

2023-2024



Hamilton
Health
Sciences

Pre-doctoral Residency in Clinical Child Psychology

Contact the Director of Training for further information:

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COVID-19 Impact

The possible impact of COVID-19 on the 2023-2024 residency cycle remains unclear at this time. Although paid employees, residents are considered learners within HHS, meaning that decisions about whether they are allowed to be onsite and/or engage in direct patient care are determined by the Office of Interprofessional Education, not the Director of Training. Please be advised that some of the descriptions in this brochure may be impacted by COVID-19 disruptions and restrictions within Hamilton Health Sciences (HHS). Some rotations may be unavailable or available only with modifications. Residents are likely to be involved with a combination of in-person client contact and virtual care. Onsite care may require residents to wear Personal Protective Equipment (PPE) such as masks. Effective September 2021, all employees and learners at HHS are required to show proof of full vaccination against COVID-19 (or written proof of a medical reason).

This residency program is committed to the training of future psychologists, and achieving core competencies will continue to be our top priority. We are hopeful that vaccination efforts across the country will allow the 2023-2024 residency year to be minimally impacted by COVID-19 restrictions.

The Residency Setting

Hamilton Health Sciences 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.

Hamilton Health Sciences is comprised of five hospitals and four specialized centres, 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 Department of Psychiatry and Behavioural Neurosciences 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).

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.*

The HHS Clinical Child Psychology Residency Program is accredited with the Canadian Psychological Association (until 2021-2022). Our reaccreditation is before the Accreditation Panel.

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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 HHS Residency programs provide a supervised opportunity for the integrated application of the theoretical, clinical, professional, and ethical knowledge and skills acquired during 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 program evaluation (e.g., treatment evaluation) as part of their residency, in addition to a research presentation. Evaluation projects are ongoing in several HHS programs, and residents are invited to join a pre-existing project or develop their own project. 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 have 5 dedicated days to work on their program evaluation project. Residents are provided with dedicated work space (*when working onsite*), technology, and up-to-date professional assessment materials and equipment.

The Clinical Child Psychology Residency

The Clinical Child Psychology Residency at McMaster Children's Hospital 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.

Note: Rotations are described as either "major" or "minor", and either "core" or "optional". Core rotations are required expectations for all residents, whereas optional rotations are experiences chosen specifically by residents. Major rotations occur throughout the year, whereas minor rotations are more focused and time-limited.

Program Philosophy and Mission

In keeping with the mission of Hamilton Health Sciences, the Clinical Child Psychology Residency Program is committed to providing exceptional care through a scientist-practitioner approach and advancing health care through education and research by emphasizing the bidirectional relationship between science and practice. As such, the training of Residents emphasizes the review of research to inform clinical practice; the use of empirically-supported, evidence-based assessment and treatment approaches where indicated; integration of structured evaluations of emerging approaches to inform clinical care; and clinically-relevant research and individualized or tailored interventions, ultimately to best meet the needs of the clients served.

Our goal is to train the next generation of clinical child psychologists who are caring, compassionate, and collaborative. We support our Residents to develop their own professional identity through a developmental approach to training within a learner-centered environment. We promote the achievement of individual training goals within the context of developing the essential functional and foundational competencies that form the basis of clinical child psychology. Our Residency program provides the opportunity to gain both depth and breadth in a wide range of clinical activities, including experience in interdisciplinary teamwork, which is a critical component in providing quality client care. We value equity, diversity, and inclusion; recognize the impact of systemic barriers to accessing care; and actively seek to reduce these barriers.

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 several other programs, including **Specialized Developmental and Behavioural Service**. Through these programs, residents complete their two 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; described later). Residents meet with the Director of Training at the beginning of the Residency year to identify specific, individualized written goals and objectives.

Residents complete their year-long **Psychodiagnosis and Intervention rotation** in the **CYMH Outpatient Service**, under the supervision of a psychologist. 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, medication consultation, and consultation with community agencies and schools.

