



Hamilton  
Health  
Sciences

# HAMILTON HEALTH SCIENCES

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## Pre-doctoral Residency in Clinical Neuropsychology 2025-2026

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## About Hamilton Health Sciences

Hamilton Health Sciences (HHS) is located in Hamilton, Ontario, Canada, which is situated at the western tip of Lake Ontario midway between Niagara Falls and Toronto. It sits on the traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee, and Mississaugas. This Land is covered by the Dish With One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee and Anishnabee. Today, Hamilton is home to over 500,000 residents and the site of McMaster University, which is 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. It 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.

***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.*

Psychology staff at Hamilton Health Sciences, which includes over 50 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 adults 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 Residency Programs

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

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, 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 across various services ensures exposure to a range of patient populations and clinical approaches. This flexibility is an attractive attribute of the clinical neuropsychology 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 \$42,000 per year. Increases are subject to annual review. Residents are entitled to 15 paid vacation days and 11 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 Neuropsychology Residency Program

The **Clinical Neuropsychology Residency** at Hamilton Health Sciences is based out of the Regional Rehabilitation Centre, located at the Hamilton General Site. Residents may also spend time at other sites depending on minor rotations of interest. Residents are typically assigned to core rotations in the Adult Acquired Brain Injury Program (ABIP), in the Stroke Rehabilitation Unit, and in Adult Consultation Neuropsychology; however, there is some flexibility, depending on the Residents' training goals.

The HHS Clinical Child Neuropsychology Residency Program is accredited for a 7 year term with the Canadian Psychological Association (until 2029-2030).

## Program Philosophy and Mission

In keeping with the mission of Hamilton Health Sciences, the Clinical Neuropsychology 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 neuropsychologists 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 psychology and neuropsychology. 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.

### *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.*

## Training Model

We are committed to providing a comprehensive pre-doctoral training experience that assures the development of proficiency across key areas of clinical neuropsychology, to prepare residents for supervised practice. The essential core competencies of the Clinical Neuropsychology Residency Program include: assessment and consultation (neuropsychological and psychological testing, formulations & communication of findings), intervention (development and implementation of cognitive rehabilitation, psychological treatment & behavioural plans), individual and cultural diversity, reflective practice, scientific knowledge and methods, ethics & professionalism, and functioning within interdisciplinary systems. Residents are given opportunities to develop these competencies / skills through a breadth and depth of training experiences, using a developmental approach to training. Practical training is complemented by involvement in interdisciplinary team meetings/case conferences, research, teaching, and supervision opportunities, as well as case formulation/didactic and ethics/professional seminars.

## Program Structure

Typically, residents spend about 1.5 to 2 days per week devoted to each of the core areas (Adult Acquired Brain Injury Program, Stroke Rehabilitation Unit, Adult Consultation Neuropsychology Services) for about 5-6 months. In addition, Residents have opportunities to participate in group treatment and to carry individual short-term and long-term treatment cases, often through the ABIP program, over the course of the entire Residency with designated time devoted to treatment.

Residents are also briefly exposed to neurodevelopmental issues through seminars in Pediatric Neuropsychology, or through a major rotation in this area, depending on experience and training. In addition, Residents have the opportunity to select 1 or 2 minor rotations in an area of interest from adult or pediatric programs available throughout HHS (e.g., Pain Clinic, Psychosocial Oncology, Epilepsy, Specialized Developmental and Behavioural Services, etc.) to diversify their learning experiences and meet their individualized goals. Minor rotations typically consist of 1 to 2 days per week for 3 to 6 months. Rotations and educational opportunities are available to Residents, provided they have the necessary educational background and a qualified Supervisor is available. Please see the Appendix for sample schedules.

