

2020-2021



Hamilton  
Health  
Sciences

*Pre-doctoral  
Residency in  
Clinical Child  
Psychology*

Contact the Director of Training for further information:

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*The HHS Clinical Child Psychology Residency Program is accredited for a 6-year term with the Canadian Psychological Association (until 2021-2022).*

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## The Residency Setting

Hamilton Health Sciences (HHS) is located in Hamilton, Ontario, Canada. Home to more than a half million residents, Hamilton is situated at the western tip of Lake Ontario midway between Niagara Falls and Toronto. It is the site of McMaster University, known internationally for its innovative medical school and research programs and the home of evidence-based practice. Hamilton has a rich cultural community with its own professional theatre company, art gallery, and professional sports teams. The Royal Botanical Gardens and the Bruce Trail are within minutes of the hospital sites.

*Visit [www.hamilton.ca](http://www.hamilton.ca) for more information about the city of Hamilton.*

Hamilton Health Sciences (HHS) is comprised of a family of six hospitals and a cancer centre, serving more than 2.2 million residents in Central South and Central West Ontario. Each of the facilities offers specialized services that together make HHS one of the most comprehensive health care systems in Canada. Hamilton Health Sciences is an academic health centre with several sites affiliated with the Faculty of Health Sciences at McMaster University. This allows patients to benefit from innovative treatments/research and staff and students to actively participate in research and teaching endeavours.

Psychology staff at Hamilton Health Sciences, which includes over thirty registered psychologists, are integral members of teams and services. Psychology staff have backgrounds ranging from clinical psychology, school psychology, applied behavioural analysis, rehabilitation, health psychology, and neuropsychology. Residency faculty have cross appointments with McMaster University in the Faculty of Health Sciences. The affiliation with McMaster University provides residents with an invaluable opportunity to learn from and interact with students, clinicians, and faculty in medicine, pediatrics, psychiatry, social work, and other allied health disciplines (e.g., speech/language pathology, occupational therapy).

The Ron Joyce Children's Health Centre (RJCHC) and McMaster University Medical Centre (MUMC) house the programs for McMaster Children's Hospital of Hamilton Health Sciences.

## The Residency Programs

There are two Residency programs at HHS: **Clinical Child Psychology** (two positions) and **Clinical Neuropsychology** (two positions). Details regarding the Clinical Neuropsychology program are contained in a separate brochure, *HHS Predoctoral Residency in Clinical Neuropsychology*.

The Residency programs provide a supervised opportunity for the integrated application of the theoretical, clinical, professional, and ethical knowledge and skills acquired during

***HHS Mission:** To provide excellent health care for the people and communities we serve and to advance health care through education and research.*

***HHS Vision:** Best Care for All.*

graduate training. Residents are expected to develop core competencies in the assessment, consultation, and treatment of populations with a range of psychiatric, developmental, learning, medical, neurological, behavioural, and emotional difficulties, using evidence-based approaches. Supervision in the acquisition and refinement of assessment, formulation, and therapeutic skills is available in cognitive-behavioural, behavioural, psychodynamic, family, group, neuropsychological, and rehabilitation principles and techniques. Residents are exposed to the work of psychologists on multidisciplinary inpatient and outpatient teams and have the opportunity to develop skills collaborating with health care professionals from other disciplines, as well as professionals from schools and community agencies. Residents are expected to work with diverse populations (e.g., various cultural backgrounds). All residents are expected to complete a small component of applied research (e.g., program development, program evaluation) as part of their residency, in addition to a research presentation. Applied research projects are ongoing in several HHS programs, and residents are invited to participate in this research. Numerous opportunities for continuing professional education are also available. Residents are also provided with supervision experience, of either a clinical psychology graduate student or a non-psychology staff member. Residents are provided with supervision of their supervision by a psychologist.

The variety of assessment and treatment experiences available to residents is substantial. Resident participation in various teams and services ensures exposure to a range of patient populations and clinical approaches. This flexibility is an attractive attribute of the clinical child psychology residency program at Hamilton Health Sciences. Optional rotation selection is not a competitive process. Rotations listed in the brochure are typically available, provided residents have the necessary educational background and a qualified supervisor is available. Residents can select experiences that meet their learning goals and schedules.