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 a Multidisciplinary Team, and residents are also members of a 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, ACT, interpersonal therapy), group therapy (e.g., Bossing Back OCD, Unified Protocol CBT, Parent-Led CBT for Anxiety, DBT Multifamily Skills Group, ACT), or more specific family-based interventions (see below).

Residents are expected to conduct ≥ 7 psychodiagnostic assessments over the course of the year and carry ≥ 4 individual therapy clients at all times throughout the year. At least one of these individual therapy clients will be seen using a DBT framework. 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 typically begins early in the Fall.

Family therapy is a major focus of training for our residents. All residents are provided with training in Emotion-Focused Family Therapy (EFFT), with the expectation to act as an “observer” and then a “helper” at 2-day EFFT caregiver workshops (*due to COVID restrictions, these workshops currently occur virtually*). In addition, residents are expected to have further family therapy experiences, either by providing EFFT individually with caregivers, choosing an optional rotation in Family Check-Up (see description later), or participating in the Family Therapy Clinic. Family Therapy Clinic is an interdisciplinary clinic that adopts a co-therapist model and incorporates principles from Family Systems Therapy, Narrative Family Therapy, and Structural Family Therapy. Residents have the opportunity to support families as a co-therapist and/or as part of the Reflection Team that observes family therapy sessions and offers reflections.

Residents complete their year-long **Comprehensive Psychological Assessment rotation**, under the supervision of a psychologist, in the **Child and Youth Mental Health (CYMH) Program**, as well as a minor core rotation in the **Specialized Developmental and Behavioural Service** (see description later). 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 (preschool (3+), latency age (2+), adolescent (2+)) and a range of diagnostic presentations/queries and diverse cultural backgrounds.

Supervising Psychologists in CYMH: Dr. Felicia Chang, Dr. Jennifer Cometto, Dr. Emily Copps, Dr. Jessica Dalley (Supervised Practice), Dr. Avraham Grunberger, Dr. Brittany Jamieson (Supervised Practice), Dr. Ashley Legate, Dr. Katie Lok, Dr. Jennifer McTaggart, Dr. Seamus O’Byrne, Dr. Danielle Pigon, Dr. Paulo Pires, Dr. Tajinder Uppal Dhariwal, Dr. Joanna Zambrzycka (Supervised Practice, maternity leave)

Training Model

We are committed to providing a comprehensive pre-doctoral training experience that assures the development of proficiency across key areas of clinical child psychology, to prepare residents for supervised practice. The essential core competencies of the Clinical Child Psychology Residency Program include: psychological assessment, intervention, consultation, supervision, program development and evaluation, integration of science and practice, interpersonal relationships, professional standards & ethics, and individual & cultural diversity. These competencies are achieved through a combination of didactic training and supervised rotations in the direct provision of clinical services, using a developmental approach to training. Program development, research, and educational activities complement the clinical training.

Extensions to these rotations may serve to meet an optional rotation requirement, provided there is supervision available.

Minor Core Rotations

The **Specialized Developmental and Behavioural Service (SDBS)** is within the Developmental Pediatrics and Rehabilitation Program 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 pediatrics, speech-language pathology, social work, behaviour therapy, and early childhood education. SDBS provides services which include assessment, individual therapy for children and adolescents with 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 3 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 Psychologists: *Dr. Olivia Ng, Dr. Nidhi Luthra*

All residents complete minor core rotations in:

- *Specialized Developmental and Behavioural Service (SDBS)*
- *Child and Youth Mental Health Inpatient Unit*
- *Mental Health Assessment Unit (MAU) in the Emergency Department*

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 personality disorders. An extension of this rotation is available to fulfill the requirements of an optional rotation.

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

The **Mental Health Assessment Unit (MAU)** is located in the MUMC Emergency Department. Residents are required to spend approximately 24 hours (3 x 8-hour “shifts”) over the course of their residency year in the MAU completing comprehensive risk assessments with children and youth who present to the Emergency Department with mental health crises. 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: *MA-level Social Worker in the MAU*

Supervising Psychologist: *Dr. Jennifer McTaggart*

Optional Rotations* availability of rotation is based on supervisor availability and COVID restrictions

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. Opportunities for residents include conducting infant assessments with the IPP psychometrist, and/or providing evidence-based in-home interventions and parent groups (e.g., Circle of Security Parenting).

