

Predoctoral Residency in Pediatric Psychology

2026-2027

Department of Psychology
The Hospital for Sick Children
Toronto, ON, Canada



The Hospital for Sick Children Predoctoral Residency in Pediatric Psychology is accredited with the Canadian Psychological Association (2023/2024-2029/2030).

Director of Training: Dr. Hannah Gennis

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Program Overview

The Hospital for Sick Children (SickKids) in Toronto, Ontario, offers **three pre-doctoral residency positions** in pediatric psychology through the Department of Psychology. The one-year, full-time training position begins on **September 1, 2026**. Employment is contingent upon meeting SickKids' Occupational Health requirements.

The pre-doctoral residency program was developed in 1994 and was initially accredited with the Canadian Psychological Association (CPA) in 2001. The program was most recently accredited by the CPA for a 6-year term (2023/2024 until 2029/2030). SickKids was APA-accredited until September 2015 when APA ceased accrediting non-American sites.

Our overall goal is to prepare the resident for the varied demands of professional practice in psychology – skills that are readily transferred to a wide range of settings. To learn more about our department and training program, please see: [Psychology Training at SickKids](#).

The philosophy of the residency mirrors that of SickKids in that the needs of the patient and family are central, as we aim to understand each child by integrating what they share about themselves, from their genetic code to their postal code ([Precision Child Health | SickKids](#)). The residency program provides an evidence-based/best practice approach, and clinical research is closely integrated with patient care activities. Conceptualizing the child's cognitive and psychosocial needs and challenges within a developmental framework is integral to practice. The philosophy of the residency program is consistent with the hospital's [Mental Health Strategy](#), which emphasizes the need to transform mental health care delivery, accelerate mental health research, prioritize child, youth, and family needs, achieve mental health literacy, and champion the evolution of the mental health care system.

The Department of Psychology at SickKids exists as an independent department within a Child Health Services cluster model of service provision and includes 45 psychologists specializing in neuropsychology, clinical psychology, and health psychology. Our department also includes 14 psychometrists and numerous research staff providing services and conducting research within the hospital. In addition to clinical training at the residency level, the department offers clinical training at the post-doctoral level in Pediatric Neuropsychology (two positions), Pediatric Health and Clinical Psychology (two positions) and at the graduate practicum level.

Goals of the Residency

The goal of our program is to prepare developing professionals with the skills, abilities, and knowledge base to work within the scientist-practitioner model. Residents will gain experience with children of all ages who present with psychological problems related to congenital, perinatal, or acquired medical conditions, or mental health issues. Residents are exposed to many patient populations. Graduates of our residency program have entered post-doctoral fellowship positions, as well as positions in academic health centres, post-secondary academic settings, school boards, multi-disciplinary community clinics, and private practices.

Goals of the residency program are guided by the CPA's accreditation standards ([Accreditation - Canadian Psychological Association](#)). Through their clinical rotations, residents will continue to develop and enhance their clinical skills in assessment (including diagnosis), intervention, and consultation. Through the clinical research rotation, residents will continue to develop their research and/or program development and evaluation skills. Within these domains, residents are expected to practice in a way that respects and integrates individual, social, and cultural diversity. Further, the Psychology Department is dedicated to enhancing our awareness of the needs of Indigenous Peoples of Canada, their ways of knowing, and the history of harm and impacts of colonialism, as well as building relationships that will allow us to provide culturally safe care. Residents will also enhance their use of evidence-based knowledge and methods, their professionalism, their interpersonal skills and communication with patients, families, and interdisciplinary teams, their ability to reflect and evaluate their own biases, and their ability to engage in care that respects ethics, standards, laws, and policies. We also strive to provide each resident with the opportunity to supervise a junior trainee to support the development of their supervision skills.

Specifically, during the residency, residents will be exposed to the following across their rotations:

1. **Individual, social, and cultural diversity.** Residents will continue to build awareness and sensitivity when working with children, youth, and families from a range of cultural, social, and individual backgrounds through didactic learning and across rotations. Residents will learn to incorporate the experiences of diverse individuals in the health care system into case conceptualizations and treatment planning, considering historical oppression and discrimination within broader systems.
2. **Indigenous interculturalism.** Residents will further their understanding of the impact of colonialism on Indigenous Peoples of Canada. Instruction will include learning to integrate Indigenous ways of knowing and wellness into case conceptualizations and treatment planning when appropriate. Residents will also participate in discussions regarding how to best support children, youth, and families from

Indigenous communities, as well as ways to build relationships with these communities.

3. **Evidence-based knowledge and methods.** Residents will apply their knowledge of scientific methods and research evidence to determine the best approach to assessment and treatment in each patient or population.
4. **Development of professional behaviour and professional identity.** Residents will develop their own professional identity and strengthen their professional conduct. This includes identifying professional boundaries and practicing within competencies, practicing self-reflection when given feedback from supervisors and team members, communicating respectfully and effectively with team members, taking responsibility for actions and decisions, as well as time management skills. Emphasis is also placed on practicing self-care and how this relates to fitness to practice.
5. **Effective interpersonal skills and communication with patients and families.** Residents will learn varied communication techniques suited to different audiences. Training will focus on establishing therapeutic rapport and sensitive, effective communication with patients and families in diverse contexts.
6. **Bias and reflective practice.** Residents will receive guidance on practicing within scope, ongoing self-reflection related to biases, power, privilege, strengths, and areas for growth, and dedication to continued learning to provide evidence-based care and contribute to the discipline of Psychology.
7. **Ethical considerations, standards, laws, and policies.** Residents will learn to reference and apply applicable legislation and regulations that govern psychologists in Ontario, Standards of Professional Conduct, the Canadian Code of Ethics for Psychologists, and other relevant guidelines to review situations pertinent to psychologists. Residents will also learn where hospital policies fit into decision making in these situations.
8. **The role of psychology within interdisciplinary teams.** Residents will become familiar with the roles, expectations, and responsibilities of psychologists in pediatric tertiary/quaternary care settings, including advocacy and collaboration within interdisciplinary teams.

Program Structure

Clinical training will consist of assessment, intervention, and consultation for a wide range of pediatric disorders and illnesses seen in a tertiary health care centre (ages 0-18 years). Each resident selects three or four supervised rotations during the year, one from each of three thematic areas of Pediatric Psychology:

- Assessment: *Neuropsychology* or *Diagnostic/Learning Assessment*
- Intervention: *Pediatric Clinical and Health Psychology*
- Clinical Research

In general, each rotation comprises 15 hours per week for 6 months. The resident year is broken into two halves with two rotations each. The resident will choose to emphasize either intervention or assessment by working in that area two days a week for the entire year.

Intervention Emphasis

If the resident elects to emphasize intervention, they will either work in the same intervention rotation for two days of the entire residency year, or they will engage in two separate intervention rotations split across the first half and the second half of the residency year. They will also complete one 6-month assessment rotation and one 6-month research rotation (for a total of 3 or 4 rotations).