The residency positions are currently funded at just over \$39,800 per year. Residents are entitled to 10 paid vacation days and 12 paid statutory holidays, in lieu of benefits. Residents are provided with dedicated work space, technology, and up-to-date professional assessment materials and equipment.

## The Clinical Child Psychology Residency

The Clinical Child Psychology Residency is a training program at McMaster Children's Hospital, which has two sites: the Ron Joyce Children's Health Centre (RJCHC), located at the Hamilton General Site, and the McMaster University Medical Centre (MUMC) located on the campus of McMaster University. Residents spend much of their time at the RJCHC where many of their core requirements are completed and where their workstations are located. Core requirements are designed to ensure that residents are exposed to a range of childhood disorders as well as to different teams and professionals within the system.

## Major Core Rotations - All Residents

All clinical child psychology residents spend approximately half of their time in the **Child and Youth Mental Health Program** and complete minor core rotations in **Developmental Pediatrics (Infant Parent Program and Specialized Developmental and Behavioural Service)**. Through these programs, residents complete major core rotations in **psychodiagnosis and intervention** and **comprehensive psychological assessment**. Residents also complete at least one optional rotation (e.g., 1 day a week for a minimum of 6 months).

Residents complete their year-long **psychodiagnosis and intervention rotation** through involvement with the CYMH Outpatient Service. The CYMH Outpatient Service provides outpatient assessment, consultation, and treatment for children and adolescents (ages 3 to 18) with comorbid problems of an internalizing and/or externalizing nature that interfere with functioning in the home, school, and/or community. Treatment services offered include individual therapy, family therapy, group therapy, parent skills training, home-based services, medication consultation, and consultation with community agencies and schools.

## Program Mission

*The HHS Residency program prepares residents to become independent skilled professionals and critical thinkers in clinical psychology. The program seeks to develop a level of clinical and professional competence appropriate for post-doctoral/ supervised practice with children, adolescents and families.*

## Program Philosophy

*The Clinical Child Psychology Residency Program, like Hamilton Health Sciences and the McMaster University Faculty of Health Sciences, is committed to a scientist-practitioner approach to education and practice which is client-centered. As such, the training of residents emphasizes the use of empirically-supported, evidence-based assessment and treatment approaches.*

Team members on the **CYMH Outpatient Service** include psychologists, psychiatrists, social workers, nurses, child and youth workers, and early childhood resource specialists. All residents participate on and provide consultation to the Outpatient Multidisciplinary Team, and residents are also members of the DBT Consultation Team, both of which meet weekly.

Residents are expected to acquire competence in evidence-based treatments delivered through individual, group, and family modalities during their residency year. Following psychodiagnostic assessments, residents develop treatment plans which include individual child/adolescent therapy (CBT, DBT, interpersonal therapy), group therapy (e.g., CBT for Social Phobia, Bossing Back OCD, CBT for GAD Teens, Parent-Led CBT for Anxiety, DBT Multifamily Skills Group, Acceptance and Commitment Therapy), and/or family therapy.

Residents are expected to conduct  $\geq 7$  psychodiagnostic assessments over the course of the year and carry  $\geq 4$  individual therapy clients at all times throughout the year. At least one of these individual therapy clients will be seen using DBT. All residents are also expected to have at least one family therapy case or participate in a family therapy initiative, such as co-facilitating an Emotion-Focused Family Therapy (EFFT) parent workshop.

Over the course of the year, all residents are required to co-facilitate at least one CBT treatment group and co-facilitate one DBT Multi-Family Skills Group module. CBT treatment groups run throughout the year, depending on client and facilitator availability. Facilitation of the DBT Multi-Family Skills Group begins early in the Fall and occurs on Tuesday or Wednesday afternoons.

Residents complete their year-long **comprehensive psychological assessment rotation** through involvement with the broader **Child and Youth Mental Health (CYMH) Program**, as well as minor core rotations in **Developmental Pediatrics** and the **Neonatal Follow-Up Clinic** (see descriptions in the next section of the brochure). Each resident completes approximately 8 to 10 assessments over the course of the residency year, depending on their past experiences and residency goals. Residents assess children from various age groups (infant, preschool, latency age, adolescent) and a range of diagnostic presentations/queries and diverse cultural backgrounds.

