



Hamilton
Health
Sciences

HAMILTON HEALTH SCIENCES

Pre-doctoral Residency in Clinical Child Psychology 2025-2026

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Ron Joyce Children's Health Centre (RJCHC)



McMaster University Medical Centre (MUMC)

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 to share and care for the resources around the Great Lakes. Today, Hamilton is home to over 800,000 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 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 psychology, health psychology, and neuropsychology. They provide assessment and intervention services 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 Child Psychology** (five positions) and **Clinical Neuropsychology** (two positions). Details regarding the Clinical Neuropsychology program are contained in a separate brochure, HHS Predoctoral Residency in Clinical Neuropsychology.

The HHS Residency programs provide a supervised opportunity for the integrated application of the theoretical, clinical, professional, and ethical knowledge and skills acquired during graduate training. Residents are expected to develop core competencies in the assessment, consultation, and treatment of populations with a range of psychiatric, developmental, learning, medical, neurological, behavioural, and emotional difficulties,

using evidence-based approaches. Supervision in the acquisition and refinement of assessment, formulation, and therapeutic skills is available in cognitive-behavioural, behavioural, psychodynamic, family, group, neuropsychological, and rehabilitation principles and techniques. Residents are exposed to the work of psychologists on multidisciplinary inpatient and outpatient teams and have the opportunity to develop skills collaborating with health care professionals from other disciplines, as well as professionals from schools and community agencies. Residents are expected to work with diverse populations (e.g., various cultural backgrounds). All residents are expected to complete a small component of program evaluation (e.g., treatment evaluation) as part of their residency, in addition to a research presentation. Evaluation projects are ongoing in several HHS programs, and residents are invited to join a pre-existing project or develop their own project. Residents are also provided with supervision experience, of either a clinical psychology graduate student or a non-registered psychology staff member (e.g., psychometrist). Residents are provided with supervision of their supervision by a registered 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. 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 (reviewed annually). Residents are entitled to 15 paid vacation days and 11 paid statutory holidays. Residents have 5 dedicated days to work on their program evaluation project. Residents are provided with dedicated work space, technology, and up-to-date professional assessment materials and equipment.

Clinical Child Psychology Residency

The **Clinical Child Psychology Residency** program 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 **five** residency positions available for 2025-2026, across **four** different tracks:

- **General Track** (2 positions)
- **Autism & General Mental Health Track** (1 position)
- **Neurodevelopmental Track** (1 position)
- **Health Psychology Track** (1 position)

Core requirements in each Track 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. Residents from the **General Track**, the **Autism & General Mental Health Track**, and the **Neurodevelopmental Track** spend most of their time at the RJCHC, where many of their core requirements are completed and where their workstations are located. The **Health Psychology Track** resident will complete most of their training at the MUMC site. Opportunities are planned throughout the year for residents from all Tracks to engage in clinical learning and training together.

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

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.

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 child psychology, to prepare residents for post-doctoral 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 and ethics, and individual and 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.

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.

Program Structure

Residents in each Track complete a combination of Major and Minor rotations over the course of 12 months. Major rotations allow a depth of experience working with a specific population or clinical area, whereas minor rotations ensure breadth in residency training. Within each major rotation, residents and their supervisors meet to collaboratively identify the specific clinical experiences, taking into consideration the rotation's core requirements, as well as the resident's background, clinical interests, personal training goals, and areas of

growth. Similarly, minor rotations are typically individualized based on the resident's background, experience, and training goals (as feasible within the parameters of a one-day-per-week activity). In some cases, a minor rotation may provide introductory experiences to an area where resident has limited prior knowledge or training. In other cases, they may involve more in-depth activities, should the resident have a greater degree of previous relevant or related experiences.

Residents typically spend four days a week engaging in direct and indirect clinical work in their Major and Minor rotations. The fifth day of each week is set aside for non-clinical resident activities such as seminars and program evaluation projects. The combinations of Major and Minor rotations for each Track are as follows:

General Track: one 12-month major rotation (3 days a week) and two 6-month minor rotations (1 day a week)

Autism & General Mental Health Track: two 12-month major rotations (each 2 days a week)

Neurodevelopmental Track: two 6-month major rotations (3 days a week) and two 6-month minor rotations (1 day a week)

Health Psychology Track: two 12-month major rotations (each 1.5 days a week) and two 6-month minor rotations (1 day a week)

Details of the Major and Minor rotations for each Track are provided below.

General Track (183011)

The **General Track** is designed to prepare residents for post-doctoral supervised practice focusing on children and adolescents and their families presenting with a wide array of mental health presentations in an outpatient tertiary care setting. Competence in assessment, case conceptualization, consultation, and intervention skills are emphasized, along with a strong focus on collaborating with mental health professionals of different disciplines (e.g., social work, psychiatry) when planning for support and treatment for children and adolescents and their families.

