform treatment decisions;
- Using evidence from within your clinical practice (including outcomes assessment) to inform treatment decisions;
- Contributing to practice-based research and development to improve the quality and effectiveness of psychologically-based health care.

Are you available to supervise students during the 2024-2025 academic year (Sep 1/24 – Aug 31/25)?

Yes No

Please provide a specific date range within the next academic year that you are available to supervise students, as well as any constraints (e.g., days of the week, prior intervention experience with adults or children, prior coursework, need for a vehicle, etc.). This information will be provided to the Clinical Students to help them determine whether to send you an application to work with you.

***Note: The application will include:

- Their CV
- A statement about what they would bring and hope to get out of the placement
- A list of relevant graduate coursework and workshops/brownbags
- A summary of practicum and program sanctioned hours, if any have been accrued to date (the summary provided by Time2Track would work)
- Contact information for recent or current supervisors (if relevant)
- Anything else that might be helpful (e.g., relevant volunteer or employment experience, contact information for people who can speak to the student's clinical/interpersonal demeanor)

PSYCHOLOGY PROFESSIONAL REGISTRATION STATEMENT

I certify that I am a Regular Status Member of the College of Psychologists of Ontario, and hold a current and valid Certificate of Registration for a Psychologist authorizing Autonomous Practice.

As indicated on my Certificate, my specified Areas of Practice are:

- Clinical Neuropsychology
- Clinical Psychology
- Counselling Psychology
- Forensic/Correctional Psychology
- Formulating and Communicating a Diagnosis
- Health Psychology
- Industrial/Organizational Psychology
- Rehabilitation Psychology
- School Psychology

As indicated on my Certificate, my specified Client Populations are:

- Adolescent/Teen
- Adult
- Child
- Geriatric

My Certificate specifies the following Terms, Limitations, or Conditions:

- No limitations or conditions are in place
 - Please specify terms, limitations, or conditions:
-

Clinical Practica Supervision Interests (Select the training opportunity you are interested in providing by selecting the relevant checkboxes below.)

Types of training you are willing to supervise:

- | | | |
|--|---|--|
| <input type="checkbox"/> Initial Assessment | <input type="checkbox"/> Initial Intervention | <input type="checkbox"/> Advanced Assessment |
| <input type="checkbox"/> Advanced Intervention | <input type="checkbox"/> Applied Research | <input type="checkbox"/> Supervision Practicum |

Types of Clients:

- | | | |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> Adolescent/Teen | <input type="checkbox"/> Adult | <input type="checkbox"/> Child |
| <input type="checkbox"/> Geriatric | | |

Modality:

- | | | |
|-------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Couple | <input type="checkbox"/> Family | <input type="checkbox"/> Group |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Marital | <input type="checkbox"/> Other: _____ |

Orientation:

- | | | |
|--|---|--|
| <input type="checkbox"/> ACT/Mindfulness | <input type="checkbox"/> Applied Behav. Anal. | <input type="checkbox"/> Behavioural |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Cognitive behaviour | <input type="checkbox"/> Eclectic |
| <input type="checkbox"/> Existential | <input type="checkbox"/> Family Systems | <input type="checkbox"/> Gestalt. |
| <input type="checkbox"/> Humanistic | <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Interpersonal Process |
| <input type="checkbox"/> Narrative | <input type="checkbox"/> Psychodynamic | <input type="checkbox"/> Other: _____ |

Type of Client Problems (as per DSM 5):

- | | | |
|---|---|---|
| <input type="checkbox"/> Neurodevelopmental Disorders (e.g. Communication, Autism Spectrum, ADHD Disorders, etc.) | <input type="checkbox"/> Schizophrenia Spectrum and Other Psychotic Disorders | <input type="checkbox"/> Bipolar and Related Disorders |
| <input type="checkbox"/> Depressive Disorders | <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Obsessive-Compulsive and Related Disorders |
| <input type="checkbox"/> Trauma- and Stressor-Related Disorders | <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Somatic Symptom and Related Disorders |
| <input type="checkbox"/> Feeding and Eating Disorders | <input type="checkbox"/> Elimination Disorders | <input type="checkbox"/> Sleep-Wake Disorders |
| <input type="checkbox"/> Sexual Dysfunctions | <input type="checkbox"/> Gender Dysphoria | <input type="checkbox"/> Disruptive, Impulse-Control, and Conduct Disorders |
| <input type="checkbox"/> Substance-Related and Addictive Disorders | <input type="checkbox"/> Neurocognitive Disorders | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> Paraphilic Disorders | <input type="checkbox"/> Other: _____ | |

Setting:

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Mental Health Centre | <input type="checkbox"/> Forensic/Justice | <input type="checkbox"/> Inpatient Medical Hospital (Behavioural Medicine) |
| <input type="checkbox"/> Inpatient Psychiatric | <input type="checkbox"/> Outpatient Medical Hospital/Clinic/Family Health Practice | <input type="checkbox"/> Outpatient Psychiatric |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Schools | <input type="checkbox"/> University Counselling Center |
| <input type="checkbox"/> Other: _____ | | |

Other Training Opportunities:

- | | | |
|---|--|---|
| <input type="checkbox"/> Clinical Research | <input type="checkbox"/> Consult/Liaison | <input type="checkbox"/> Interprofessional care |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Supervision | <input type="checkbox"/> Other: _____ |

Type of Supervision Provided:

- | | | |
|--|--|--|
| <input type="checkbox"/> Co-therapy/Co-Interview | <input type="checkbox"/> You observe student live | <input type="checkbox"/> You review audio recording with student |
| <input type="checkbox"/> You review video with student | <input type="checkbox"/> Student describes case to you | <input type="checkbox"/> Other: _____ |

Please list the tests that you can supervise:

- Academic
- Achievement
- Aptitude
- Attitude
- Behavioural
- Cognitive
- Direct Observation
- Intelligence
- Neuropsychological
- Personality
- Vocational
- Other: _____

Would you be interested in giving a clinically-oriented workshop, brownbag seminar or classroom presentation to our students?

Yes No

If yes, on what topic(s) (e.g., treatment approaches, particular client populations)?

Note: Information about program expectations regarding clinical practica and clinical supervision (Sections E, F and G are most germane) is available at:

https://psychology.uwo.ca/research/clinical/practicum_planning_procedures.html

Signature for Application

I certify that all information on this completed application form and accompanying C.V. (if applicable) is correct and accurate. I note that further information pertinent to my application may be solicited by the Clinical Psychology Program. I am also aware that my application will be reviewed by the Director of the Clinical Psychology Program, the Clinical Practica Coordinator, the Core Clinical Psychology Faculty, the Adjunct Clinical Advisory Committee (which includes one clinical graduate student member), and the Appointments Committee of the Department of Psychology. Recommendations concerning Adjunct Clinical Faculty appointments are made by the Department of Psychology to the Dean of Social Science, who then makes final decisions regarding each appointment.

I further note that any relevant information about my application [e.g., my history of clinical practice, supervision and teaching; my prior involvement in the program; and any previous student evaluations I may have received at Western (assuming at least three such evaluations are available) or elsewhere, if applicable] will be accessible to all members of the relevant review committees. This includes the clinical graduate student representative on the Clinical Psychology Program Adjunct Advisory Committee.

Signature: _____ **Date:** _____