To fulfill the infant assessment requirement, residents have the option of completing the assessment either in the Infant Parent Program (IPP) or Neonatal Follow-Up Clinic (NNFU).

Residents meet with the Director of Training at the beginning of the Residency year to identify specific, individualized written goals and objectives.

**Supervising Psychologists in CYMH:** Dr. Jennifer Cometto, Dr. Avraham Grunberger, Dr. Ashley Legate, Dr. Katie Lok, Dr. Jennifer McTaggart, Dr. Danielle Pigon, Dr. Paulo Pires, Dr. Tajinder Uppal Dhariwal

### *Training Model*

*Core competencies in psychological assessment, treatment, consultation, professionalism, ethics, interpersonal collaboration, and reflective practice are delivered through supervised rotations in the direct provision of clinical services. As an academic health centre, research activities and professional development/educational opportunities provided in the hospital complement the clinical training.*

## Minor Core Rotations

*Extensions to these rotations may serve to meet an optional rotation requirement.*

The **Neonatal Follow-Up Clinic (NNFU)**, located at MUMC, is a service that provides follow-up care for premature babies born before 29 weeks of pregnancy or weighing less than 1500 grams. Infants are followed regularly from birth up to approximately 36 months. At this time, we administer the Bayley-III at 24 months of age to screen for developmental problems, and we are exploring the possibility of a more individualized, comprehensive assessment at the 36-month appointment. Residents may conduct their infant assessment with the NNFU Psychometrist. Opportunities to observe assessments with the allied health team (e.g., SLP, OT) could be incorporated into the rotation. *An extension of this rotation is available to fulfill the requirements of an optional rotation.*

**Supervising Psychologist:** *(to be determined)*

The **Infant-Parent Program (IPP)**, located at the RJCHC, is an early intervention program that serves families of infants (birth to 30 months) who have been identified as being at risk for developmental difficulties due to developmental, medical, or other problems. Residents may complete a minor core rotation in IPP by conducting an infant assessment with the IPP psychometrist. In terms of treatment services, infant-parent therapists provide evidence-based in-home interventions and parent groups (e.g., Right from the Start, COPEing with Toddler Behaviour, Circle of Security Parenting). Ongoing research is also a significant part of the program. *An extension of this rotation is available to fulfill the requirements of an optional rotation.*

**Supervising Psychologist:** *Dr. Alison Niccols*

The **RBC Child and Youth Mental Health Inpatient Unit** is located at the MUMC Site. Residents are required to complete a three-week rotation on the inpatient unit, providing assessment, treatment, and consultation. Through this rotation, residents are exposed to severe mental illnesses, including psychosis, bipolar disorder, severe mood disorder, and features of Axis II disorders. *An extension of this rotation is available to fulfill the requirements of an optional rotation.*

**Supervising Psychologists:** *Dr. Jennifer McTaggart, Dr. Tony Debono, Dr. Ashley Legate*

The **Mental Health Assessment Unit (MAU)** is located in the MUMC Emergency Department. Residents are required to spend approximately 24 hours (3x8-hour “shifts”) over the course of their residency year in the MAU completing comprehensive risk assessments on children and youth who present to the Emergency Department with mental health problems. Through this rotation, residents are exposed to severe mental illnesses, as well as youth with suicidal and homicidal ideation. *This rotation is not offered as an optional extension.*

**Direct Supervisor:** *Master’s-level Social Worker in the MAU*

**Supervising Psychologists:** *Dr. Jennifer McTaggart, Dr. Tony Debono, Dr. Jennifer Cometto*

The **Specialized Developmental and Behavioural Service (SDBS)** is within the Developmental Pediatrics and Rehabilitation Service located at the RJCHC. SDBS provides services for families of children with developmental and complex learning/cognitive difficulties between the ages of 2 and 18. Core disciplines on the team consist of psychology, developmental pediat-

*All residents complete minor core rotations in:*

- *Specialized Developmental and Behavioural Service (SDBS)*
- *Infant Parent Program (IPP) or Neonatal Follow-Up Clinic*
- *Child and Youth Mental Health Inpatient Unit*
- *Mental Health Assessment Unit (MAU) in the Emergency Department*



-rics, speech-language pathology, social work, behaviour therapy, and early childhood education. SDBS provides services which include assessment, individual therapy for children and adolescents with query or diagnoses of intellectual disability, parent counselling, parent workshops, behaviour therapy, consultation to colleagues and community agencies, and group intervention. Residents complete part of their core requirements by completing at least 2 assessments in SDBS. The residents may also be involved in other services, and an extension of this rotation is available to fulfill the requirements of an optional rotation.

