

2024-2025



Hamilton  
Health  
Sciences

# Pre-doctoral Residency in Clinical Child Psychology

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## About Hamilton Health Sciences

Hamilton Health Sciences (HHS) is located in Hamilton, Ontario, Canada. Home to over 800,000 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 is home to over 100 waterfalls and is known as “The Waterfall Capital of the World”.

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 a range of teams and services in the hospital including mental health services, developmental and rehabilitation services, and other health services. Psychology staff have backgrounds ranging from clinical psychology, school psychology, applied behavioural analysis, rehabilitation, health psychology, and neuropsychology. They provide assessment and intervention services, to children and their families in both outpatient and inpatient settings. Consultation to other professionals within multidisciplinary teams is also an essential part of the work for the psychology staff. Psychology staff are active in teaching and training psychology residents and practicum students as well as psychiatry residents. 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).

*The HHS Clinical Child Psychology Residency Program is accredited for a 6 year term with the Canadian Psychological Association (until 2027-2028).*

## The Residency Programs

There are two Residency programs at HHS: **Clinical Child Psychology** (three positions: two in the General Track, one in the Autism Track) 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

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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 15 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.

### ***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 Clinical Child Psychology Residency**

The **Clinical Child Psychology Residency** at Hamilton Health Sciences 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. There are two residency positions in the General Track and one position in the Autism Track. All 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.

## **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.

## **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.

## Organization of the Year

All clinical child psychology residents (General Track and Autism Track) spend approximately half of their time throughout the year completing year-long major core rotations in assessment and intervention in the **Child and Youth Mental Health (CYMH) Outpatient Service**. They in addition complete minor core rotations (of varying lengths) in **Specialized Developmental and Behavioural Service**, **Child and Youth Mental Health Inpatient Unit**, and the **Mental Health Assessment Unit**. The resident in the Autism Track spends the other half of their time completing a major core rotation in the Autism Program, whereas General Track residents complete at least one optional rotation (i.e., 1 day a week for 6 months) in other hospital programs that provide psychological services. Descriptions of all core and optional rotations are listed below.

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

## Major Core Rotations - All Residents

All 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, nurse practitioners, child and youth workers, and early childhood resource specialists. All residents participate on and provide consultation to a Multidisciplinary Team, and General Track residents are members of a DBT Consultation Team, both of which meet weekly.

Residents are expected to conduct several psychodiagnostic assessments over the course of the year with clients presenting with a wide range of internalizing and externalizing problems, as well as neurodevelopmental challenges (e.g., Autism, ADHD), for the purpose of treatment planning, and providing recommendations to caregivers and schools. 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). Under the supervision of a psychologist, residents will carry an ongoing caseload of individual therapy cases throughout the year. For the General Track residents, at least one of their individual therapy clients will be seen using a DBT framework.

All residents are required to co-facilitate at least one CBT-based treatment group and General Track residents are in addition expected to co-facilitate one round of DBT Multi-Family Skills Group (20 weeks). CBT-based 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-based intervention 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 take on an increasingly active role over the course of two 2-day EFFT caregiver workshops. General Track residents are expected to have further family-based intervention 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. The 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.

As part of their **Comprehensive Psychological Assessment rotation**, each resident completes approximately 8 to 10 assessments over the course of the residency year, depending on their past experiences and residency goals. Under the supervision of a psychologist, 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. Comprehensive psychological assessment requirements are typically fulfilled through involvement with the **Child and Youth Mental Health (CYMH) Program**, as well as minor core rotation requirements in **Specialized Developmental and Behavioural Services** (see description later).

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

## Major Core Rotation - Autism Track

The resident in the Autism Track completes an additional major core rotation through the **McMaster Children's Hospital Autism Program** located at the Ron Joyce Children's Health Centre (RJCHC), an ambulatory service for children and youth with Autism Spectrum Disorder (ASD). The Autism Program is comprised of services funded by the Ministry of Children, Community, and Social Services (MCCSS), including the Ontario Autism Program (<https://www.ontario.ca/page/ontario-autism-program>), as well as other ambulatory services for children and youth up to the age of 18 with a confirmed diagnosis of ASD. Our multidisciplinary team consists of psychologists, a psychometrist, social workers, occupational therapists, speech and language pathologists, board certified behaviour analysts, early childhood resource specialists, and others. Our services are provided in the centre, home, and community settings, with virtual care options as well as in-person care. The resident functions as a member of the multidisciplinary team, and is based out of RJCHC.

The Autism Track resident is expected to develop assessment competencies across a range of diagnostic categories beyond ASD. In the Autism Program, psychoeducational, mental health, and comprehensive psychodiagnostic assessments may be conducted to address co-occurring emotional/behavioural problems, mental health concerns, and/or intellectual disabilities. The resident will complete assessments with children and adolescents using a wide variety of techniques, and work with children and families from diverse language and cultural backgrounds.