All General Track residents complete their year-long Major rotation in the **Child and Youth Mental Health Outpatient Service (CYMHOS)**, under the supervision of registered psychologists. In addition to their year-long Major rotation in CYMHOS, General Track residents are expected to complete **two** Minor rotations (each one day a week for 6 months) over the course of the year. The General Track residents have a number of minor rotations to choose from. Please see the [Minor Rotations](#) section to review the options.

Child and Youth Mental Health Outpatient Service

Primary Supervisors: Dr. Felicia Chang, Dr. Jennifer Cometto, Dr. Emily Copps, Dr. Jessica Dalley, Dr. Avraham Grunberger, Dr. Brittany Jamieson, Dr. Katie Lok, Dr. Joanna Messenger (Supervised Practice), Dr. Seamus O'Byrne, Dr. Danielle Pigon, Dr. Paulo Pires, Dr. Tajinder Uppal Dhariwal

CYMHOS is located at the Ron Joyce Children's Health Centre, and serves children, adolescents and their families in the city of Hamilton and its nearby areas. It provides tertiary-level 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. Team members on CYMHOS include psychologists, psychiatrists, social workers, nurse practitioners, child and youth workers, and early childhood resource specialists. Treatment services offered include individual therapy, family therapy, group therapy, parent skills training, medication consultation, and consultation with community agencies and schools.

Within CYMHOS, each General Track resident is supervised by two primary supervisors over the course of the year, who support the residents in completing comprehensive psychological assessments, and in providing psychological interventions, respectively. The residents participate on and provide consultation to a multidisciplinary team, and are members of a DBT Consultation Team, both of which meet weekly. Outside of

regular team meetings, residents also have opportunities to provide consultations to individual team members and community partners (e.g., other programs within HHS, external agencies, schools) on shared clinical cases.

Each resident completes comprehensive psychological assessments over the course of the residency year to facilitate case formulation (e.g., better understand the interaction between mental health and learning problems), treatment planning, and/or education planning. Under the supervision of a psychologist, residents assess children from various age groups and a range of diagnostic presentations/queries and diverse cultural backgrounds.

General Track residents are expected to conduct psychodiagnostic assessments 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. Following psychodiagnostic assessments, residents develop treatment plans which may include individual child/adolescent therapy (e.g., CBT, DBT, interpersonal therapy), group therapy (e.g., Teens with OCD, Unified Protocol CBT, DBT Multifamily Skills Group), and family-based supports (e.g., family therapy, caregiver groups). Residents are expected to acquire competence in evidence-based treatments delivered through individual and group modalities during their residency year. Under the supervision of a psychologist, residents will carry an ongoing caseload of individual therapy cases throughout the year, at least one of which will be using a DBT framework. It can also be expected that residents will have opportunities to work with the caregivers of the individual clients they are assessing and/or treating.

Residents are required to co-facilitate at least one caregiver group (e.g., Parenting Your Child with OCD, Trauma-Informed Caregiving Group), and one round of DBT Multi-Family Skills Group (20 weeks). Facilitation of the DBT Multi-Family Skills Group typically begins early in the Fall. Optional opportunities are available later on in the year for residents to facilitate a CBT-based child or adolescent treatment group, depending on client and facilitator availability, as well as the resident's learning goals.

CYMHOS is a family-centered program. In addition to caregiver groups, there are several other caregiver/family-based interventions (i.e., Emotion-Focused Family Therapy, Family Check-Up, and Family Therapy Clinic) aimed to provide support to caregivers of children and adolescents involved in the program. While residents are not required to gain competence in these family-based interventions over the course of the year, some exposure experiences to these modalities can be arranged (upon discussion with supervisors). For residents who are interested in developing more in-depth skills in supporting families through these intervention approaches, they are encouraged to choose these interventions as their minor rotations (see descriptions in [Minor Rotations](#) section).

Sample schedule

The following schedule illustrates what a typical week may look like for a General Track Resident:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM	CYMH (incl. Multidisciplinary Team Meeting)	CYMH assessment	CYMH (incl. DBT consult team)	Minor rotation*	CYMH assessment
PM	CYMH treatment	CYMH treatment (incl. DBT group)	Psychology Seminars/Case-Based Learning	Minor rotation*	Non-clinical work

*General Track residents complete their first Minor Rotation from September to February, and a second Minor Rotation from March to August.