Examples of Intervention Emphasis

First Half	Second Half
Intervention (12 months)	
Assessment (6 months)	Research (6 months)

OR

First Half	Second Half
Intervention (6 months)	Intervention (6 months)
Assessment (6 months)	Research (6 months)

Intervention rotations in clinical and health psychology will all include the following core learning objectives. The resident will gain experience in:

- Formal psychodiagnostic assessment through child, adolescent, and parent clinical interviewing
- Integration of different sources of psychological data to inform case formulation, treatment planning and recommendations, and treatment provision
- Report writing and communicating formulation, diagnoses, and treatment plan to interdisciplinary team, patients, and families
- Provision of treatment with individual patients, parents, and/or families
- Provision of group interventions (where appropriate)

- Treatment of comorbid medical and/or psychological conditions within an interdisciplinary team
- Understanding the unique role of Psychology in an interdisciplinary team, and learning to work collaboratively with different disciplines
- *Where possible*, supervision through role-modelling, demonstration, coaching, case conceptualization
- Participation in rounds, relevant seminars, and case presentations

Therapeutic approaches within the hospital include:

- Acceptance and Commitment Therapy
- Cognitive Behavioural Therapy
- Comprehensive Behavioural Intervention for Tics (CBIT)
- Dialectical Behaviour Therapy
- Family psychoeducation, parenting skills (Collaborative and Proactive Solutions)
- Family Based Treatment (FBT) for Anorexia Nervosa, Bulimia Nervosa, and ARFID
- Mindfulness-based interventions

Assessment Emphasis

Should a resident elect to emphasize assessment, they will change assessment rotations at mid-year to gain experience with different populations, different assessment techniques and different supervisors. They will also complete one 6-month intervention rotation and one 6-month research rotation resulting in a total of four rotations.

Example of Assessment Emphasis

First Half	Second Half
Assessment (6 months)	Assessment (6 months)
Research (6 months)	Intervention (6 months)

All assessment rotations offered include the following common learning objectives. The resident will gain experience in:

- Administering a broad range of assessment tools, including cognitive, academic, psychosocial, behavioural, and functional measures
- Conducting comprehensive patient and family interviews
- Integrating and communicating information from the history, observed and reported behaviour, test results and school performance in the context of brain-behaviour relations through report writing and clinical feedback
- Providing consultation to members of the multidisciplinary team, families, schools, and other community agencies
- Developing recommendations for effective treatment management strategies, educational planning, and advocating for appropriate community-based resources
- These objectives are also facilitated through directed reading, structured supervision based on clinical cases and developmental neuropsychological principles, as well as attendance at team meetings, outpatient clinics, and multidisciplinary clinical and research rounds

- *Where possible*, supervision through role-modelling, demonstration, coaching, case conceptualization

Residents meet with the Director of Training on a regular basis. In this setting, there is an opportunity to share and discuss ethics and experiences within the context of specific rotations, and to deal with individual and professional issues as they arise. Over the course of the residency year, the types of issues dealt with in these joint meetings will reflect the increasing autonomy and responsibilities expected of the developing resident. The goal of these meetings is to enhance the professional growth and development of the residents.

Rotations Offered

Rotations are offered to allow the resident to work with a diverse range of patients under the supervision of various staff psychologists, to provide service across multiple programs, and to participate in focused research.

Snapshot of Rotations

Note. NP = Neuropsychology Assessment; DL = Diagnostic and Learning Assessment; OP = Outpatient, IP = Inpatient

Rotation	Patient Populations Served	Age	Ax	Tx	Research
Cardiology Dr. Renee Sananes Dr. Dragana Ostojic-Aitkens	Children with complex congenital and acquired heart conditions	3-18	✓ - DL OP		
Chronic Pain Dr. Danielle Ruskin Dr. Catherine Munns	Children and adolescents with chronic pain conditions (e.g., neuropathic pain after injury, headache, neuromuscular disease), with disability problems secondary to pain, and pain as a presenting sign of depressive, anxiety, or somatoform disorders	3-18		✓ OP/IP	✓
Eating Disorders Program Dr. Sandra Doyle Lisek Dr. Brooke Halpert Dr. Joanna Collaton	Children and adolescents with eating disorders (e.g., Anorexia Nervosa, ARFID, Bulimia Nervosa). Some patients may also present with emotion dysregulation warranting treatment	8-18		✓ OP	

Rotation	Patient Populations Served	Age	Ax	Tx	Research
EDS and Connective Tissues Program Dr. Stella Dentakos Dr. Sahar Borairi	Children and adolescents with Ehlers-Danlos, Marfan and Loeys-Dietz syndromes	3-19		✓ OP	✓
Epilepsy, Neurosurgery & Genetics Dr. Eva Mamak	Epilepsy patients being considered for surgery Genetic/metabolic disorders	0-18	✓ - NP OP		
Epilepsy Surgery & Deep Brain Stimulation Clinics Dr. Elizabeth Kerr	Patients with epilepsy being considered for resective surgery or laser ablation Patients with epilepsy, dystonia, or SIB undergoing deep brain stimulation	Primarily 6-18	✓ - NP OP		
General Neurology Dr. Katia Sinopoli	Non-surgical epilepsy; neuroinflammatory diseases (e.g., multiple sclerosis, CNS vasculitis); general neurology (e.g., Duchene's muscular dystrophy, migraine)	4-18	✓ - NP OP		
Oncology Dr. Joel Tourigny Dr. Melissa Howlett Dr. Rachael Lyon	Children and adolescents with current or past cancer diagnoses (e.g., leukemia, lymphoma, brain and other solid tumors) or those seen in the bone marrow transplant (BMT) program. There is also opportunity to see patients with hematologic disorders (e.g., sickle cell disease, hemophilia, thalassemia, aplastic anemia)	2-18		✓ OP/IP	
Healthy Living Clinic Dr. Andrea Regina Dr. Jason Isaacs Dr. Bronwyn Lamond Dr. Elizabeth Dettmer	Children and adolescents experiencing health and/or mental health issues in the context of complex obesity and related conditions	6mo-18		✓	✓