Supervising Psychologist: *Dr. Olivia Ng*

The **Autism Spectrum Disorder Program**, located at RJCHC, provides both government-funded and direct-purchase services for children and youth with Autism Spectrum Disorder, including consultation, Applied Behaviour Analysis (ABA), psychology, groups, and parent/caregiver education and training. The multidisciplinary team is comprised of psychologists, psychometrists, behavioural clinicians, family service coordinators, and school support consultants. Opportunities for psychology residents include participating in interdisciplinary consultations, completing comprehensive psychodiagnostic assessments, co-facilitating parent and child groups, and providing individual cognitive-behavioural therapy.

Supervising Psychologists: *Dr. Irene Drmic, Dr. Rebecca Shine (Supervised Practice)*

Optional Rotations, cont'd* availability of rotation is based on supervisor availability

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 Psychologists: *Dr. Stephanie Deveau, Dr. Carolyn Roy*

The Pediatric Chronic Pain Program (PCPP), located at MUMC, provides outpatient, interdisciplinary, family-centred 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 of pain on their daily life by utilizing an interdisciplinary functional rehabilitation approach. Some of the interventions in the clinic include psychoeducation, goal-setting, medication review, physiotherapy, activity pacing, parent group, relaxation and mindfulness, cognitive behavioural therapy, acceptance and commitment therapy, 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. Opportunities for residents include participation in interdisciplinary assessments, completion of comprehensive psychodiagnostic assessments, co-facilitating parent groups, and providing individual psychotherapy.

Supervising Psychologist: *Dr. Kathleen Lee (maternity leave)*

Family Check-Up is one of the family-based interventions currently offered in the CYMH Outpatient Service. It is a 3-session, ecological, family-based assessment that incorporates multi-method (interviewing, video interaction tasks, questionnaire data) and multi-rater information on risk and protective factors to understand influences on the developmental trajectory of the child. The FCU model is strengths-based, collaborative and uses principles of motivational interviewing to understand how parent well-being, child well-being and parenting/family environment are connected. The FCU has a strong evidence base from decades of research. It has been delivered in the USA for quite some time, and clinicians within the Child and Youth Mental Health Outpatient Service who typically provide parent training were initially trained and credentialed in this model in early 2018. We are the first Canadian mental health service to offer the FCU. After the FCU is completed with a family, goals are set in collaboration with the parents/caregivers, which may include the parent skills training intervention connected to the FCU called Every Day Parenting (EDP). The EDP program follows the same principles as the FCU. Both FCU and EDP are transdiagnostic (i.e., not restricted to certain diagnostic presentations). The EDP manual is made up of 12 distinct sessions that are meant to be tailored to the needs of the family. Involvement in FCU is an optional rotation for clinical child psychology residents. It requires close involvement with the FCU Consultation Team as well as carrying some cases for FCU and EDP.

Supervising Psychologist: *Dr. Paulo Pires*

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.*

Optional Rotations, cont'd* availability of rotation is based on supervisor availability

The **Children's Exercise and Nutrition Centre** is located at MUMC. Residents in this rotation gain experience in behavioural medicine while working with children and families presenting with comorbid psychological and physical health challenges associated with obesity and lipid metabolism disorders. Residents within this rotation will have exposure to psychological/behavioral assessments related to medical problems, consultations, brief interventions, the interplay between physical and psychological health, coordinated inter-professional teamwork, and gain an understanding of the multifactorial nature of obesity and lipid metabolism disorders. Residents learn to provide psychological and behavioral interventions for prevention and/or treatment of medical issues related to obesity and to assist patients in coping with a myriad of conditions (e.g., maladaptive eating habits, sleep issues, motivation, unhealthy body image, impact of bullying, stress, and psychological distress). Brief interventions consist of motivational interviewing, cognitive, behavioral, and parenting strategies. The interprofessional team includes physicians, psychologist, nurse practitioner, registered dietitians, exercise physiologist, activity therapist, and various learners.