In terms of treatment, the resident will have the opportunity to participate in specialized training and develop competencies in evidence-based group and individual treatment modalities. In addition to providing group and individual treatment to children with ASD, the resident will have the opportunity to provide consultation to families and participate in parent/caregiver workshops. The resident will supervise cases and develop competency in the supervision of unregistered psychological service providers, as well as providing consultation to multidisciplinary staff. Applied clinical research and program evaluation are integral aspects of the Autism Program.

As the Autism Track resident completes two Major Core Rotations (Child and Youth Mental Health Program, and Autism Program) across the entire year, an optional rotation is typically not completed.

**Supervising Psychologists:** *Dr. Caroline Roncadin, Dr. Rebecca Shine*

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## Minor Core Rotations

All residents complete minor core rotations in **Specialized Developmental and Behavioural Services (SDBS)**, **Child and Youth Mental Health Inpatient Unit**, and **Mental Health Assessment Unit (MAU)** in the Emergency Department. Extensions to these rotations may serve to meet an optional rotation requirement, provided supervision is available.

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 assessment requirements by completing at least two to three 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. Nidhi Luthra, Dr. Olivia Ng, Dr. Katherine Stover*

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*

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## Minor Core Rotations, cont'd

The RBC Child and Youth Mental Health Inpatient Unit is located at the MUMC Site. Residents are required to complete a one- to two-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 Psychologist:** *Dr. Jennifer McTaggart*

## Optional Rotations\* availability of rotation is based on supervisor availability

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 Psychologists:** *Dr. Rachel Jackson, Dr. Kathleen Lee*

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*

**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*

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, 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*

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## 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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## Typical Resident Schedules

**General Track.** The following schedule illustrates a typical week for a General Track 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

**Autism Track.** The following schedule illustrates a typical week for an Autism Track Clinical Child Psychology resident:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM	CYMH (including team meeting)	Autism program (assessment)	Reports, program evaluation, etc.	Psychological Assessments/SDBS	Autism program (assessment and/or individual treatment)
PM	CYMH treatment	Autism program (treatment – individual and/or group)	Psychology Seminars/Case-Based Learning	Reports, program evaluation, etc.	Autism program (team meeting, assessment, treatment, or indirect work)

## 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 EFFT and DBT (General Track residents only) via in-class and/or online trainings.
- Psychology Resident Seminars: Residents 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 postdoctoral 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 at HHS. 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.

## 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.



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## 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.

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## 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.

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, the residents provide formal evaluation of the program and their supervisors.

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## Equity, Diversity, & Inclusion, and Cultural Humility

Consistent with Hamilton Health Sciences' Equity, Diversity, and Inclusion (EDI) Plan, our residency 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.

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## Infectious Disease Impact

This residency program is committed to the training of future psychologists, and achieving core competencies in a safe environment will continue to be our top priority. The possible impact of infectious diseases, including COVID-19, on the 2024-2025 residency cycle is expected to be minimal. However, to ensure the health and safety of our hospital staff, the residents, and hospital patients, it is possible that some rotations may be unavailable or available only with modifications in the case of an outbreak on the hospital units. 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, in collaboration with the Director of Training. Onsite care may also require residents to wear Personal Protective Equipment (PPE) such as masks.

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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, 2023. Applicants should clearly indicate the Residency program to which they are applying: either the General Track or the Autism Track, not both. 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 1, 2023 regarding whether or not they are being considered for an interview, and interview bookings begin on December 4, 2023. All 2024 interviews will be conducted virtually with selected applicants during the weeks of January 8-19, 2024. 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](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.

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](http://www.appic.org)

**HHS Match Numbers:**

183011 Clinical Child Psychology (Autism Track)  
183012 Clinical 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.

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

Emily Copps, Ph.D., C.Psych. (Xavier University, 2019). Child and Youth Mental Health Outpatient Service.

Jessica Dalley, Ph.D., C.Psych. (University of Guelph, 2021). Child and Youth Mental Health Outpatient Service.

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

Irene Drmic, Ph.D., C.Psych. (York University, 2007). MiCare Extensive Needs.

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

Rachel Jackson, Ph.D., C.Psych. (Supervised Practice). (University of Toronto, 2021). Pediatric Chronic Pain Program.

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

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

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

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

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

Angela McHolm, Ph.D., C.Psych. (University of Guelph, 1999). [Private Practice].

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.

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

Seamus O'Byrne, D. Clin. Psych., C. Psych. (University of Essex, 2018). Child and Youth Mental Health Outpatient Service.

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 Program.

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

Rebecca Shine, Ph.D., C.Psych. (York University, 2021). Autism Program.

Katherine Stover, Ph.D., C.Psych. (Supervised Practice). (University of Toronto, 2022). Specialized Developmental and Behavioural Service.

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

Joanna Zambrzycka, Ph.D., C.Psych. (Supervised Practice). (University of Toronto, 2022). Child and Youth Mental Health Outpatient Service.



**BRIGHTER WORLD**