**Supervising Psychologist:** *Dr. Olivia Ng*

## Optional Rotations

The Autism Spectrum Disorder Program, located at RJCHC, is a regional fee-for-service program that offers services in the social, communication, and behavioural/daily living domains. Under the Ontario Autism Program's new direct funding model, families are able to purchase the services they want and need most. These services are available to children with a diagnosis of autism, and those with other neuro-developmental disorders or acquired neuro-disabilities. Services include consultation, Applied Behaviour Analysis (ABA), group programs, respite care, and parent/caregiver education and training. The multidisciplinary team is comprised of psychologists, behaviour analysts, psychometrists, early childhood specialists, a social worker, a child and youth worker, a nurse, a speech-language pathologist, a communication disorders assistant, parent support workers, and school support consultants.

**Supervising Psychologists:** *Dr. Caroline Roncadin, Dr. Irene Drmic*

The Child Advocacy and Assessment Program (CAAP) provides assessment, consultation and intervention services to children, families, and community agencies where any aspect of child maltreatment is an issue. The program provides assessments regarding child maltreatment, impact of child maltreatment, and parenting capacity. Consultation services are provided to the Children's Aid Society, caregivers (e.g., foster parents, kin care providers, adoptive parents), school personnel, and medical/mental health professionals from the community. The program also provides intervention including sexual assault follow-up and counseling for children/youth and caregivers, individual psychotherapy for complex trauma, consultation to caregivers regarding trauma-informed caregiving, a trauma training workshop series for caregivers and child welfare staff, and group intervention (i.e., emotion regulation skills-training) for child welfare-involved children and youth. The team includes pediatricians, psychiatrists, psychologists, social workers, and child life specialists. The program is affiliated with the Offord Centre for Child Studies.

**Supervising Psychologist:** *Dr. Angela McHolm*

The Pediatric Eating Disorders Program provides services to children and adolescents up to the age of 18 who require multi-disciplinary assessment and treatment of an eating disorder (Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, Binge-Eating Disorder, etc.) and any comorbid conditions. While the majority of patients are seen on an outpatient basis, the program also offers inpatient treatment for medically unstable patients as well as an intensive day-hospital program. Services include medical management, refeeding, individual therapy, family therapy, group therapy, and nutritional counseling. Team members include psychologists, a psychiatrist, pediatricians, social workers, a registered dietician, registered nurses, and child life workers.

**Supervising Psychologist:** *Dr. Stephanie Deveau*

### *HHS & Residency Training Program Values*

**Respect:** *We will treat every person with dignity and courtesy.*

**Caring:** *We will act with concern for the well being of every person.*

**Innovation:** *We will be creative and open to new ideas and opportunities.*

**Accountability:** *We will create value and accept responsibility for our activities.*

*Residents complete at least one optional rotation.*

*Depending on supervisor availability, options include:*

- *Autism Program*
- *Infant Parent Program*
- *Specialized Developmental and Behavioural Service*
- *Child Advocacy and Assessment Program*
- *Pediatric Eating Disorders*
- *Pediatric Chronic Pain*
- *Pediatric Neurology/Neurosurgery, Epilepsy and Oncology Neuropsychological Services*

## Optional Rotations–Cont'd

The **Pediatric Chronic Pain Program (PCPP)**, located at MUMC, provides outpatient, interdisciplinary, family centered care to children and youth who face chronic pain. There are many different types of chronic pain conditions in children and youth including headaches, abdominal pain, musculoskeletal pain, and arthritis. The PCPP aims to provide youth and caregivers with skills to reduce the impact that pain has on their daily life by utilizing a functional rehabilitation and interdisciplinary approach (also referred to as 3Ps: pharmacological, psychosocial, physical). All new patients receive an interdisciplinary pain assessment to inform treatment planning. Some of the interventions in the clinic include psychoeducation about the science of chronic pain, goal setting, medication review, physiotherapy (acupuncture, TENS), activity pacing, parent and youth groups, exercise, relaxation and mindfulness, cognitive behavioural therapy, acceptance and emotion-focused family therapy, motivational interviewing, and consultation with school and community agencies. The team includes many health professionals (i.e., psychologists, social workers, occupational therapist, nurse practitioner, physiotherapist, child life specialist, pediatrician, psychiatrist, pharmacist, anesthesiologist) who work together to collaborate and coordinate care for youth with chronic pain.