Autism & General Mental Health Track (183012)

The **Autism & General Mental Health Track** is designed to prepare the resident for post-doctoral supervised practice in psychology, with additional expertise in Autism Spectrum Disorder (ASD) (diagnosis, intervention, and consultation). This track provides a breadth of experience including child and youth mental health assessment and treatment, and specialized training in ASD. The resident will complete their **two** year-long Major rotations in the **Child and Youth Mental Health Outpatient Services (CYMHOS)** and the **McMaster Children's Hospital Autism Program** under the supervision of registered psychologists.

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

Autism Program

Primary Supervisors: Dr. Rebecca Shine, Dr. Caroline Roncadin

The McMaster Children's Hospital Autism Program is located at the Ron Joyce Children's Health Centre. It provides outpatient services for children and youth with Autism Spectrum Disorder (ASD) and their families. 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 outpatient services for children and youth up to the age of 18 with a confirmed diagnosis of ASD. Applied clinical research and program evaluation are integral aspects of the Autism Program. Our multidisciplinary team consists of psychologists, a psychometrist, social workers, occupational therapists, speech and language pathologists, registered behaviour analysts, 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 the Ron Joyce Children's Health Centre.

The Autism & General Mental Health 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 psychological assessments may be conducted to address co-occurring emotional/behavioural problems, mental health concerns, and/or intellectual or learning disabilities and to assist with treatment planning, and home, school, and community supports. The resident will complete assessments with children and adolescents (up to age 18) using a wide variety of techniques, and work with children and families from diverse language and cultural backgrounds.

In terms of intervention in the Autism Program, the Autism & General Mental Health Track resident will gain experience and develop competencies in evidence-based group and individual intervention. In the Autism Program, the resident will provide group (e.g., Facing Your Fears, Unified Protocol CBT) and individual treatment to children/youth with ASD, mainly within a CBT framework, and will have the opportunity to provide consultation to families and participate in facilitating parent/caregiver workshops. Under the supervision of a psychologist, residents will carry individual therapy cases throughout the year in the Autism Program. In addition, the resident will develop competency in supervision, as well as providing consultation to multidisciplinary staff.

Child and Youth Mental Health Outpatient Service

Primary Supervisors: Dr. Felicia Chang, Dr. Jennifer Cometto, Dr. Emily Copps, Dr. Jessica Dalley, Dr. Avraham Grunberger, Dr. Brittany Jamieson, Dr. Katie Lok, Dr. Joanna Messenger (Supervised Practice), Dr. Seamus O'Byrne, Dr. Danielle Pigon, Dr. Paulo Pires, Dr. Tajinder Uppal Dhariwal

The Child and Youth Mental Health Outpatient Service (CYMHOS) is located at the Ron Joyce Children's Health Centre, and serves children, adolescents and their families in the city of Hamilton and its nearby areas. It 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. Team members on CYMHOS include psychologists, psychiatrists, social workers, nurse practitioners, child and youth workers, and early childhood resource specialists. Treatment services offered include individual therapy, family therapy, group therapy, parent skills training, medication consultation, and consultation with community agencies and schools.

Within CYMHOS, the Autism & General Mental Health Track resident participates on and provide consultation to a Multidisciplinary Team that meets weekly. Outside of regular team meetings, residents also have opportunities to provide consultations to individual team members and community partners (e.g., other programs within HHS, external agencies, school) on shared clinical cases.

The Autism & General Mental Health Track resident is expected to conduct psychodiagnostic assessments 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. Following psychodiagnostic assessments, residents develop treatment plans which may include individual child/adolescent therapy (e.g., CBT, ACT), group therapy (e.g., Teens with OCD, Unified Protocol CBT), and family-based supports (e.g., family therapy, caregiver groups). Under the supervision of a psychologist, residents will carry an ongoing caseload of individual therapy cases throughout the year, mainly within the CBT framework. The resident is also expected to co-facilitate a CBT-based child or adolescent treatment group (e.g., Teens with OCD, Unified Protocol CBT).

Sample Schedule

The following schedule illustrates what a typical week may look like for an Autism & General Mental Health Track Resident:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM	CYMH (incl. Multidisciplinary Team meeting)	Autism Program assessment	Non-clinical work	CYMH assessments	Autism Program assessment and/or individual treatment)
PM	CYMH treatment	Autism Program treatment (individual and/or group)	Psychology Seminars/Case-Based Learning	Non-direct clinical work (e.g., reports, progress notes)	Autism Program (team meeting, assessment, treatment or indirect work)

Neurodevelopmental Track (183013)

The **Neurodevelopmental Track** is a new offering for 2025-2026 and specifically designed to prepare residents for post-doctoral supervised practice with a focus on neurodevelopmental disorders and neurodevelopmental differences in children and youth. Patients range from infants to 18 years old with neurodevelopmental, physical, mental health, and behavioural needs. Training emphasizes competency in assessment, intervention, and consultation, and encompasses several areas including: child development, neurodevelopmental differences, mental health, and interprofessional practice. Residents will have the opportunity to collaborate with a diverse group of professionals from various disciplines in an interprofessional setting.