Rotation	Patient Populations Served	Age	Ax	Tx	Research
Haematology/ Oncology Dr. Laura Janzen Dr. Andrea Coppens Dr. Sharon Guger	Cancer (largely acute lymphoblastic leukemia, brain tumours) Cancer survivorship (AfterCare program)	3-18	✓ - NP OP		
Neonatal Neurology Dr. Claire Champigny Dr. Tricia Williams	Neonatal brain injury or disruptions in neurodevelopment (e.g., prematurity, hypoxic-ischemic encephalopathy, infectious disease)	3-18	✓ - NP OP		
NeuroOutcomes Lab Dr. Tricia Williams	Neonatal brain injury or disruptions in neurodevelopment (e.g., prematurity, hypoxic-ischemic encephalopathy, infectious disease)	3-18			✓
Neurosurgery Dr. Naddley Désiré	Engaging in tiered model of care using remote evaluation screening and consultation	3-18	✓ - NP OP		
NF-1 Neuropsychology Clinic Dr. Busi Zapparoli	Children and youth with Neurofibromatosis, Type 1 (NF-1)	3-18	✓ - NP OP		✓
Psychiatry Dr. Adrienne Blacklock Dr. Erin Romanchych Dr. Jennifer Crosbie (Ax) Dr. Jennifer Mullane Dr. Jennifer Stanga (Ax) Dr. Jody Levenbach Dr. Megan O'Connor Dr. Kathleen O'Connor Dr. Victoria Chan Dr. Emily Pogue	Assessment Children and youth who present with complex mental health needs (e.g., attention deficit hyperactivity disorder, anxiety, obsessive compulsive disorder, mood disorders, learning disabilities) Intervention Children with complex presentations of anxiety and mood disorders, Tourette's Syndrome, obsessive-compulsive disorders, and somatic symptom and related disorders	3-18	✓ - DL OP	✓ OP	✓

Rotation	Patient Populations Served	Age	Ax	Tx	Research
Rheumatology Research Dr. Busi Zapparoli	Youth with childhood onset lupus	12-18			✓
Stroke Program Dr. Robyn Westmacott	Arterial ischemic stroke, cerebral sinovenous thrombosis or other neurovascular conditions such as Moya Moya disease	3-18	✓ - NP OP		✓
Suspected Child Abuse and Neglect (SCAN) Program Dr. Jasmine Eliav Dr. Lana Depatie Dr. Cynthia Shih	Providing children and youth who have been maltreated and their families with medical and psychosocial support, assessment and intervention	0-18		✓	
Transplant & Regenerative Medicine Dr. Anna Gold	Children with congenital or acquired organ deficits (heart, lung, liver, kidney) or intestinal failure, who are awaiting or have received a solid organ transplant	2-18	✓ - NP OP		

Rotation Descriptions

Cardiology Program

Potential Supervisor(s): Renee Sananes, Ph.D., C. Psych., & Dragana Ostojic-Aitkens, Ph.D., C. Psych.

Possible Rotations: Assessment (Diagnostic and Learning)

This rotation provides outpatient assessment and consultation for children and youth born with a complex congenital heart condition or diagnosed with an acquired heart condition. Trainees will have the opportunity to work with children and their families from 4 years of age through to young adulthood completing comprehensive assessments, conducting intake interviews, and providing feedback to families. If interested, arrangements can be made to expose the trainee to toddler assessments (at 18 months) using the Bayley Scales of Infant and Toddler Development being conducted in the Neonatal Neurodevelopment Follow-Up Clinic (with supervising neuropsychologist Ashley Danguedan, Ph.D., C. Psych). Residents will have the opportunity to learn about the impact of congenital heart conditions on brain development, to appreciate the changing pattern of neurodevelopmental challenges from birth through young adulthood, and to consider potential impacts on family functioning, and quality of life.

Chronic Pain Program

Possible Supervisor(s): Catherine Munns, Ph.D., C.Psych. & Danielle Ruskin, Ph.D., C.Psych.

Possible Rotations: Intervention, Research

The Chronic Pain program services an outpatient population typically aged 12-16 but also include some cases between infancy and 18 years of age. The resident will participate in weekly interdisciplinary team consultations which include physicians, nurses, physical and occupational therapists and psychologists. Skills in health and clinical psychology will be accrued (including identifying psychological contributors to a physical health presentation, conducting psychological diagnostic assessments and providing feedback and recommendations to our interdisciplinary team regarding how a youth's psychological presentation may contribute to the presenting issues). Common clinical presentations include concurrent anxiety/mood disorders, somatoform disorders (somatic symptom, functional neurological disorder), ADHD/learning disabilities along with autism spectrum disorder. The resident will also undertake several therapy cases which can include individual therapy with the child/youth and parenting. Group-based interventions are also available. Evidence-based treatment modalities include CBT, ACT, mindfulness, behaviour training, and parent training.

Opportunities for involvement in psychology research projects at the pain clinic are available with current projects including comparison of virtual vs in person multidisciplinary pain treatment, evaluation of a pilot psychology intervention to improve outcomes in children, pharmacogenetics, along with other possible research projects assessing psychological contributors to pain that are part of a large database. Research methodologies include mixed methods and program evaluation/quality improvement.

Eating Disorders Program

Possible Supervisor(s): Sandra Doyle-Lisek, Ph.D., C.Psych., Brooke Halpert, Ph.D., C.Psych., Joanna Collaton, Ph.D., C.Psych. (Supervised Practice)

Possible Rotations: Intervention

The Eating Disorders Program provides outpatient, day treatment, and inpatient services to children and adolescents with a primary diagnosis of an eating disorder (ED) and their families in a multi-disciplinary setting. The youth served in the ED Program typically present with complex ED symptoms and comorbid mental health difficulties such as depression, anxiety, and obsessive-compulsive disorder. Many of the youth are also struggling with emotion dysregulation, suicidal ideation/behavior, and nonsuicidal self-injurious behavior.

While this is an intervention rotation with ample opportunities to deliver family-based, group, and individual therapy to patients, the resident will also conduct psychodiagnostic assessment of the eating disorder and comorbidities alongside the multidisciplinary team.

Treatment will primarily take place in the outpatient program and the ED day treatment program. Modalities include Family-Based Treatment (FBT) for Anorexia or Bulimia, Dialectical Behavior Therapy (individual therapy and skills group), Cognitive Behavioral Therapy, and Emotion Focused Family Therapy Caregiver group. Residents will also learn to provide Meal Support to patients in the ED day treatment program. Residents will also participate in regular multidisciplinary meetings, which will include opportunities to provide consultation to other professionals on the team (physicians, nurses, dieticians, social workers, child and youth counsellors and teachers). Applied clinical research and program evaluation studies are ongoing and resident involvement is welcomed.

A strong candidate for this rotation is one who is interested in learning to deliver FBT or other treatments for Anorexia, ARFID, or Bulimia, and in working with youth with emotion dysregulation, severe and complex mental health difficulties, and/or limited insight into their symptomatology. Familiarity with family therapy, DBT, CBT, EFFT, and motivational interviewing will be assets in this rotation. **Duration: 12 months.**

Ehlers-Danlos Syndrome Clinic and Connective Tissue Disorders Program

Possible Supervisor(s): Stella Dentakos, Ph.D., C.Psych., Sahar Borairi, Ph.D., C.Psych.

Possible Rotations: Intervention, Research

The Ehlers-Danlos Syndrome (EDS) Clinic and Connective Tissue Disorders Program provides assessment, diagnosis, intervention, education and expertise in the treatment and management of Ehlers-Danlos, Marfan, and Loeys-Dietz syndromes. The EDS Clinic and Connective Tissue Disorders Program is an outpatient, multidisciplinary clinic consisting of a nurse practitioner, pediatrician, clinical geneticist, genetic counsellor, physiotherapist, social worker, and psychologists. Although the clinic serves children of all ages, psychology services are typically provided to school-aged children and youth. Common clinical presentations include low mood, generalized and social anxiety, panic, somatization, body dissatisfaction, emotion dysregulation, functional impairment, and chronic pain. Medical worries and trauma, difficult hospital experiences and adjustment challenges related to diagnosis and prognosis are often co-occurring. The resident will be trained in developing and adopting a trauma-informed approach to care.