Supervising Psychologist: *Dr. Sheri Nsamenang (maternity leave)*

The **Inflammatory Bowel Disease Transition Clinic** is located at MUMC. Residents on this rotation provide outpatient, interdisciplinary services to emerging adults (age 16 to 22) with inflammatory bowel disease. Residents within this rotation have exposure to behavioral medicine, psychological/behavioral assessments, consultations, brief interventions, and gain an in depth understanding of IBD. Residents consult with team members to maximize patient functioning and purposeful planned transition into adult care. Residents learn comorbid mental health disorders with IBD and learn to provide brief interventions to assist youth well-being and readiness for assumption of health care responsibility. There are opportunities for program development and research. The inter-professional team includes physicians, psychologist, and social worker.

Supervising Psychologist: *TBD*

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.). *Priority for this rotation is given to residents from the Clinical Neuropsychology Residency program. If 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 (maternity leave), Dr. Nevena Simic*

The **Psychiatry Consultation/Liaison Service** is available to the pediatric medical clinics at MUMC. Children and youth with chronic diseases, life-limiting illnesses and disabilities are three times more likely to suffer from a mental health concern. Caring for children and youth who have medical conditions with co-existing mental health concerns such as anxiety, depression, adjustment disorder, and learning disabilities is a common occurrence in pediatric medical settings and is becoming a daily aspect of pediatric inpatient medicine. There is a need to address the complex relationship between a child's medical illness and emotional well-being. Typical resident activities in C/L may include: Helping patients and their families adjust to their newly diagnosed illnesses and the impact on their lives; Conducting diagnostic and/or complex risk assessments with patients with chronic health conditions; Consulting to medical professionals on how best to manage patients with comorbid mental health presentations; Training medical professionals in emotion-focused healthcare.

Direct Supervisor: *Laurie Horricks, NP-Peds*

Supervising Psychologist: *Dr. Jennifer McTaggart*

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 team meeting)	CYMH/Optional rotation	CYMH (incl. DBT consult team)	Psychological Assessments/SDBS	Reports, program evaluation, etc
PM	CYMH treatment	CYMH/Optional rotation	Psychology Seminars/Case-Based Learning	CYMH treatment	Reports, etc

Equity, Diversity, & Inclusion, and Cultural Humility

Our program is committed to ensuring that diversity awareness and cultural humility are upheld throughout every aspect of training. In addition to attending seminars and other training opportunities focusing on issues related to EDI, each resident is expected to participate in the Psychology Inclusion & Anti-Racism group throughout the residency year. Beyond this, residents are expected to approach clinical work from a standpoint of cultural humility at all times.

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, assessment, 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 of Ontario (or equivalent regulatory body).
- Case-Based Learning Seminars: These seminars take place approximately twice per month in conjunction with the child and 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.

Program Evaluation and Research

Program evaluation is a required area of training during the residency year, under the mentorship and guidance of a Program Evaluation Coordinator. Regular meetings with the Coordinator, in addition to didactic training in the seminar series, help provide foundational knowledge in program evaluation.

Residents are required to complete a program evaluation project during their Residency year, under the supervision of a psychologist. The project can be conducted within one of their clinical rotations or the broader hospital. These projects are intended to be practical and aligned with resident training goals. At the conclusion of these projects, residents are required to disseminate the knowledge gained to major stakeholders, such as program leadership or clinicians, either via a brief 1-page description of findings or a brief presentation. Residents are allocated up to 5 full days (i.e., 37.5 hours) to work on program evaluation activities. Final evaluation of this residency component is provided by the supervising psychologist and the Program Evaluation Coordinator.

Supervision Experience

All residents are required to gain training in clinical supervision via didactic learning in the Seminar Series and direct supervision experience. The goals of this experience are to learn the different models of clinical supervision, provide clinical supervision, and receive supervision on supervision. Possible supervisory experiences include: psychological testing, group treatment, individual treatment, and/or consultation. Ideally, residents are able to supervise psychology practicum students; however, there may also be the opportunity to supervise other disciplines. Supervisors provide clinical supervision to the residents about their supervision experiences. There is also an evaluation completed by the supervisor at the end of the residency year.