Residents are engaged in **two** Major rotations (i.e., Developmental Pediatrics and Rehabilitations, and Extensive Needs; 6 months each) and **two** Minor rotations (i.e., Autism Program, Child and Youth Mental Health Service; 6 months each) with assessment and intervention opportunities in each rotation. Within each rotation, learning goals are tailored to residents based on their individual training needs and goals in collaboration with their clinical supervisors.

Developmental Pediatrics and Rehabilitation

Primary Supervisors: Dr. Olivia Ng, Dr. Nidhi Luthra, Dr. Katherine Stover

Developmental Pediatrics and Rehabilitation (DPR) is located at the Ron Joyce Children’s Health Centre, part of McMaster Children’s Hospital. DPR is a diverse program providing outpatient services to children and youth with developmental, behavioural, physical and/or communication needs and their families from birth to school exit in Hamilton and the surrounding area. Core disciplines in DPR include psychology, occupational therapy, physical therapy, speech-language pathology, social work, behaviour therapy, and early childhood education. DPR takes a family-centered approach to care that focuses on family strengths and goals and participation in everyday activities. The program philosophy to care incorporates a life-course approach and CanChild’s F- Words for Child Development that is based on the World Health Organization’s International Classification of Functioning, Disability, and Health framework (www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability).

Within DPR, psychology provides services which include comprehensive assessments, individual therapy for children and youth with intellectual disabilities and co-occurring conditions, parent counselling, parent workshops, behaviour therapy, consultation to colleagues and community agencies, and group intervention. As part of their major rotation in DPR, residents will complete comprehensive assessments where the main query is developmental concerns with co-occurring conditions (e.g. ADHD, FASD, other mental conditions and social/emotional needs). Through these assessments, residents will gain skills in differential diagnoses for neurodevelopmental conditions. Additionally, residents will provide individual and group-based interventions that focuses on social, emotional, and behavioural concerns for children and youth. DPR psychology offers a variety of workshops and groups for caregivers that incorporate applied behaviour analysis, acceptance and commitment therapy, and infant-parent attachment approaches that residents can be involved in.

Extensive Needs

Primary Supervisors: Dr. Irene Drmic, Dr. Sheri Nsamenang

Extensive Needs provides vital wrap-around services for children and youth with urgent and extensive needs in Hamilton and the surrounding region who have co-occurring medical, physical and developmental complexities and/or social vulnerabilities. Extensive Needs is comprised of the following disciplines: psychology, social work, behaviour therapy, occupational therapy, service consultation/navigation, and registered dieticians. As part of their major rotation in Extensive Needs, residents will provide individual and group intervention in addition to comprehensive and psychodiagnostic assessments. In addition, residents will gain exposure to Family Check - Up, a brief, strength-based intervention that improves parenting and family management practices.

Minor Rotations

The Neurodevelopmental Track resident completes two minor rotations: the Autism Program (one day a week for 6 months), and the Child and Youth Mental Health Outpatient Service (one day a week for 6 months). Please see the [Minor Rotations](#) section to review descriptions of these two minor rotations.

Sample Schedule

The following schedule illustrates what a typical week may look like for a Neurodevelopmental Track Resident:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Major Rotation (e.g., DPR: Sep-Feb; EN: Mar-Aug.)	Minor Rotation (e.g., CYMHOS: Sep-Feb; Autism: Mar-Aug.)	Non-clinical work	Major Rotation	Major Rotation
PM	Major Rotation	Minor Rotation	Psychology Seminars/Case-Based Learning	Major Rotation	Major Rotation

Health Psychology Track (183014)

The **Health Psychology Track** offers residents opportunities to focus on the complex interplay between mental health and health conditions while continuing to develop skills in assessment, intervention, and consultation. This stream may be of interest to residents looking to eventually register in Clinical and/or Health Psychology. Residents will be offered opportunities to work within a diverse range of health-focused clinics at McMaster Children's Hospital, including the Pediatric Chronic Pain Program, the Pediatric Eating Disorders Program, the Psychiatry Consultation/Liaison Service, and the Children's Exercise and Nutrition Clinic.

Residents are engaged in **two** Major rotations (i.e., Pediatric Eating Disorders, Pediatric Chronic Pain) and **two** Minor rotations (i.e., Psychiatry Consultation Liaison, Children's Exercise & Nutrition Clinic). Major rotations within the Pediatric Eating Disorders Program (1.5 days weekly for 12 months) and Pediatric Chronic Pain Program (1.5 days weekly for 12 months) make up a significant component of the residency year. Within each rotation, learning goals are tailored to each resident, based on their individual training needs and goals in collaboration with their clinical supervisors.