Residents typically spend the first 3-4 weeks reviewing and ensuring that they are efficient in the administration and scoring of a variety of psychometric tools plus other testing procedures, then move on to their various rotations. Although there are core requirements, within each of the rotations, Residents have the opportunity to set individual goals and select experiences with their Supervisors that meet their particular needs and interests. Through the major core rotations and minor rotations, Residents will be exposed to a wide variety of assessment and treatment experiences in diverse patient clinical and cultural populations and have the opportunity to work with a variety of Psychologists, interdisciplinary professionals on hospital teams, and possibly community agencies. The Clinical Neuropsychology Residency

program provides 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 competence in the neuropsychological and psychological assessment and treatment of patients with a range of medical, psychiatric, neurological, behavioural, and emotional difficulties, and more highly developed and independent skills in evidence-based psychological approaches. Supervision in the acquisition and refinement of assessment, formulation, and therapeutic skills is available in behavioural, cognitive-behavioural, group dynamics, neuropsychological, and rehabilitation principles and techniques.

## **Clinical Neuropsychology Program – Major Core Rotations**

### **Adult Acquired Brain Injury Program (ABIP): Inpatient Rotations and Outpatient Treatment Rotations (Individual & Group)**

*Dr. Kate Bartley, C.Psych, Dr. Esther Direnfeld, C.Psych, Dr. Tiffany O'Connor, Dr. Emilie Sheppard, C.Psych, Dr. Joanna Sue, C.Psych.*

The ABIP, located in the Regional Rehabilitation Centre (RRC) at the HGH, is a provincially established service designed to provide inpatient and outpatient treatment and continuity of care to adults who have sustained brain injuries (not limited to trauma). It is comprised of an inpatient ward served by two interdisciplinary teams, a day hospital, and a community services program as well as an outpatient clinic. The Neuropsychologists and Psychometrists on the interdisciplinary teams provide assessment (behavioural, emotional and neuropsychological), consultation, and direct treatment/intervention (behaviour management, cognitive rehabilitation strategies, individual and group therapy). The Residents will have the opportunity to see patients across the different units within ABIP. A brief description of the services offered under ABIP follows.

The Community Re-integration Unit (CRU) is an inpatient setting where Residents work within an interdisciplinary team consisting of a Neuropsychologist, Psychiatrists, Speech-Language Pathologists, Occupational Therapists, Physiotherapists, Social Workers, Behaviour Therapists, Rehabilitation Therapists, and Registered Nurses. Residents are responsible for conducting neuropsychological evaluations to assist with treatment and discharge planning, attending and presenting at case conferences, providing feedback regarding patients' neurocognitive, emotional and behavioural status at family meetings, developing cognitive rehabilitation interventions and behavioural interventions, and sometimes conducting individual treatment using various modalities.

As part of the CRU rotation, Residents will also have the opportunity to consult on interesting cases from in the Slow To Recover Program, which services patients with complex medical/neurological presentations.

The ABIP Neurobehavioural Rehabilitation Unit is an inpatient Provincial Program for individuals with ABI who display challenging behavioural and/or mental health issues. Lengths of stay on the unit vary in duration from a few weeks to several months due to the complexity of the patients admitted. The program provides a transdisciplinary rehabilitation program that addresses cognitive and physical needs in conjunction with a concurrent behaviour management program. Patients range in age from 16 to 70+ years. The Resident works closely with the Neuropsychologists, Psychometrists, and Behavioural Therapist in their assessment of patients with complex difficulties. Neuropsychological assessments are completed with patients on the unit and results are shared with the treatment team during weekly rounds. The assessment results inform treatment and discharge planning. Residents also often have the opportunity to collaborate with other team members, such as Speech-Language Pathologists, Occupational Therapists, Physiotherapists, Social Workers, Rehabilitation Therapists and Registered Nurses, as well as the Psychiatrist, Hospitalist, and Psychiatrist.

Neuropsychology Residents are also involved in the Outpatient Clinic, mainly to provide group and individual treatment to patients with acquired brain injuries. Typical types of issues that are addressed in treatment involve post-concussive symptoms, mood and anxiety, adjustment issues, and post-traumatic stress disorder/symptoms. Residents may also have the opportunity to work in collaboration with Outreach Therapists, who under the direction of psychology staff, design and implement programs in the community.