**Supervising Psychologist:** *Dr. Kim Edwards*

The **Pediatric Neurology/Neurosurgery, Epilepsy and Oncology Neuropsychological Services**, located at MUMC, provide clinical neuropsychological and psychological assessments to pediatric and adolescent inpatients and outpatients with a variety of neurological disorders (e.g., leukemia, brain tumours, traumatic brain injuries, epilepsy, encephalitis, etc.). Residents are involved in interviewing children and family members, reviewing relevant medical documentation, administering and scoring assessment measures, providing feedback to family, children, and team members, as well as preparing written reports. Residents may also be involved in school feedback meetings, development of community-based treatment plans, implementation of behavioural interventions, or counseling on a case-by-case basis depending on availability. Moreover, residents can attend and actively participate in interdisciplinary clinical/educational opportunities (e.g., Tumour Board rounds, Neuro-oncology clinic, etc.). *Preference for this rotation is given to residents from the Clinical Neuropsychology Residency program. When available, residents from the Clinical Child Psychology Residency program are required to demonstrate neuropsychology graduate level coursework and practicum/work experience, in order to be considered.*

**Supervising Psychologists:** *Dr. Cheryl Alyman, Dr. Stephanie Lavoie, Dr. Nevena Simic*

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## Educational Opportunities

In addition to their specific rotations, residents participate in a wide variety of educational experiences during their Residency year, including seminars, rounds presentations, and professional courses.

The following experiences are requirements of the program:

- One-day training in Non-Violent Crisis Intervention (NVCI).
  - 4-hour training on Suicide Risk Assessment and Management with Youth.
  - 3-hour training on Violence Risk Assessment and Management with Youth.
  - Training in DBT via a combination of in-class and online trainings.
  - Psychology Resident Seminars: Residents from both HHS residency programs attend these seminar which cover a wide range of topics (e.g., diagnosis, treatment approaches). The seminars include a series on Ethics and Professional Practice to provide residents with an opportunity to discuss professional and jurisprudence issues and prepare for the post doctoral registration process with the College of Psychologists (or equivalent regulatory body). These seminars also provide residents with an opportunity to meet staff from the hospital system and the community.
  - Problem-Based Learning Seminars: These seminars take place two to three times per month in conjunction with the child/adolescent psychiatry subspecialty residency program. Residents from both programs work together to analyze cases and integrate knowledge about child development, mental health disorders, and interdisciplinary teams.
  - Rounds and seminars are held throughout the hospital system on a regular basis. Two examples that residents may be interested in include the rounds of the Department of Psychiatry and Behavioural Neurosciences, and Ron Joyce Children's Health Centre Rounds held a few times a year at HHS.
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## Typical Resident Schedule

The following schedule illustrates a typical week for a clinical child psychology resident:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM	CYMH (including MDT team)	CYMH/Optional rotation	CYMH (incl. DBT consult team)	Psychological Assessments/SDBS	Reports, etc
PM	CYMH treatment	CYMH/Optional rotation	Psychology Seminars/Problem-based Learning	CYMH	Reports, etc

## Research Opportunities

Several psychologists at Hamilton Health Sciences are active in research activities and a number of the Residency rotations are associated with ongoing research projects.

It is a requirement of the Residency program that residents complete some form of research activity during their Residency year, usually in the form of program development, program evaluation, contribution to an existing research project, or a case study. The research can be conducted within one of their clinical rotations or with a Residency faculty member from the broader Residency committee. Residents are able to allocate time to work on research and evaluation activities. There is flexibility in regards to the research topic residents choose in order to ensure residents' projects correspond with their interests.

Residents are also required to present research at least once over the course of the year. This can be in the form of a poster (e.g., Psychiatry Research Day) or a rounds presentation (e.g., Psychiatry Rounds, RJCHC rounds, Psychology Lunch n' Learn).