Pediatric Eating Disorders Program

Primary Supervisors: Dr. Stephanie Deveau, Dr. Carolyn Roy

Within the Pediatric Eating Disorders Program, residents will develop competencies in various forms of assessment (i.e., diagnostic and psychological testing) across a population with moderate to severe eating disorder diagnoses (e.g., Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, Binge-Eating Disorder, and Other Specified Feeding and Eating Disorder) and various comorbidities (e.g., medical conditions, anxiety, depression, trauma, personality disorders, and neurodiversity). Residents will also receive training and experience implementing family, group, and individual interventions for eating disorders and related comorbidities, including experience delivering Family Based Treatment, Enhanced Cognitive Behavioural Therapy, Adolescent Focused Therapy, and Dialectical Behavior Therapy. Opportunities to work within a multidisciplinary team (i.e., adolescent medicine specialists, psychiatrists, nurses, social work, dietitians, nurse practitioners, occupational therapists, and child and youth workers) across all arms of the service (i.e., ambulatory, day treatment, and inpatient) are available.

Pediatric Chronic Pain Program

Primary Supervisor: Dr. Rachel Jackson

Within the Pediatric Chronic Pain Program, residents will develop competencies in assessment (i.e., diagnostic and psychological testing) and intervention across a population of children and youth experiencing complex and persistent chronic pain (e.g., primary and/or secondary chronic pain) and somatization (e.g., somatic symptom disorder, functional neurological symptom disorder), as well as various comorbidities (e.g., anxiety, depression, trauma, personality disorders, neurodiversity, and medical conditions). Through a functional rehabilitation approach, residents will provide individual- and group-based interventions to youth and their families to support them in learning skills to return to function and to decrease the distress associated with their pain. Therapeutic modalities include Cognitive Behavioural Therapy, Acceptance and Commitment Therapy, and Emotion Focused Family Therapy. Residents will also work closely with a multidisciplinary team (occupational therapy, physiotherapy, psychiatry, social work, pediatricians, and nurse practitioners) to provide interdisciplinary care.

Minor Rotations

The Health Psychology Track resident completes two minor rotations: Psychiatry Consultation/Liaison Service (one day a week for 6 months) and Children Exercise and Nutrition Clinic (one day a week for 6 months). Please see the [Minor Rotations](#) section below to review descriptions of these two minor rotations.

Sample Schedule

The following schedule illustrates what a typical week may look like for a Health Psychology Track Resident:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Minor Rotation (e.g., CENC: Sep-Feb; PCL: Mar-Aug.)	Eating Disorders	Non-clinical work	Eating Disorders	Chronic Pain
PM	Minor Rotation	Eating Disorders	Psychology Seminars/Case-Based Learning	Chronic Pain	Chronic Pain

Minor Rotations

Minor rotations are designed to expand the residents’ breadth in clinical training. These typically involve residents spending one day a week for 6 months in a specific rotation. Within each Minor rotation, specific clinical activities are individualized based on the resident’s background, experience, and training goals (as feasible within the parameters of a one-day-per-week activity).

Minor rotations available to the **General Track**, **Neurodevelopmental Track**, and **Health Psychology Track** for 2025-2026 are listed below. An optional rotation is typically not completed as part of the **Autism and General Mental Health Track**.

Minor Rotation	General Track	Neurodevelopmental Track	Health Psychology Track
Acceptance and Commitment Therapy (ACT)	◇	--	--
Acute Mental Health	◇	--	--
Autism Program	--	*	--
Child and Youth Mental Health Outpatient Service	--	*	--
Children’s Exercise and Nutrition Clinic (CENC)	◇	--	*
Developmental Pediatrics and Rehabilitation (DPR)	◇	--	--
Family- and Caregiver-Based Intervention	◇	--	--
Family Check Up (FCU)	◇	--	--
Pediatric Chronic Pain Program (PCPP)	◇	--	--
Pediatric Eating Disorder	◇	--	--
Psychiatry Consultation/Liaison Service	◇	--	*

*required ◇ available for selection in 2025-2026 -- not applicable/ not available for 2025-2026

Acceptance and Commitment Therapy (ACT)

Primary Supervisor: Dr. Tajinder Uppal Dhariwal

The Acceptance and Commitment Therapy (ACT) rotation is offered through the Child and Youth Mental Health Outpatient Service (CYMHOS). In this minor rotation, the resident will have the opportunity to gain experience providing individual and group treatment from an ACT approach to clients presenting with different mental health concerns. The resident will be provided with training in ACT through this rotation. They will be expected to plan and co-facilitate a 10-week ACT transdiagnostic group, as well as to provide ongoing individual psychological treatment using the ACT approach.