## Stroke Rehabilitation Unit

*Dr. Justine Spencer, C.Psych*

The Stroke Rehabilitation Unit located at the RRC is an inpatient unit that offers rehabilitative services to individuals who have suffered strokes or other cerebrovascular conditions. Patients cover the adult span, including older adults, and often have complex medical and/or psychosocial histories. The Resident actively collaborates on cases as part of the interdisciplinary team and regularly participates in inpatient clinical team rounds. Residents have an opportunity to work closely with a variety of disciplines. Residents provide neuropsychological assessments, emotional and behavioural evaluations, and consultations on a wide variety of clinical issues (e.g., identify differential and comorbid diagnoses, identify barriers to rehabilitation and offer strategies, offer recommendations around discharge planning, etc.). Residents work toward implementing a flexible process approach to assessment and readily integrate behavioural observation and relevant medical information into their interpretations and diagnostic formulations. They have the opportunity to provide tailored feedback to the client, teams, family members, and community professionals as applicable. Educational rounds are also available in the stroke program.

## Adult Consultation Neuropsychology Services

*Dr. Ayse Unsal, C.Psych*



The Adult Consultation Neuropsychology Services is located in the RRC at HGH. Residents work with the Neuropsychologist and Psychometrists. Training in adult neuropsychological assessment with a wide range of neurological and psychiatric difficulties is provided. The types of patients seen often include auto-immunological (i.e., HIV, Lupus, MS, etc.), non Alzheimer's degenerative diseases (i.e., Parkinson's Disease, Huntington's Chorea, etc.), infectious disorders, seizure disorders, neurotoxic conditions, follow-up strokes, occasional traumatic injuries, as well as psychiatric and other medical conditions that affect cognitive functioning. A major focus of this rotation is conducting differential diagnosis with respect to the above-mentioned neurological and psychiatric disorders and offering an opinion as well as treatment recommendations to the referring Physician. In this rotation, Residents are involved in conducting a clinical neurodiagnostic interview, reviewing available medical documents, obtaining collateral information, conducting psychometric testing, integrating all data and offering a clinical formulation/opinion in a comprehensive report, as well as communicating findings in a feedback session to the referred client.

## Clinical Neuropsychology Program – Optional Minor Rotations

*Depending on interests, goals, and time availability, Residents typically select 1 or 2 minor rotations, which are listed below.*

### Michael G. DeGroote Pain Clinic

*Dr. Eleni Hapidou, C.Psych, Dr. Gregory Tippin, C.Psych*

The Michael G. DeGroote Pain Clinic at McMaster University Medical Centre focuses on chronic pain from clinical, health, and rehabilitation psychology perspectives. Clients vary widely in demographic, socio-economic, educational, and vocational factors. The clinic features two interprofessional outpatient programs: (1) an intensive 5-week multi-modal interdisciplinary third party funded program and (2) a publicly-funded program. Residents may be involved in assessment and treatment with patients. For treatment, opportunities may involve leading or co-leading psycho-educational classes and group therapy (e.g., on focused topics such as self-talk, sleep, grief and loss, mindfulness / relaxation) and providing one-to-one therapy/counseling following primarily, but not exclusively, a CBT model, and assessing the psychological status of clients and the implications for treatment under the direction of the Registered Psychologists. Assessment experiences may include structured psychodiagnostic assessments and consultation to the interprofessional team for the pursuit of treatment recommendations.

## Psychosocial Oncology Program

*Dr. Karen Zhang, C.Psych, Dr. Jennifer Pink, C.Psych*

The Psychosocial Oncology Program (PSO) at the Juravinski Cancer Centre is dedicated to helping adult patients and their families cope with the psychological, emotional, social, spiritual, and functional impact of cancer. The program provides outpatient and inpatient care across the cancer continuum and for a variety of cancer disease sites, including breast, lung, head and neck, haematology, gastrointestinal, gynecological, genitourinary, central nervous system, skin, endocrine and sarcoma. Residents actively work as part of an interdisciplinary team consisting of psychologists, nurses, social workers, dieticians, and oncologists. Training opportunities may include providing psychodiagnostic assessments for treatment planning, pre-Hematopoietic Stem Cell Transplant (HCT) assessments, short-term individual and group interventions, inpatient consultations and patient education classes.