The resident will receive training and exposure in both clinical and health psychology and be involved in various clinical activities including health psychology assessments, individual therapy, group intervention, and professional consultations. Trainees may also have opportunities to participate in comprehensive psychoeducational assessments to explore cognition, learning, social and emotional functioning, and health-related considerations. The rotation will also consist of weekly multidisciplinary pre-clinic rounds as well as participating in weekly EDS clinic. There will also be opportunity for clinical research and quality improvement projects.

Primary treatment modalities include Acceptance and Commitment therapy (ACT) and Cognitive Behavioral Therapy (CBT). Mindfulness, Dialectical Behavioural Therapy (DBT),

and behavioural approaches are also integrated based on individual patient characteristics and needs. Strong candidates would have a foundation of CBT and/or ACT training. A biopsychosocial approach to case formulation and conceptualization is emphasized. An interest in education, knowledge dissemination, and clinical research is also an asset.

Epilepsy, Neurosurgery and Genetics

Supervisor: Eva Mamak, Ph.D., C.Psych. ABPP-CN

Rotations Offered: Assessment (Neuropsychology)

This rotation combines exposure to patients within several programs: the epilepsy surgery program and patients within the division of clinical and metabolic genetics. Assessment and consultation are the main focus of clinical activities, primarily in the outpatient setting although some inpatient opportunities exist.

Patients in these clinics range in age from 0-18+ years of age, with a wide variety of presenting concerns including intellectual disabilities, social communication concerns, attention, behavior, and learning disorders. Physical manifestations of disease often impact test choice and the ability to assess patients in a standardized manner. Rare disease is a focus of this rotation, and the unique challenges associated with less-common conditions. Families, caregivers, and the entire multidisciplinary treatment team (social work, neurologists, neurophysiologists, geneticists, nursing, child life, dieticians, etc.) are important partners in the assessment and consultation process. Assessments are often higher stakes, informing treatment decisions and monitoring novel treatment outcomes. The ideal candidate will have some strong previous training in standardized assessment, as exploring the limits of testing may be required for patients presenting with low vision, hearing disorders, and physical and/or behavioural differences. This rotation includes significant training content related to issues of equity, especially for newcomers to Canada and/or those who may speak a primary language other than English.

Within a developmental model of training, the resident will provide neuropsychological and developmental assessments for children and youth, and consultation to the inter-professional team.

Epilepsy Surgery and DBS Clinic

Supervisor: Elizabeth Kerr, Ph.D., C.Psych.

Rotations Offered: Assessment (Neuropsychology)

The Epilepsy Surgery Program primarily provides outpatient neuropsychological assessment and consultation for children and youth with a history of focal medical refractory epilepsy who are being considered for epilepsy surgery or who are being followed post-epilepsy surgery. Trainees will have an opportunity to complete comprehensive assessments with patients from 4 years of age through to young adulthood, with a wide

variety of presenting needs. Common presentations include ADHD, memory problems, slow or variable processing speed, focal neurological deficits, Learning Disabilities, Intellectual Disabilities, as well as emotion and behavioural dysregulation. There may be opportunities to observe language mapping during ESAM or SEEG procedures. Additionally, a few assessments may include patients ages 6 months to 18 years with generalized epilepsy, dystonia, or SIB patients receiving deep brain stimulation and may necessitate test adaptation to support cognitive and/or physical needs. Strong candidates should have prior experience with standardized psychological test administration and some background knowledge of brain development, cognitive development, and neuroanatomy.

General Neurology

Supervisor: Katia Sinopoli, Ph.D., C. Psych.

Rotations Offered: Assessment (Neuropsychology)

This rotation focuses almost exclusively on outpatients through the neurology department. We see children ages 5 and up for neuropsychological assessment and brief consultations. Patients include those with non-surgical epilepsy, neuroinflammatory conditions (e.g., MS, encephalitis), and other neurological conditions (e.g., ataxia). Children and teens with cognitive, academic, and behavioural concerns are seen for a single or repeat assessment, depending on the condition and nature of the referral question. From time to time, we are asked to track the patient's response to treatment. We work closely with various physicians, nurses, and social workers from both the Neurology and Pediatrics Departments.

Trainees working in our program will be well-trained in neuropsychological assessment prior to entry into our rotation. Experience working with children with cognitive, behavioural, and psychiatric conditions is an asset. Opportunities to supervise practicum students are available.

Oncology Rotations in Pediatric Health Psychology

Possible Supervisor(s): Joel Tourigny, Ph.D., C.Psych., Melissa Howlett, Ph.D., C. Psych., & Rachael Lyon, Ph.D., C.Psych. (Supervised Practice)

Rotations Offered: Intervention

Two oncology rotations are offered, each focusing on a different chapter of care.

1. **Active Treatment & Short-Term Follow-Up:** This rotation covers the period from diagnosis through treatment and into the first five years off-treatment.
2. **Aftercare Oncology:** This rotation focuses on long-term survivorship care and monitoring for late effects of treatment.

In both rotations, trainees may work with additional cases from the general hematology and sickle cell clinics.

Most children and families are seen as outpatients. However, some cases involve consultations during medical appointments and inpatient visits for hospitalized children. Inpatient health psychology referrals for consultation and intervention are common during active treatment. Patients typically range in age from toddlers to young adults. There is a greater focus on parenting interventions and support for pre-school aged children, while individual therapy is typically offered to older children and adolescents.

Health psychology provides support to oncology patients and their families as they navigate complex and emotional journeys, including diagnosis, treatment, remission, adjustment to survivorship, relapse, and/or end-of-life care. Many children experience long hospital stays, lengthy courses of treatment, frequent outpatient visits, invasive medical procedures, and treatment side effects that can impact their short- and long-term well-being (e.g., physical, emotional, cognitive, and social). Common psychological presentations include health-related anxiety, medical trauma in youth and family systems, adjustment difficulties related to diagnosis/prognosis, and needle phobias and other procedure-related fears. Patients seen by psychology may have challenges adhering to treatment plans, struggle with functional impairments, or have difficulty coping with physical symptoms such as nausea, fatigue, and pain. Physical symptoms can be disease or treatment related, while others may be somatic with medical overlap. Mental health issues often co-occur within the context of cancer as a chronic health condition and can also be a focus of intervention.

Trainees will be integrated into the interdisciplinary team, collaborating closely with physicians, nurses, neuropsychologists, social workers, child life specialists, physiotherapists, dietitians, and others. Clinical work offers opportunities to conduct brief consultations in fast-paced medical settings, engage in team-based discussions, and provide more traditional psychological assessments, diagnostic interviews, case conceptualizations, treatment planning, and interventions. Candidates who excel in this placement typically have prior experience with interviewing and intervention, along with some background or exposure to the principles of health psychology.