Acute Mental Health

Primary Supervisor: Dr. Jennifer McTaggart

The Acute Mental Health rotation offers the resident an opportunity to extend their experience working with acute mental health presentations on the Child and Youth Mental Health Inpatient Unit and in the Mental Health

Assessment Unit (MAU) beyond the residency's core requirements. See [Acute Mental Health Experience](#) section below for a description of the Inpatient Unit and the MAU. The resident will spend one day a week for 6 months on the Inpatient Unit and in the MAU completing comprehensive risk assessments, psychodiagnostic assessments, as well as brief therapeutic interventions (e.g., motivational interviewing) to admitted patients of varying mental health presentations. The resident will work as part of a multidisciplinary team and will be expected to consult to the team on psychology-related issues. Resident may also be involved in providing parent education and training, as well as may meet with families for discharge planning.

Autism Program

Primary Supervisors: Dr. Rebecca Shine, Dr. Caroline Roncadin

The McMaster Children's Hospital Autism Program, located at the Ron Joyce Children's Health Centre, 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. Applied clinical research and program evaluation are integral aspects of the Autism Program. Our multidisciplinary team consists of psychologists, a psychometrist, social workers, occupational therapists, speech and language pathologists, registered behaviour analysts, and others. Our services are provided in the centre, home, and community settings, with virtual care options as well as in-person care. Opportunities for psychology residents include participating in interdisciplinary consultations, completing comprehensive psychological assessments, co-facilitating parent and child groups, and providing individual cognitive-behavioural therapy.

Child and Youth Mental Health Outpatient Service (CYMHOS)

Primary Supervisors: Dr. Emily Copps, Dr. Jessica Dalley, Dr. Avraham Grunberger, Dr. Brittany Jamieson, Dr. Joanna Messenger (Supervised Practice), Dr. Seamus O'Byrne

The Child and Youth Mental Health Outpatient Service is located at the Ron Joyce Children's Health Centre, and serves children, adolescents and their families in the city of Hamilton and its nearby areas. It 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. Team members on CYMHOS include psychologists, psychiatrists, social workers, nurse practitioners, child and youth workers, and early childhood resource specialists. Treatment services offered include individual therapy, family therapy, group therapy, parent skills training, medication consultation, and consultation with community agencies and schools. Opportunities for psychology residents include participating in interdisciplinary consultations, co-facilitating parent and child groups, and providing individual cognitive-behavioural therapy.

Children's Exercise and Nutrition Centre

Primary Supervisor: Dr. Sheri Nsameng

In the Children's Exercise and Nutrition Centre, residents will gain experience in behavioural medicine while working with children and families presenting with comorbid psychological/mental health and physical health challenges associated with obesity and lipid metabolism disorders. Residents within this rotation will have exposure to psychological/behavioral assessments/interventions, consultations, brief interventions, the interplay between physical and mental health, coordinated inter-professional teamwork, and gain an understanding of the multifactorial nature of obesity and lipid metabolism disorders. Residents learn to assist patients in coping with mental health and 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, social worker, nurse practitioner, registered dietitians, exercise physiologist, activity therapist, and various learners.

Developmental Pediatrics and Rehabilitation

Primary Supervisors: Dr. Olivia Ng, Dr. Nidhi Luthra, Dr. Katherine Stover

Developmental Pediatrics and Rehabilitation (DPR) is located at the RJCHC. DPR provides outpatient services to children with developmental, behavioural, physical, and/or communication needs and their families from birth to school exit. Core disciplines in DPR include psychology, occupational therapy, physical therapy, speech-language pathology, social work, behaviour therapy, therapeutic recreation, infant-parent therapy, and early childhood education. Within DPR, psychology provides a variety of services, including comprehensive assessments, individual and group intervention for children and adolescents with intellectual disabilities, parent counselling, parent workshops, behaviour therapy, and consultation to colleagues and community agencies.

As part of the minor rotation, Residents will complete 3 assessments with children referred for a query of an intellectual disability. Differential diagnosis of additional neurodevelopmental (e.g., Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Fetal Alcohol Spectrum Disorder) and social-emotional concerns (e.g., anxiety, mood) may be part of the assessment process. All residents participating in this minor rotation will complete assessments as part of their core requirements. Other clinical activities may be available (i.e., behavioural assessment/intervention, individual therapy, consultation to families, colleagues, and community agencies).