Psychological interventions target anxiety, mood, grief, end-of-life concerns, caregiver burden, body image, fatigue, insomnia, adherence and adjustment-related concerns associated with cancer. Residents may also co-lead psycho-education sessions to build staff, patient and caregiver capacity to address psychosocial needs that impact cancer care. Opportunities for program evaluation and research may also be available.

## Adult Epilepsy Monitoring Unit (EMU)

*Dr. Jennifer Fogarty, C.Psych*

Residents will work in the Outpatient Epilepsy Clinic that is associated with the Adult EMU, both located at the Hamilton General Hospital site. Patients range in age from 18 to 70+ years. The Resident would work closely with the Neuropsychologist and Psychometrist in their assessment of patients diagnosed with Epilepsy who have been identified as potential surgical candidates. On occasion, there are patients with Epilepsy who are not surgical candidates but where other issues are addressed in the context of a neuropsychological assessment (e.g., return to work or school concerns; reports of cognitive decline). There are also occasionally patients who are referred for a follow up neuropsychological assessment post-surgery. There are surgical rounds once per month, and there are epilepsy educational rounds that occur weekly for approximately four months out of the year through Project ECHO. The Resident's primary responsibility would be to complete neuropsychological assessments, including interviews with patients, test selection, interpretation/formulations, report writing, and feedbacks with patients. Assessments typically only take place on Tuesdays and Fridays and availability in the schedule would have to be considered when selecting this minor rotation.

## **Pediatric Hematology-Oncology; Epilepsy Surgery; Neurology, & Neurosurgery Neuropsychological Services**

*Dr. Cheryl Alyman, C.Psych, Dr. Sanya Sagar, C.Psych; Dr. Nevena Simic, C.Psych; Dr. Stephanie Lavoie, C.Psych, Dr. Abbi Graves, C.Psych*

Residents may complete a major rotation in Pediatric Neuropsychology depending on supervisor availability in any given year. Prior training experience in pediatric assessment is required as a prerequisite in order to be considered for this rotation. Pediatric Neuropsychology Services are located at MUMC as part of McMaster Children's Hospital. These services provide clinical neuropsychological and psychological assessments to pediatric and adolescent inpatients and outpatients with a variety of neurological, psychiatric, behavioural, and learning disorders (e.g., leukemia, brain tumours, epilepsy, encephalitis, stroke, mood and anxiety disorders, autism or other neurodevelopmental conditions, etc.). The Resident will be 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 counselling on a case-by-case basis depending on availability. Moreover, Residents can attend and actively participate in interdisciplinary clinical/educational opportunities as time permits (e.g., Tumour Board rounds, Neuro-oncology clinic, Pediatric Brain Hour, etc.).

## **Specialized Developmental and Behavioural Services (SDBS)**

*Dr. Olivia Ng, C.Psych. & Dr. Nidhi Luthra, C.Psych.*

Specialized Developmental and Behavioural Service (SDBS) is within the Developmental Pediatrics and Rehabilitation Service located at the Ron Joyce Children's Health Centre (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. There are various opportunities for Residents including providing psychological assessment, behavioural therapy, and consultation to multidisciplinary colleagues, community agencies, and schools.

**Please note that other minor rotations may become available over the next year.**

## Program Coordination/Supervision

Dr. Direnfeld, the Director of Training (DoT), and Dr. Spencer, the Associate Director of Training, for the Neuropsychology Residency Program, are Psychologists with a Practice in Clinical Psychology & Neuropsychology. They are responsible for coordinating the Residents' schedules to ensure depth and breadth in their training and that there are opportunities to meet the core requirements in assessment/consultation and treatment. Residents' interests and goals are taken into consideration for optional rotations, though this depends to some extent on the Resident's background training and on the availability of supervisors/opportunities in any given year. Supervisors for the various rotations will discuss objectives and identify opportunities available within their rotations to offer Residents a tailored experience and collaborate on their individualized goals/interests for the Residency year. The aim is for Residents to work toward greater levels of independence in all aspects of their (neuro)psychological practice across rotations, and to be at a level prepared for supervised practice at the end of their Residency training year.