## Supervision and Evaluation

At the beginning of the Residency, the resident and the Director of Training set individualized written goals and objectives. In conjunction with the Residency Training Committee, the Director of Training ensures that the required range of experiences is provided, that residents and their supervisors complete regular evaluations, that the resident's workload is manageable and appropriate to the goals and objectives negotiated, and that sufficient supervision is provided. A minimum of four hours of direct supervision per week is provided, usually from several different supervisors, depending on the rotations.

Formal evaluation of each resident's progress is scheduled three times during the course of the program: December, April, and August. Each of the resident's supervisors rates the resident's progress according to a set of foundational (e.g., ethics, interpersonal skills) and functional competencies (e.g., assessment, treatment). Each resident then meets with Residency faculty to review the evaluations as a team, and to establish recommendations and plans for the next training block. The progress review meetings are conducted in a collegial manner with each resident individually. The resident is asked to comment on their own progress and satisfaction with the program, and to discuss how well they feel they are meeting their goals and objectives. If required, specific recommendations to remedy deficiencies in the program or in the resident's progress are made. A summary of the progress review is placed in the resident's file along with copies of the supervisors' evaluations. It is the Committee's responsibility to respond directly to any concerns the resident has about the program or their supervision.



## Supervision and Evaluation, cont'd

Final evaluations are completed in August. Residents are expected to complete all of the core requirements in order to successfully complete the residency. Supervisor evaluations must be rated as “meeting expectations” according to the competency definitions. The Residency program communicates with the resident’s graduate program at least twice during the year to give feedback on the resident’s progress, which includes notification of successful completion of the Residency. At the end of a rotation (e.g., August for the major core rotations), the residents provide formal evaluation of the program and their supervisors.

## Application Process

Applicants must be enrolled in a doctoral program in clinical psychology accredited by the Canadian and/or American Psychological Associations. Students enrolled in programs whose requirements are equivalent to those of CPA/APA accredited programs and those students who have acquired comparable course work and practicum experience may be considered, if suitable applicants from accredited programs cannot be found.

By the time of application, students should have completed a master's degree (or equivalent), all compulsory doctoral course work, comprehensive examinations, dissertation proposal approval, and at least 600 hours of supervised practica. Applicants with academic and practical experience in child assessment/treatment, as well as further along on their dissertation, are considered stronger candidates.

The deadline for receipt of applications is Friday, November 1, 2019. Please address all materials to the Director of Training.

Applicants are required to complete the standard online APPIC application ([www.appic.org](http://www.appic.org)), which includes:

- ◆ APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)
- ◆ APPIC Verification of Residency Eligibility and Readiness form
- ◆ Curriculum vitae
- ◆ Official transcripts of graduate studies
- ◆ Three letters of reference (using the standardized APPIC reference form; at least two letters are from supervisors familiar with the applicant’s clinical skills)

Candidates are notified on December 6, 2019 regarding whether or not they are being considered and interview bookings begin on December 9, 2019. Interviews (on site or by telephone) are conducted with selected applicants during the weeks of January 10-24, 2020. Although on-site interviews are not required, all candidates are invited to visit the hospital and meet with staff if possible.

The Hamilton Health Sciences Residency Program is a member of APPIC and the Canadian Council of Professional Psychology Programs (CCPPP). The Residency participates in the APPIC Residency Matching Program completed through the National Matching Service. This site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any rank-related information from any applicant. All applicants must register with the National Matching Services ([www.natmatch.com/psychint](http://www.natmatch.com/psychint)) and/or APPIC ([www.appic.org/](http://www.appic.org/)) to be considered. Completed applications are rated independently and ranked by the members of the Residency Committee.

Copies of the APPIC application forms can be downloaded from: [www.appic.org](http://www.appic.org)

<p><b>HHS Match Numbers:</b> 183012 Child Psychology (General Track)</p>
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*Hamilton Health Sciences is committed to a patient/family-centered, evidence-based approach to health care.*

## Application Process, Cont'd

In accordance with federal privacy legislation (*PIPEDA*), only information that is required to process your application is collected. This information is secured and shared only with those individuals involved in the evaluation of your application.