Family- and Caregiver-Based Intervention

Primary Supervisors: Dr. Felicia Chang, Dr. Tajinder Uppal Dhariwal

The Family- and Caregiver-intervention rotation is offered through the Child and Youth Mental Health Outpatient Service (CYMHOS). In this minor rotation, residents will have the opportunity to join the family therapy team, and provide EFFT to caregivers in both individual and group format. 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 as part of the Reflection Team that observes family therapy sessions and offers reflections.

In addition to being part of the family therapy team, residents completing this minor rotation will be 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. They will also gain experience providing follow-up EFFT sessions to individual caregiver(s) who have participated in the EFFT workshop but may require further support.

Family Check Up (FCU)

Primary Supervisor: Dr. Paulo Pires

The Family Check-Up one 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 primarily work with parents 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 intervention is manualized, follows the same principles as the FCU, and is meant to be tailored to the needs of the family. Both FCU and EDP are transdiagnostic (i.e., not restricted to certain diagnostic presentations).

Involvement in FCU is a minor rotation option for General Track clinical child psychology residents. It requires carrying cases for FCU and EDP and involvement with the FCU Consultation Team.

Pediatric Chronic Pain Program

Primary Supervisor: Dr. Rachel Jackson

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.

Pediatric Eating Disorders Program

Primary Supervisors: Dr. Stephanie Deveau, Dr. Carolyn Roy

The Pediatric Eating Disorders Program provides services to youth aged 7 to 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 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, psychiatrists, pediatricians, social workers, a registered dietician, registered nurses, nurse-practitioners, an occupational therapist, and child life workers. Opportunities for residents include participating in multidisciplinary diagnostic assessments, consultation to members of multidisciplinary team, and providing outpatient interventions.

Psychiatry Consultation/Liaison Service

Primary Supervisor: Dr. Jessie Heaman (Supervised Practice)

Within the Psychiatry Consultation/Liaison Service, residents gain experience assessing and treating complex mental health presentations of children and youth admitted to McMaster Children's Hospital for various medical concerns. Children and youth with chronic diseases, life-limiting illnesses and disabilities are three times more likely to suffer from a mental health concern. Residents can expect experience in diagnostic and risk assessment, treatment planning, crisis intervention, and consultation to other teams within the hospital, community partners, and with families. Activities 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; and training medical professionals in emotion-focused healthcare.

Acute Mental Health Experience

Residents from all Tracks are expected to complete an Acute Mental Health Experience. The Acute Mental Health Experience exposes residents to working with acute mental health presentations on the Child and Youth Mental Health Inpatient Unit and in Child and Youth Mental Health Program's Mental Health Assessment Unit (CYMHP MAU) at McMaster Children's Hospital.

Primary Supervisor: Dr. Jennifer McTaggart

Child and Youth Mental Health Inpatient Unit

The CYMH Inpatient Unit offers intensive assessment and treatment of children and adolescents with acute mental health concerns. Reasons for admission to the Inpatient Unit include acute stabilization, diagnostic clarification, and medication review. Individualized treatment plans may include: participation in daily treatment groups (i.e., Skills Group (made up of both Cognitive Behaviour Therapy and Dialectical Behaviour Therapy (DBT) skills), Mindfulness, Healthy Living, Stress Reduction, Relaxation), activity groups, academic programming in the on-site Section 23 classroom, and optional individual and/or family therapy.

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 disorders, and personality disorders.

CYMHP MAU

The CYMHP MAU began to provide Emergency Services in February 2013 through the McMaster Children's Hospital Emergency Department to children from Hamilton and surrounding areas. The MAU is staffed 24/7 by RNs and CYWs, and social workers staff the MAU from 8am to 8pm daily. Children and youth are referred to the MAU after presenting to the ED if there are significant issues regarding suicidality, homicidality, and psychosis, etc. Working alongside MAU clinicians (including social work and nursing staff), residents provide comprehensive risk assessments and support the determination of disposition (e.g., admission to the hospital, discharge home) in consultation with the on-call child psychiatrist. Residents are required to complete two to three 8-hour shifts in the MAU over the course of their residency year.

Educational Opportunities

Training opportunities pertaining to specific approaches to assessment and/or modalities of treatment (e.g., DBT, FBT) will be provided within each Track in accordance with the Track requirements and the residents' learning goals. In addition to their specific rotations, residents participate in a wide variety of educational experiences during their Residency year, such as seminars and rounds presentations.

The following experiences are requirements for residents of **all** Tracks:

- 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
- 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 to prepare for the post-doctoral registration process with the College of Psychologists of Ontario (or equivalent regulatory body).
- Case-Based Learning Seminars: These seminars take place approximately twice per month in conjunction with the child and adolescent psychiatry subspecialty residency program at HHS. Residents from both programs work together to analyze cases and integrate knowledge about child development, mental health disorders, and interdisciplinary teams.
- HHS Annual Psychology Conference: This is a conference organized annually by the HHS Psychology Practice Council for psychology staff within and external to HHS, focusing on trending issues relevant to clinical practice in psychology.
- 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 Behavioral 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 unregistered psychology staff members (e.g., psychometrists). Supervisors provide clinical supervision to the residents about their supervision experiences. There is also an evaluation completed by the resident's supervisor on their supervision skills at the end of the residency year.