Residents and their Supervisors complete regular progress evaluations and Residents are encouraged to provide feedback about the training experience. The DoT/Associate DoT will also meet regularly with the Residents across the year (approximately once per month) to facilitate their training experience, ensure that core requirements for successful completion are being met, and support Residents in achieving work-life balance.

A minimum of four hours of direct supervision per week with Registered Psychologists is provided. The aim is for Residents to work toward greater levels of independence in their skill set, diagnostics, and clinical practice across rotations, and to develop their clinical skill set and any areas/opportunities determined to be important for working toward establishing their own professional identity. Residents will have exposure to a wide variety of supervisor styles and have opportunities to develop their own supervision skills in interactions with non-registered psychology staff and possibly supervising practicum placements at HHS in a supervised manner. An educational seminar is provided on supervision to introduce Residents to various models and responsibilities in this regard.

## Evaluation

Regular formal review and evaluation of each Resident's progress is scheduled four times during the course of the program (mid and end points for each of the core rotations). Residents are expected to complete all of the core requirements defined for each of their rotations along with the broader core competency areas. Each of the Resident's supervisors rates them on a range of functional competencies for assessment/consultation and intervention skills, and foundational competencies (including professionalism, reflective practice, awareness of diversity, scientific knowledge and methods, ethics and interdisciplinary systems). By the end of each core rotation, Supervisors must rate the Resident as meeting expectations according to the competency definitions. During the evaluation meeting, plans for opportunities and experiences to meet core competencies and develop skills in the other rotations will be discussed. If required, specific recommendations to

remedy deficiencies in the program or in the Resident's progress are made. A summary of the Resident's performance and training experiences are forwarded to the graduate department of the student's home university. Residents have opportunities to provide formal evaluation of the program and supervisors to help us improve current and future Residents' experiences.

## Educational Opportunities

In addition to the clinical rotations, Residents are expected to participate in regular educational and research experiences during their Residency year. The equivalent of a half-day every other week is devoted to these activities. Residents have an opportunity to come together with the Residents from the Clinical Child Psychology program and sometimes other learners (e.g., psychiatry residents, practicum students, etc.) for the monthly Wednesday afternoon seminar series. A wide variety of topics are presented by staff Psychologists and guest speakers from across the city (e.g., evidence-based clinical case formulations, suicide risk assessment, diversity, supervision, compassion fatigue, etc.). A regular series of ethics and professional practice seminars are also held for Residents to provide an opportunity to discuss professional issues and jurisprudence and guide them in preparation for the registration process with the College of Psychologists of Ontario (or equivalent regulatory body). There are Neuropsychology-specific seminars held two to four times per month on Fridays during the lunch hour. These include both didactic topics and case conceptualization sessions. Residents are also expected to participate in a monthly meeting for the Psychology Anti-Racism and Inclusion group.

Part of the Neuropsychology-specific seminar series includes Pediatric Neuropsychology topics so that Residents gain exposure to neurodevelopmental issues. The seminars will cover a variety of common pediatric neuropsychological disorders. The goal is to provide background knowledge of common pediatric neuropsychological profiles that should be considered when working within an adult population. Some prior training experience in pediatric neuropsychological assessment is required as a prerequisite in order to be considered for the major rotation.

The Clinical Neuropsychology Residents have other training and educational opportunities available, such as rounds in psychiatry, neurosciences/trauma and rehabilitation held throughout the hospital system on a regular basis (e.g., Psychology Lunch'n'Learns, St. Joe's Psychiatry Grand Rounds, Acute Stroke Rounds, Epilepsy Rounds, Stroke Rounds, Pediatric Brain Hour, etc.).