Healthy Living Clinic (HLC)

Possible Supervisor(s): Andrea Regina, Ph.D., C.Psych., Jason Isaacs, Ph.D., C.Psych., & Bronwyn Lamond, Ph.D., C.Psych., Elizabeth Dettmer, Ph.D., C.Psych.

Rotations Offered: Intervention, Research

The SickKids Health Living Clinic (formerly the SickKids Team Obesity Management Program (STOMP)) provides outpatient interdisciplinary assessment and treatment to children, youth and their caregivers for complex concerns related to weight, eating, activity and related medical and psychological comorbidities. Although the clinic serves children of all ages, psychology services are typically provided to school-aged children and youth. The team is comprised of specialists from Psychology, Social Work, Nursing, Endocrinology, Adolescent Medicine, Pediatrics, Nutrition, Exercise, and Physiotherapy.

Mental health providers on the team are integral in the assessment and treatment of complex and often severe health psychology presentations that include emotional eating, hyperphagia (secondary to hypothalamic obesity), binge eating, and adherence issues, as well as related co-morbid psychological issues such as social and/or generalized anxiety, depression, suicidal ideation, bullying and/or peer relationship issues, school refusal, and body image concerns. Additional socioeconomic, genetic, and familial/interpersonal relationship factors have a particularly strong impact on treatment and prognosis. Treatment is primarily cognitive behavioural (CBT), with other approaches (e.g., MI, DBT skills, EFT, and parent management training) integrated as appropriate. Both individual and group treatments are offered for patients and their caregivers. Mental health providers also support allied health team members in the delivery of care through joint appointments to assist with treatment progress. Professional consultations and community collaborations are also key to patient care plans.

Psychology residents contribute to all parts of the program and will receive training and exposure in both clinical and health psychology. They conduct psychology assessments, provide group and individual therapy for children, adolescents, and caregivers, as well as engage in frequent consultations with the community and with the interdisciplinary team via joint allied health appointments and weekly rounds. The SickKids HLC team is also heavily involved in ongoing program development and evaluation, quality improvement projects, and clinical research. Opportunities include contributing to the development and evaluation of novel treatment approaches (e.g., binge eating protocol, group treatment, etc.) and examining psychological correlates of weight related factors for children and youth (e.g., trauma, familial stress, anxiety and depressive symptoms, etc.) Residents are encouraged and supported in joining specialized projects as interested. Competitive candidates have a foundation in CBT, and/or DBT, and a strong interest in both Health and Clinical Psychology.

Hematology/Oncology (Assessment)

Active Follow-Up Potential Supervisor(s): Laura Janzen, Ph.D., C.Psych., ABPP-CN; Andrea Coppens, Ph.D., C.Psych., ABPP-CN

AfterCare Program Supervisor: Sharon Guger, Ph.D., C.Psych.

Rotations Offered: Assessment (Neuropsychology)

Active Follow-up: This rotation involves primarily outpatient neuropsychological assessment and consultation within the Division of Hematology/Oncology. Patients (aged 4-18 years) are mainly referred by the Sickle Cell Disease, Leukemia/Lymphoma, and Neuro-Oncology teams. Cognitive, academic and emotional-behavioral difficulties are assessed, and interventions are recommended with consideration of the patient's development, medical condition, treatments, individual, family and other relevant factors. The neuropsychology team works closely with other members of the inter-professional team, including physicians, nurses, clinical psychologists, social-workers, speech-language pathologists, occupational therapists, physiotherapists, transition navigators and Inter-

Link nurses. Consultation with school staff and other community providers is also common. The resident will become proficient in administering, scoring, and interpreting neuropsychological tests and developing integrated neuropsychological formulations, diagnosing disorders (e.g., Intellectual Disability, Specific Learning Disorder, ADHD, Neurocognitive Disorder) and recommending evidence-based interventions. Knowledge of the medical conditions and treatments, long-term outcomes and neuropsychological professional practice are emphasized. Strong candidates have a foundation in child neuropsychology assessment.

AfterCare Program: The AfterCare Program is part of the Division of Hematology/Oncology and provides survivors of childhood cancer with a variety of services, including surveillance for specific late effects, health promotion, school and psychosocial supports. Trainees in this rotation will have the opportunity to provide outpatient neuropsychological assessment and consultation for children, youth and young adults who have completed treatment through the Leukemia/Lymphoma, Neuro-Oncology and Bone Marrow Transplant teams before transferring to AfterCare where they are followed until 18 years of age. Trainees will work closely with other members of the inter-professional team, including physicians, nurse practitioners, nurses, endocrinologists, health psychologists, dietitians, and transition counsellors as well as trainees in these disciplines.

Common presentations include intellectual disability, ADHD, Specific Learning Disorders, visual-spatial and visual-motor deficits, emotion and behavioural dysregulation and focal deficits. Cognitive, academic and emotional-behavioral difficulties are assessed, and interventions are recommended with consideration of the patient's development, medical condition, treatments and associated late effects, individual, family and other pertinent factors. Consultation with school staff and other community providers is also common.

Neonatal Neurology Neuropsychology (Assessment)

Supervisors: Claire Champigny, Ph.D., C.Psych.; Tricia Williams, Ph.D., C.Psych., ABPP-CN
Rotation Offered: Assessment (Neuropsychology).

The Neonatal Neurology team works predominantly with preschool and school age children diagnosed with congenital or neonatal conditions impacting brain development (e.g., hypoxic-ischemic encephalopathy, neonatal stroke, extreme preterm birth). Children present with early behaviour and/or learning concerns. The team provides neuropsychology assessments following a tiered model of care and a family-centered approach. Over the course of the rotation, trainees will develop neuropsychological assessment and consultation skills and will learn how to collaborate effectively in multidisciplinary teams. Consultation with school staff and other community providers is also common. If trainees have some French proficiency, there are opportunities to receive training regarding socio-cultural and linguistic considerations for the provision of clinical care to francophone families from around the world.

NeuroOutcomes Lab

<https://lab.research.sickkids.ca/neurooutcomes/>

Supervisor: Tricia Williams, Ph.D., C.Psych., ABPP-CN

Rotation Offered: Research

The NeuroOutcomes lab focuses on answering clinically relevant questions in families and children impacted by early brain injury and/or neurological disorders. Taking a child and family-centered approach, key discoveries have provided insight into psychological comorbidities, parent experiences, and influences of neurological factors on cognitive, academic, and mental health outcomes. The NeuroOutcomes lab works closely with other members of the inter-disciplinary team, including neonatal neurologists, nurse practitioners, social work, health psychologists, educators.