Program Evaluation and Research

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

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

Supervision 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.

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 monthly 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.

For details of HHS' 2023-2028 Equity, Diversity and Inclusion Plan, please visit

<https://www.hamiltonhealthsciences.ca/about-us/our-organization/edi/>

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 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.

Residents' Experiences

Curious in learning from a past resident about what it is like to be part of HHS? Psychology residents have been featured in our hospital's newsletter in the last few years. Their residency stories and experiences at HHS can be found here:

<https://www.hamiltonhealthsciences.ca/share/psychology-residency-program/>

<https://www.hamiltonhealthsciences.ca/share/introducing-psychology-residents/>

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. No preference is given to applicants based on whether they have previously completed a practicum placement at HHS or if they have not.

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, 2024, 11:59PM EST**. Please address all materials to the Director of Training.

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

- APPIC APPLICATION FOR PSYCHOLOGY INTERNSHIP (AAPI)
- Cover letter, including information about the applicant's residency training goals. The cover letter should include a clear indication of the Track(s) the applicant is applying to, and outline the reasons for applying to the specific Track(s). If applying to multiple tracks, only ONE cover letter is necessary.
- APPIC Verification of Residency Eligibility and Readiness form
- Curriculum vitae
- Official transcripts of graduate studies
- Three letters of reference using the APPIC Standardized Reference Form (at least two letters are from supervisors familiar with the applicant's clinical skills)

All applicants to our program will be notified via email of their interview status on Friday, December 6, 2024 beginning at 11:00AM EST, through the NMS Interview Scheduler program. Those invited for an interview will use the online NMS Interview Scheduler to book their own interview date(s) and time slot as soon as they have been offered an interview. All 2025 interviews will be conducted virtually with selected applicants during the weeks of January 13-24, 2025. There will also be a virtual Open House for applicant groups to meet with the Director of Training and current residents, as well as the supervisors of minor rotations. Applicants will be sent a video that offers a virtual tour of our facilities.

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

Steps to complete and submit APPIC applications are outlined on the APPIC website:

<https://www.appic.org/Internships/Internship-Application-AAPI-Portals/AAPI-For-Applicants/AAPI-Step-by-Step>

HHS Match Numbers:

183011 General Track

183012 Autism & General Mental Health Track

183013 Neurodevelopmental Track

183014 Health Psychology Track

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

The HHS Clinical Child Psychology Residency Program is accredited with the Canadian Psychological Association until 2027-2028.

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/>

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 (within 60 days of your start date), and show proof of professional liability insurance (either personal or through your university). As of September 17, 2024, HHS no longer requires COVID-19 vaccination as a condition of employment. Residents are still required to provide proof of vaccination for other vaccines in order to receive clearance from Employee Health.

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	3	3	2	2	2	3	3
Applications	62	55	51	59	62	55	44
Interviewed	29	25	20	25	24	24	25
Ranked	23	24	17	24	19	22	21
Matched	3	3	2	2	2	3	3
Matched as % Applications	5%	5%	4%	3%	3%	5%	7%
Of those who matched:							
Males	0	0	0	0	0	1	0
Self-Identify as Diverse	0	0	0	0	0	2	1
From Outside of Ontario	3	0	0	0	0	1	0
From Outside of Canada	0	0	0	0	0	0	0
Mean Practicum Hours on AAPI Assessment & Intervention	654	667	743	684	822	668	517
Supervision	259	499	439	336	500	292	363
Support/Indirect	1145	929	1055	803	1017	752	1076
Mean Total Practicum Hours	2059	2095	2237	1823	2339	1712	1956
Residency Stipend	\$39,868	\$39,868	\$39,868	\$39,868	\$39,868	\$39,868	\$42,003

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 Dmic, 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.

Jessie Heaman, Ph.D., C.Psych. (Supervised Practice). (University of Guelph, 2024). Psychiatry Consultation/Liaison Service.

Rachel Jackson, Ph.D., C.Psych. (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). [Private Practice].

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

Soeun Lee, Ph.D., C. Psych. (Supervised Practice). (University of Guelph, 2023). 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 Acute Services.

Joanna Messenger, Ph.D., C.Psych. (Supervised Practice). (University of Toronto, 2022). Child and Youth Mental Health Outpatient 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 Centre, and MiCare Extensive Needs.

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. (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.