## Supervision

Our program is committed to supporting Residents in gaining 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. Residents will supervise Psychometrists, staff on inpatient units,

including rehabilitation therapists, and one practicum student, when available. Residents will be required to supervise various components of the practicum student's caseload such as the clinical interview, testing, or report writing. If the resident has a special interest in supervision, the resident will have the option to supervise an entire case from start to finish.

## 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 and clinicians, either via a brief 1-page description of findings or a brief presentation. Residents are able to allocate 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.

## Equity, Diversity & Inclusion, and Cultural Humility

Consistent with Hamilton Health Sciences' Equity, Diversity, and Inclusion (EDI) Plan, our program is committed to ensuring that diversity awareness and cultural humility are upheld throughout every aspect of training. Each resident is expected to participate in the Psychology Anti-Racism and Inclusion group throughout the residency year. Beyond this, residents are expected to approach clinical work from a standpoint of cultural humility at all times.

## Infection Disease Impact

This residency program is committed to the training of future psychologists, and achieving core competencies will continue to be our top priority. The possible impact of infectious diseases, including COVID-19, on the 2025-2026 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. 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 exemption).

## Qualifications and Application Process

Applicants who are enrolled in a Canadian and/or American Psychological Association accredited doctoral program in clinical neuropsychology are eligible to apply. Students from CPA and/or APA accredited programs in clinical psychology with training in neuropsychology are encouraged to apply, and are advised to highlight the nature and extent of their neuropsychology training in their cover letter (e.g., coursework in neuroanatomy, neuropsychology, a thesis project in neuropsychology, etc.). We are unable to consider applicants from non-accredited programs.

By the time of application, students should have completed a master's degree (or equivalent), all requisite doctoral course work, comprehensive examinations, at least 600 total hours of supervised assessment and treatment practicum experience, and have approval of their thesis proposal. Preferably, this includes at least 300 hours of in-person or virtual patient/client contact (interviewing, assessing, or intervening with clients directly) and at least 150 hours of supervision. Given the COVID-19 pandemic, there will be flexibility in the composition of those hours, although it is recommended that applicants have already obtained substantial experience assessing and interviewing clients and administering neuropsychological instruments.

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 those situations into consideration on a case-by-case basis.

International students who are attending accredited graduate programs within Canada will be considered if they have an open work permit that is valid until August 31, 2026. Confirmation of this work permit will be required.

The deadline for submitting your application is **November 1, 2024**. Please address all materials to the Director of Training. Any questions about the application process can also be directed to the Director of Training.

NOTE: Applicants should clearly indicate the HHS Residency program to which they are applying— Clinical Neuropsychology (**186711**). The Clinical Child Psychology program at HHS has a separate match number. If applying to both, please submit two separate applications and rankings.

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

- ◆ APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP form
- ◆ Curriculum vitae

- ◆ Transcripts of graduate studies
- ◆ APPIC Verification of Internship Eligibility and Readiness form
- ◆ Three letters of reference following the current APPIC format or CCPPP guidelines. At least two letters should be from supervisors familiar with the applicant's clinical skills.

Completed applications are rated independently by the members of the Neuropsychology Residency Committee and are ranked for consideration of an interview based on qualifications and fit with our training program.

Candidates are notified on **Friday, December 6, 2024** regarding whether they have been selected for an interview and interview bookings will begin on that date via NMS Match.

All applicants invited for interview will be asked to participate in a virtual interview on either:

Tuesday, January 14th, 2025,  
Monday, January 20th, 2025, or  
Tuesday, January 21st 2025.

These are the only dates when the interviews will be conducted. Please consider holding these dates in your calendar if you are interested in our program.

The Neuropsychology Residency Committee takes into consideration both the APPIC application and the interviews to determine its final rank order of candidates. The matching process is completed through the National Matching Service.

The Hamilton Health Sciences Residency program is a member of APPIC and the Canadian Council of Professional Psychology Programs (CCPPP) and adheres to APPIC policy regarding Residency offers and acceptances. The Residency participates in the APPIC Internship Matching Program. 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.

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.

Successful candidates will be required to obtain a police record check, including a vulnerable sector check (at their own expense).