Research opportunities include early neurocognitive and mental health outcomes, parent experiences and parenting intervention, tiered based model of neuropsychological assessment and care, stepped-care models of mental health service delivery, and patient-oriented research methodologies. Over the course of the rotation, trainees will develop clinical research skill and collaboration, and grant application writing skills can be explored depending on trainee skillset and goals. Prior experience with neuropsychological assessment is an asset but not required. Experience with parenting behaviour intervention and behavioural intervention are also assets.

Neurosurgery Program

Supervisor: Naddley Désiré, Ph.D., C.Psych.

Rotations Offered: Assessment (Neuropsychology)

The Neurosurgery Program provides residents with an opportunity to gain experience in assessing and monitoring cognitive, behavioural, and socio-emotional functioning in children and adolescents (ages 0-18-years old) with complex neurological conditions requiring neurosurgical interventions, including moderate-severe traumatic brain injury, vascular brain malformations (e.g., arteriovenous, cavernous, vein of Galen), benign brain tumours (e.g., low grade gliomas), congenital hydrocephalus, craniopharyngiomas, neurofibromatosis, craniosynostosis, or brain infections (e.g., empyema). The trainee will also have the opportunity to participate in presurgical/postsurgical evaluations to inform surgical treatment/planning.

NF-1 Neuropsychology Clinic

Supervisor: Dr. Busi Zapparoli

Rotations Offered: Assessment (Neuropsychology), Research

Clinical Neuropsychology/Assessment

Dr. Zapparoli conducts neuropsychology assessments with patients with Neurofibromatosis, Type 1 (NF1) - a complex neurogenetic condition associated with a

wide range of medical, cognitive, behavioural, social, and emotional challenges. 50% of cases are inherited, so that half of the patients have parents and siblings with the condition as well, contributing to complex familial and sociodemographic dynamics. The NF1 patient population at SickKids includes school-age children and adolescents who are followed through the hospital's dedicated NF1 Neuropsychology Clinic, which aims to improve outcomes through comprehensive evaluation, timely diagnosis, and coordinated care across specialties. Students will gain unique exposure to the nuanced neuropsychological profile associated with NF1, including selective impairments in visuospatial skills, attention, executive functioning, and social-emotional regulation. Residents will be involved with all aspects of the assessment process and will have opportunities to join regular interdisciplinary NF1 clinic meetings.

NF1 Research

Psychology residents working under the supervision of Dr. Zapparoli will have the opportunity to contribute to a dynamic emerging research program focused on improving cognitive and health outcomes in children with Neurofibromatosis, Type 1 (NF1) - a complex neurogenetic condition associated with a wide range of medical, cognitive, behavioural, social, and emotional challenges. Projects aim to explore cognitive, emotional, and behavioural challenges in NF1 patients, with an emphasis on integrating research into clinical care. Some projects are focused on understanding predictors of poor neurocognitive and quality of life outcomes, while other projects focus on designing, adapting, and implementing unique interventions for this patient population. Residents will have opportunities to be involved in various aspects of research projects, including data collection and analysis, running interventions, and writing manuscripts. There are also opportunities for residents to propose new research projects based on existing data.

Outpatient Psychiatry Program

Potential Supervisor(s): Adrienne Blacklock, Ph.D., C.Psych., Erin Romanchych, Ph.D., C.Psych., Jennifer Crosbie, Ph.D., C.Psych., Jennifer Mullane, Ph.D., C.Psych., Jennifer Stanga, Ph.D., C.Psych., Jody Levenbach, Ph.D., C.Psych., Kathleen O'Connor, Ph.D., C.Psych., Megan O'Connor, Ph.D., C.Psych., Victoria Chan, Ph.D., C.Psych., Emily Pogue, Ph.D., C.Psych.

Rotations Offered: Assessment (Diagnostic and Learning), Intervention, Research

The Department of Psychiatry at SickKids provides assessment and evidence-based intervention for children, adolescents, and their caregivers, who present with anxiety and/or depressive disorders, obsessive-compulsive disorders, and somatic symptom and related disorders. Interdisciplinary team members include psychiatrists, clinical and health psychologists, social workers, therapists, nurse-practitioners, and medical trainees who engage in a breadth of clinical work, research, and training.

Assessment: This rotation provides residents the opportunity to work with children and youth who present with complex mental health needs. These can include

neurodevelopmental disorders, anxiety, somatic symptom disorders, obsessive compulsive disorder, and mood disorders that may co-occur with learning disabilities. Residents will work within a team embedded in the Psychiatry department to offer psychodiagnostic and/or psychoeducational assessments, often liaising with medical teams hospital-wide depending on patient presentation. This rotation emphasizes developing proficiency in providing complex differential diagnosis, formulation, and treatment planning for patients with a range of psychiatric presentations.

Intervention: The Psychiatry Program provides evidence-based intervention for youth and their caregivers. Interdisciplinary team members include psychiatrists, clinical and health psychologists, social workers, therapists, nurse-practitioners, and medical trainees who engage in a breadth of clinical work, research, and training.

Common presentations include social and generalized anxiety, selective mutism, obsessive-compulsive disorder, tics/Tourette Syndrome, low mood, suicidal ideation, and significant somatization. Patients may present with acute or chronic medical conditions, behavioural difficulties, attention-deficit/hyperactivity disorder, parent-child relational challenges, and learning disabilities.

Residents work with children, adolescents, and their caregivers in a combination of individual therapy and group interventions. Evidence-based treatment modalities are varied, with cognitive behavioural therapy being most widely utilized and other therapeutic modalities (e.g., acceptance and commitment therapy, dialectical behaviour therapy, interpersonal psychotherapy) incorporated as indicated. Residents in the Tics/Tourettes Clinic will gain experience with Comprehensive Behavioural Intervention for Tics (CBIT). Opportunities may also be available for program evaluation research, education, multidisciplinary collaboration, symptom management and consultation.

Rheumatology Research

Supervisor: Busi Zapparoli, Ph.D., C.Psych.

Rotations Offered: Research

Dr. Zapparoli works in collaboration with staff rheumatologist Dr. Andrea Knight on research focused on cognitive dysfunction and mental health disorders in youth with childhood onset lupus. Lupus is a chronic autoimmune disease that disproportionately affects racialized minorities and is known to have an inflammatory impact on the brain. Cognitive dysfunction is common among lupus patients and can make it more difficult for them to cope with the impact of the disease and stay on top of their treatment. Dr. Zapparoli's work is focused on adapting and piloting a cognitive intervention for adolescents with lupus. The goal of the project is to help adolescents develop cognitive strategies that allow them to better cope with the impact of living with a chronic illness and manage the cognitive and mental health impacts of the disease. This project uses a patient-informed participatory action approach to incorporate patient feedback in the development of the intervention.