Further information on Accreditation can be obtained from the  
CPA Accreditation Office:

141 Laurier Avenue West, Suite 702, Ottawa, Ontario K1P 5J3

CANADIAN  
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DE PSYCHOLOGIE

## Public Disclosure Information

As part of accreditation, residency sites are required to disclose information about the application and selection process over the last 7+ years. Please see the information provided below for more information.

Academic Year/ Cohort	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Positions	3	3	3	3	3	4	3	3
Applications	75	50	49	57	57	70	62	55
Interviewed	27	29	26	27	27	31	29	25
Ranked	26	24	23	24	23	27	23	24
Matched	3	3	3	3	3	4	3	3
Matched as % Applications	4%	6%	6%	5%	5%	6%	5%	5%
Of those who matched:								
Males	0	1	0	0	0	1	0	0
Self-Identify as Diverse	0	1	0	1	0	0	0	0
From Outside of Ontario	0	1	0	0	1	2	3	0
From Outside of Canada	1	0	1	0	0	1	0	0
Mean Practicum Hours on AAPI Assessment & Intervention	792	642	807	681	687	708	654	667
Supervision	380	313	402	441	356	279	259	499
Support/Indirect	922	756	1,228	1,486	1,161	1,372	1,145	929
Mean Total Practicum Hours	2,094	1,711	2,437	2,608	2,204	2,359	2,059	2,095
Residency Stipend	\$36,000	\$39,473	\$39,474	\$39,868	\$39,868	\$39,868	\$39,868	\$39,868

## Clinical Child Psychology Training Staff

Cheryl Alyman, Ph.D., C. Psych. (University of Victoria, 1998). Pediatric Neuropsychology/Oncology Services.

Jennifer Cometto, Ph.D., C.Psych. (University of Windsor, 2013). Child and Youth Mental Health Regional Service.

Tony DeBono, Ph.D., C.Psych. (York University, 2013). Child and Youth Mental Health Inpatient Service.

Stephanie Deveau, Ph.D., C.Psych. (University of Guelph, 2013). Pediatric Eating Disorders Program.

Tajinder Uppal Dhariwal, Ph.D., C.Psych (University of Toronto, 2017) . Child and Youth Mental Health Outpatient Service.

Irene Drmic, Ph.D., C.Psych. (York University, 2007). Autism Spectrum Disorder Service.

Kim Edwards, Ph.D., C.Psych. (University of Western Ontario, 2014). Pediatric Chronic Pain Program.

Nezihe Elik, Ph.D., C.Psych. (University of Toronto, 2006). [Private Practice].

Cheryl Fernandes, Ph.D., C.Psych. (York University, 2010). [Private Practice].

Avraham Grunberger, Psy.D., C.Psych. (Pace University, 2011). Child and Youth Mental Health Outpatient Service.

Stephanie Lavoie, Ph.D., C.Psych. (York University, 2016). General Neurology Service.

Ashley Legate, Ph.D., C.Psych (Queens University, 2016). Child and Youth Mental Health Outpatient Service.

Katie Lok, Ph.D., C.Psych. (University of Toronto, 2014). Child and Youth Mental Health Outpatient Service.

Marnee Maroes, Ph.D., C.Psych. (University of Saskatchewan, 2004). [Private Practice].

Angela McHolm, Ph.D., C.Psych. (University of Guelph, 1999). Child Advocacy and Assessment Program.

Jennifer McTaggart, Ph.D., C.Psych. (University of Guelph, 2009). Child and Youth Mental Health Inpatient Service.

Olivia Ng, Ph.D., C.Psych. (University of Toronto, 2015). Specialized Developmental and Behavioural Service.

Alison Niccols, Ph.D., C.Psych. (York University, 1994). Infant Parent Program.

Danielle Pigon, Ph.D., C.Psych. (University of Toronto, 2017). Child and Youth Mental Health Outpatient Service.

Paulo Pires, Ph.D., C. Psych. (University of Toronto, 2005). Child and Youth Mental Health Outpatient Service.

Jo-Ann Reitzel, Ph.D., C.Psych. (University of Toronto, 1997). [Private Practice].

Caroline Roncadin, Ph.D., C.Psych. (York University, 2002). Autism Spectrum Disorder Service.

Nevena Simic, Ph.D., C.Psych. (University of Toronto, 2012). Comprehensive Pediatric Epilepsy Program.

### Relevant Websites