Supervision and Evaluation

At the beginning of the Residency year, 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 a variety of supervisors, depending on the resident's 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., professionalism, ethics, relationships, and reflective practice) and functional competencies (e.g., assessment, intervention, consultation). 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. These 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.

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.

Residents are expected to complete all of the core requirements in order to successfully complete the residency. Final evaluations are completed in August. Supervisor evaluations must be rated as "meeting expectations" according to the competency definitions. Supervisors and residents are expected to discuss the supervisory relationship throughout the residency and, 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.

Training Goals

The training goals for our residents are:

1. To be ready for supervised practice in the area of psychological assessment with children, youth, and families.
 2. To be ready for supervised practice in the area of intervention using various treatment approaches and modalities with children, youth, and families.
 3. To be ready for supervised practice in the area of consultation regarding children, youth, and families.
 4. To be ready for supervised practice in the area of clinical supervision.
 5. To be ready for supervised practice in the area of interpersonal relationships.
 6. To be ready for supervised practice in the areas of professionalism and ethics.
 7. To be ready for supervised practice in the ability to integrate science and practice.
 8. To be ready for supervised practice in the awareness of issues of individual differences and cultural diversity, and the ability to modify clinical practice accordingly.
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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. Applicants with academic and practical experience in child assessment/treatment, as well as further along on their dissertation, are considered stronger candidates.

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. Preferably, this 600 hours includes at least 300 hours of in-person/virtual client contact (150 intervention hours + 150 assessment hours) and at least 150 hours of supervision. However, given the COVID-19 pandemic, some flexibility in the composition of these hours will be considered as long as there is a minimum total of 600 hours in direct contact, supervision, and support activities combined.

NOTE: If you had placements and/or requirements that were negatively impacted by the COVID-19 pandemic, please request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. We will take these situations into consideration on a case-by-case basis.

The deadline for submitting your application is November 1, 2022. Please address all materials to the Director of Training.

Applicants are required to complete the standard online APPIC application (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 2, 2022 regarding whether or not they are being considered for an interview, and interview bookings begin on December 5, 2022. All 2023 interviews will be conducted virtually with selected applicants during the weeks of January 9-20, 2023. We plan to offer a virtual tour of the residency setting at that time.

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) and/or APPIC (www.appic.org/) to be considered. Completed applications are rated independently and ranked by the members of the Residency Committee.

Hamilton Health Sciences is committed to the concepts and principles of employment equity namely, to providing equal employment opportunities to all individuals regardless of age, sex, race, religion, marital status, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sexual orientation, family status or handicap. This policy applies to all aspects of employment, including hiring, promotions, training, career development, compensation, accommodation and termination. All internal job postings and external advertisements reflect this policy.

Copies of the APPIC application forms can be downloaded from: www.appic.org

HHS Match Number:
183012 Child Psychology (General Track)

Clinical Child Psychology Training Staff

Felicia Chang, Ph.D., C.Psych. (University of Windsor, 2019). Child and Youth Mental Health Outpatient Service.

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

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

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Brittany Jamieson, Ph.D., C. Psych. (Supervised Practice). (Toronto Metropolitan University, 2021). Child and Youth Mental Health Outpatient Service.

Stephanie Lavoie, Ph.D., C.Psych. (York University, 2016). Pediatric Neurology. [Maternity Leave]

Kathleen Lee, Ph.D., C.Psych. (University of Toronto, 2019). Pediatric Chronic Pain Program. [Maternity Leave]

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Nidhi Luthra, Ph.D., C.Psych. (York University, 2018). Specialized Developmental and Behavioural Service.

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Sheri Nsamenang, Ph. D., C.Psych. (East Tennessee State University, 2014), Children's Exercise and Nutrition. [Maternity Leave]

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Carolyn Roy, Ph.D., C.Psych. (University of Guelph, 2020). Pediatric Eating Disorders Program.

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