**NMS match number:**  
**186711–HHS Clinical Neuropsychology Residency Program**



In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act*) only information that is required to process your application is collected. This information is secured and is shared only with those individuals involved in the evaluation of your Residency application.

The HHS Clinical Neuropsychology Residency Program is accredited with the Canadian Psychological Association until 2029-2030.

Further information on Accreditation can be obtained from the CPA Accreditation Office:  
141 Laurier Avenue West, Suite 702, Ottawa, Ontario K1P 5J3  
<http://www.cpa.ca/accreditation/whatis/>  
1-888-472-0657  
Email: [accreditation@cpa.ca](mailto:accreditation@cpa.ca)



## Onboarding

As part of onboarding to Hamilton Health Sciences, residents must be cleared by Employee Health, obtain a Vulnerable Sector Screening by your local police department, and show proof of professional liability insurance (either personal or through your university). Effective September 2021, all employees and learners at HHS are required to show proof of full vaccination against COVID-19 (or provide written proof of a medical exemption).

## Residency Training Staff

Ericka Addink, B.A. (Redeemer University in Ancaster, 2005). Psychometrist in Acquired Brain Injury Program.

Cheryl Alyman, Ph.D., C.Psych. (University of Victoria, 1998). Psychologist in Pediatric Oncology and Hematology.

Lynette Atkinson, Ph.D. (University of Roehampton, 2014). Psychometrist with Adult Consultation Neuropsychology Service.

Kate Bartley, Psy.D, C. Psych. (Florida Institute of Technology, 2022) Psychologist in Adult Acquired Brain Injury Program.

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

Madalena DaSilva, B.A. (University of Waterloo, 1994). Psychometrist in Pediatric Oncology Neuropsychology Services.

John Davis, Ph.D. (Wayne State University, 1983). Retired Psychologist.

Esther Direnfeld, Ph.D., C.Psych. (University of Victoria, 2017). Psychologist in the Adult Acquired Brain Injury Program.

Jennifer Fogarty, Ph.D., C.Psych. (University of Waterloo, 2001). Psychologist in Adult Epilepsy Monitoring Unit.

Niusha Ghazban, Ph.D. (Toronto Metropolitan University, 2013). Psychometrist with Adult Consultation Neuropsychology Service.

Abigail Graves, Ph.D., C.Psych. (University of Victoria, 2022). Psychologist in Pediatric Neurology & Pediatric Neurosurgery Program.

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

Sara Gunn, B.A. (York University, 2012). Psychometrist in the Pediatric Epilepsy Program.

Eleni Hapidou, Ph.D., C.Psych. (McMaster University, 1989). Psychologist in Michael G. DeGroot Pain Clinic.

Stephanie Hornyak, M.Sc. (York University, 2004). Psychometrist in Stroke Rehabilitation Program.

Laura Katz, Ph.D., C.Psych. (Queen's University, 2016). Psychologist in Private Practice.

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

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

Linda Metham, M.Sc. (McMaster University, 1994). Psychometrist in Adult Acquired Brain Injury Program.

Cara Morris, B.A. (University of Guelph, 2008). Psychometrist in Adult Acquired Brain Injury Program.

Olivia Ng, Ph.D., C.Psych. (University of Toronto/OISE, 2014). Psychologist in Specialized Developmental and Behavioural Services.

Tiffany O'Connor, Ph.D., C.Psych. (Simon Fraser University, 2021). Psychologist in Adult Acquired Brain Injury Program.

Jennifer Pink, Ph.D., C.Psych. (Simon Fraser University, 2018). Psychologist in Psychosocial Oncology Program.

Sanya Sagar, Ph.D., C.Psych. (University of Windsor, 2022). Psychologist in Pediatric Hematology and Oncology.

Emilie Sheppard, Ph.D., C.Psych. (University of Montreal, 2019). Psychologist in Adult Acquired Brain Injury Program.

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

Justine Spencer, Ph.D., C.Psych. (McMaster University, 2015). Psychologist in Stroke Rehabilitation Program.