Stroke Program

Supervisor: Robyn Westmacott, Ph.D., C.Psych., ABPP-CN

Rotations Offered: Assessment (Neuropsychology), Research

The Children's Stroke Program provides outpatient neuropsychological assessment and consultation for children and youth with a history of stroke or other cerebrovascular disorders. Our patients include those with perinatal/neonatal stroke, childhood ischemic stroke, hemorrhagic stroke, cerebral sinovenous thrombosis, moyamoya disease, and other vasculopathies related to NF1 and sickle cell disease. Trainees will have an opportunity to work with patients from 4 years of age through to young adulthood, with a wide variety of presenting challenges and needs. Common presentations include intellectual disability, ADHD, Learning Disabilities, visual-spatial and visual-motor deficits, emotion dysregulation, externalizing behaviour challenges, and focal neurological deficits.

Strong candidates would have prior experience with standardized psychological test administration and some background knowledge of brain development, cognitive development and neuroanatomy.

Current research focuses on determinants of neurocognitive and mental health outcomes following pediatric stroke, as well as issues related to adaptive and maladaptive plasticity.

Suspected Child Abuse & Neglect (SCAN) Program

Potential Supervisor(s): Jasmine Eliav, Ph.D., C. Psych., Lana DePatie, Ph.D., C. Psych & Cynthia Shih, Ph.D., C. Psych.

Rotations Offered: Intervention, Research

The Suspected Child Abuse & Neglect (SCAN) program at Sickkids provides medical and psychosocial intervention for children, youth and their caregivers. The program is multidisciplinary and services 400-500 children/youth per year who have experienced physical abuse, sexual abuse/assault, neglect and/or emotional abuse. In addition, they offer specialized psychosocial services for children and youth who have experienced Internet sexual exploitation and sex trafficking. The program has expertise in complex trauma and is seen as a leader in the field. Clinicians engage in training, research and leadership activities.

Transplant and Regenerative Medicine

Supervisor: Anna Gold, Ph.D., C. Psych.

Rotations Offered: Assessment (Neuropsychology)

The neuropsychology assessment rotation in solid organ transplant and regenerative medicine serves patients within all of the following clinical programs; heart transplant, kidney transplant/dialysis, liver transplant, lung transplant and intestinal failure (GIFT) providing both in-patient and outpatient assessments for children aged between 2-18 years of age. Patients can be seen at any stage of the transplant journey including during assessment for listing suitability, pre-transplant and post-transplant. Patients can present with an extremely broad range of both congenital or acquired diseases leading to the need for organ transplant or intestinal failure surgical intervention. Most patients require lifelong medical intervention, with common medical issues associated with organ rejection, infection, ongoing medication and frequent hospitalization, etc. We provide clinical care to a number of out-of-province patients.

The resident will have the opportunity to work closely with each of these multidisciplinary teams, including rehabilitation (OT, PT), child life, social work, nursing and physicians, alongside consultation with other staff as needed (e.g., psychiatry, health psychology). Assessment will form a comprehensive battery of standardized measures to cover a broad range of neuropsychological domains, with more specialized measures included, as needed. As well as providing feedback the patient and their family, liaison with the medical team and child's home school are integral to the assessment, to allow for effective medical and educational planning and intervention to take place. There may be the opportunity for brief focused intervention, if warranted. Research opportunities are available with the focus on exploring potentially influential factors (e.g., medical, treatment, demographic) impacting neuropsychological outcome, in this understudied population.

Residents with a range of neuropsychological experience are encouraged to apply – to allow for either an exposure rotation for those with limited neuropsychological assessment experience, or for those hoping to further refine their neuropsychological expertise within a medically complex pediatric population. However, strong candidates will have had at least some psychological assessment administration experience. Over the course of this rotation the candidate will further develop interview and feedback skills, identify the range of neuro/psychological measures that are necessary to answer the referral question, competency in administration/scoring and interpretation of a range of measures, alongside greater proficiency in assessment formulation, report writing and the implementation of appropriate recommendations.

Scholarship and Research

SickKids is an active and exciting academic research environment with a growing list of equity initiatives and community partnerships. The program in Neuroscience and Mental Health within the Research Institute and the Brain and Behavior Centre integrate state of the art clinical, education, and research initiatives. Research at SickKids ranges from



characterizing the impact of various adverse insults on development, to understanding the core neurocognitive deficits associated with neurodevelopmental disorders or acquired brain damage, to clinical trials of innovative interventions such as evidence-based virtual mental health parent interventions.

Equity initiatives include in-house staff education projects and community partnerships with community health centres and other developing projects intended to address the social determinants of health and enhance mental health equity.

Residents are required to demonstrate their knowledge, expertise, and scholarship by offering talks, didactics, and/or case presentations during their residency. These presentations may include provision of education on specialty topic areas to colleagues, presentations on broader topics of mental health to patients and families, and/or a review of research activities or activities with equity initiatives conducted while at SickKids.

Supervision

In accordance with CPA Accreditation Standards, residents will have a primary supervisor in each rotation and receive **4 hours of supervision per week, at least 3 hours of which must be individual face-to-face supervision**. Regularly scheduled, one-to-one supervision will involve case review, setting and monitoring of training goals, and professional development. Supervision follows a developmental model, and residents will work with a variety of faculty throughout the residency for broad exposure to different styles of clinical practice and supervision. Group professional support/supervision meetings with the Director of Training also take place regularly to address topics in professional/ethical standards, professional practice issues, cultural, social, and individual differences, and diversity.

Evaluation

The evaluation process is designed to be dynamic and proactive. The evaluation process's goals are to optimize the residency experience for each resident, to provide constructive

feedback, and to ensure that all residents attain their personal training goals and the program's goals. This is achieved through ensuring:

- A developmental, competency-based model of training
- Monthly meetings between Director of Training and supervisors; mid-rotation and final rotation evaluations
- Monthly check-ins between Director of Training and residents
- Opportunity for resident to provide feedback on rotation, supervision, and residency experience

To monitor the Residency Program and to ensure its excellence, we also strive to facilitate feedback from each resident. In addition to the scheduled meetings outlined above, *ad hoc* meetings are arranged as necessary. The Director of Training provides leadership in the evaluation process and is responsible for its integrity. Formal written progress evaluations are prepared by the training faculty staff at the mid-point and conclusion of each rotation. Residents whose performance is not at an expected level of competence will be advised regarding the problem areas in their performance, and a specific plan to remediate those weaknesses will be developed.

Didactics

A rich array of didactic learning opportunities is available at SickKids. More formal didactics are provided to ensure a broad knowledge base in clinical and health psychology. Residents are expected to attend all the Health and Clinical Psychology didactics, while attendance at the Assessment and Neuropsychology offerings is encouraged. Other optional didactic opportunities exist within the psychology department and the hospital. Rotation-specific readings will be suggested by individual supervisors.

Clinical and health psychology seminars are given by staff psychologists and aim to provide residents with protected time to develop and enhance their clinical skills. Didactics provided in the past have included:

- ACT and mindfulness-based interventions series
- Somatic symptom and related disorders
- Suicide and self-harm
- Using motivational interviewing to promote change
- Working with maltreated children and youth
- Supporting trans and gender diverse youth

In addition, residents are expected to attend:

- Psychology Education Rounds (monthly)
- Quarterly Greater Toronto Area (GTA) Psychology Seminars.
 - Provides didactic and networking opportunities as residents prepare for their early professional careers.