Joanna Sue, Ph.D., C.Psych. (Queen's University, 2014). Psychologist in Adult Acquired Brain Injury Program.

Gregory Tippin, Ph.D., C.Psych. (Lakehead University, 2016). Psychologist in Michael G. DeGroot Pain Clinic.

Ayse Unsal, Ph.D., C.Psych. (University of Waterloo, 1991). Psychologist with Adult Consultation Neuropsychology Service.

Erin Warriner, Ph.D., C.Psych. (University of Windsor, 2004). Psychologist in Private Practice.

Diana Velikonja, Ph.D., C.Psych. (University of Waterloo, 1997). Psychologist with Adult Acquired Brain Injury Program.

Karen Zhang, Ph.D., C.Psych. (University of Western Ontario, 2017). Psychologist with Psychosocial Oncology Program.

## 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	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Positions	2	2	2	2	2	2	2
Applications	55	27	28	30	18	20	18
Interviewed	22	16	18	18	15	15	15
Ranked	18	14	16	17	14	13	15
Matched	2	2	2	2	2	2	2
Matched as % Applications	4%	7%	7%	7%	11%	10%	11%
Of those who Matched:							
Males	0	0	0	0	0	0	0
Self-Identify as Diverse	0	1	0	0	1	2	1
From Outside of Ontario	2	2	2	1	1	1	1
From Outside of Canada	2	1	1	0	0	0	0
Mean Practicum Hours on AAPI Assessment & Intervention	1010	731	978	636	897	589	551
Supervision	294	351	370	442	614	435	255
Support/Indirect	1417	1027	883	1051	1250	1183	710
Mean Total Practicum Hours	2721	2109	2231	2129	2761	2207	1516
Residency Stipend	\$39,868	\$39,868	\$39,868	\$39,868	\$39,868	\$39,868	\$39,868

## Appendix: Sample schedules

Please see the following two pages for sample schedules of the residency year.

**HHS NEUROPSYCH RESIDENCY SCHEDULE - SAMPLE WITH 1 OPTIONAL MAJOR ROTATION**

	September	October - Mid March	One week for Program Evaluation	Mid-March - August	Last week of August	
<b>MONDAY</b>	Psychometry & Orientation	Adult Consultation Neuropsychology Services (outpatient)	Program Evaluation	Pediatric Neuropsychology	Wrap-Up	
<b>TUESDAY</b>		ABI Inpatient		Integrated Stroke Program		
<b>WEDNESDAY</b>		Adult Consultation Neuropsychology Services (outpatient)		Integrated Stroke Program		
Joint Seminars						
<b>THURSDAY</b>	Psychometry & Orientation	ABI Inpatient	Program Evaluation	Pediatric Neuropsychology		Wrap-Up
Inclusion & Anti-Racism Meeting						
<b>FRIDAY</b>	Psychometry & Orientation	ABI Outpatient Treatment	Program Evaluation	ABI Outpatient Treatment		
Neuropsychology Lunch 'n' Learns						

**HHS NEUROPSYCH RESIDENCY SCHEDULE - SAMPLE WITH 2 OPTIONAL MINOR ROTATIONS**

	September	October - Mid March	One week for Program Evaluation	Mid-March - August	Last week of August
<b>MONDAY</b>	Psychometry & Orientation	Adult Consultation Neuropsychology Services (outpatient)	Program Evaluation	ABI Outpatient Treatment	Wrap-Up
<b>TUESDAY</b>		ABI Inpatient		Integrated Stroke Program	
<b>WEDNESDAY</b>		Adult Consultation Neuropsychology Services (outpatient)		Integrated Stroke Program	
Joint Seminars					
<b>THURSDAY</b>	Psychometry & Orientation	ABI Inpatient	Program Evaluation	Psychosocial Oncology	
Inclusion & Anti-Racism Meeting					
<b>FRIDAY</b>	Psychometry & Orientation	ABI Outpatient Treatment	Program Evaluation	Adult Epilepsy	
			Neuropsychology Lunch 'n' Learns		