- CCPPP National Training Seminar series

Although not mandatory, residents are encouraged to join Grand Rounds, Division Rounds relevant to their rotations, seminars given by the Learning Institute and Research Institute, and other didactics of interest.

Facilities

The Psychology Department is located on the 6th Floor of the Black Wing in the main hospital. Clinical rotations are predominantly located in various parts of the main hospital, however; some work may occur in the Peter Gilgan Centre for Research and Learning (PGCRL) or at 525 University Avenue. While clinical work does not occur in the new Patient Support Centre, residents may attend meetings, didactics, or other seminars in this building.

Residents have access to a large, shared office space. Each resident has an individual desk space with a computer, access to administrative support, and access to bookable office space for individual assessments or therapy. Other resources in the department include an observation/interview room with a one-way mirror, a group therapy room and access to psychometric measures (Q-interactive/Q-Global, etc.)

All staff, including residents, have access to secure online platforms to engage in their work (e.g., Microsoft Teams, Zoom for Healthcare, OTN (Ontario Telemedicine Network), REDCap). Residents also have a private phone line via Microsoft Teams Voice.

Over the course of the training year residents may be involved with in-person contact, telehealth services (telephone and/or videoconferencing), or a combination of those activities. Residents may work on-site or remotely, and on-site care may require use of Personal Protective Equipment (PPE; e.g., masks, possibly gowns and/or gloves). When residents are working remotely off-site, they are required to do so in a private space while remaining in the province of Ontario and within commuting distance. Didactic seminars may also take place remotely (videoconferencing).

Equity, Diversity & Inclusion at SickKids

SickKids believes that an equitable and inclusive culture empowers staff and trainees to freely explore and express their ideas without fear, which has consistently led to new ideas and innovations. The goal is to transform health-care systems to authentically reflect the communities we serve by engaging in community partnerships to improve the health experience of racialized communities and other communities who have traditionally faced oppression. Residents are encouraged to become involved in EDI committees, initiatives, and learning opportunities in directions that further their own personal development.

Equity, Diversity and Inclusion Strategy

Aligned with our SickKids 2025 Strategic Plan, the SickKids Equity, Diversity and Inclusion (EDI) Strategy aims to advance equitable inclusion of diverse people and communities across SickKids' care, research and education initiatives so that all can feel acknowledged, valued and respected. The EDI Strategy provides a path to boldly embed EDI in all that SickKids does and create safe and brave spaces for meaningful change ([Equity, Diversity & Inclusion | SickKids](#)). Developed through engagement and consultation with patients, families, staff and community partners, this plan set the stage for a more equitable and culturally safe future as SickKids. Some examples of steps taken to advance a more inclusive SickKids:

- The **EDI Steering Committee** provides a platform for discussion and guidance regarding EDI initiatives, programs and policies across the organization with representation from across clinical, learning and research groups.
- Launched an **Anti-Racism in the Workplace Policy**
- Creation of the **Indigenous Health Program** to support culturally safe care for Indigenous patients and families, aligned with the **Indigenous Health Strategy**.
- Land Acknowledgments
- Signing of the BlackNorth Initiative Pledge (2020)
- Adoption of the Inclusion Flag and 2SLGBTQIA+ acronym
- Preferred Name Initiative

Employee and Trainee Wellness

SickKids is committed to supporting its staff in their movement toward wellness in a variety of ways, including:

- *Employee Assistance Program:* The Employee Assistance Program (EAP) is a confidential and voluntary support service that can help you develop strategies to help you with personal or work-related concerns, tensions and stress before they lead to more serious difficulties. EAP is available at no cost to employees and their families.
- *Employee Relations:* The Employee Relations group provides support to all staff who work at SickKids when dealing with difficulties in the workplace such as interpersonal conflict or issues related to discrimination, breaches of the Code of Conduct, the Respect in the Workplace policy and the Prevention of Workplace Violence and Harassment policy.
- *Peer Support Program:* A confidential resource, offering individual mental health outreach and trauma support 24/7 to staff in need. Peers can connect with their colleagues in a variety of ways (e.g., meeting one-to-one or providing support via telephone, email or text).
- *Staff Health and Wellbeing:* The new Patient Support Centre houses the Staff Wellness Centre, which features a fitness studio equipped with a range of

machines. The Wellness Centre has also paired up with the Exercise Medicine Research Lab to introduce fitness assessments and personal training. For those looking for an opportunity to meet new colleagues and explore surrounding neighborhoods, staff can join the Walking Club (the SickKids Striders), which includes routes that are accessible to those using support devices. Staff can also engage in massage therapy, as well as access resources to address nutrition and sleep hygiene.

- *Spiritual & Religious Care Department:* The SickKids Spiritual Care Department Consists of Four Pillars: Chaplaincy, Clinical Pastoral Education, Counselling, and The Mindfulness Project. Visit the site to find information about the four pillars, religious observances and related events.

Stipend and Benefits

The current stipend for the 2026-2027 year is set at \$49,140 CAD. Residents get three weeks (15 days) of vacation and the hospital acknowledges 10 statutory holidays per year. Residents also get two personal/"float" days and are eligible for benefits (health and dental). Residents accumulate up to one paid sick day per month.

Residents also get one week of paid professional development leave and are each provided a \$500.00 professional development fund for attendance at scientific conferences or professional development activities during the year.

Application Process

Eligibility to Apply

The Predoctoral Residency in Pediatric Psychology at SickKids has a **maximum of three residency spots**. For consideration, applicants are required to meet the following criteria by the application deadline.

- Enrolment in a CPA- or APA-accredited doctoral program in clinical, counselling, or school psychology.
- Received formal approval from their Director of Clinical Training to apply for residency.
- Have completed all requisite coursework, comprehensive examinations/projects, and practica prior to beginning the residency year.
- Must have received approval of their doctoral dissertation proposal prior to application for residency. It is *strongly recommended* that students complete their data collection and analyses prior to beginning residency.
- A **minimum 600 hours** of practicum experience in total. A minimum of **300 hours** must be direct, face-to-face patient/client contact (interviewing, assessing, or intervening with clients directly). Supervision hours should be **no less than 25% of**

the applicant's time in direct service-related activities. The remaining time encompasses support hours (e.g., writing progress notes, report writing, treatment planning, consultation, session review, case presentations, case-relevant literature reviews, rounds, case conferences, psychometric test scoring and interpretation, learning new psychological measures and/or treatments and professional development/continuing education that supports patient care.)

A broad range of academic and practical experience, particularly with respect to child assessment and treatment is valuable. Applicants who bring diversity to the program (e.g., fluency in French/other languages or experience with under-served populations) are especially encouraged to apply.

Any offer from the Hospital for Sick Children (SickKids) is contingent upon completing and passing a **Vulnerable Sectors Check**. Further, **applicants must be legally entitled to work in Canada at the time of application.**

The residency begins on the first working day of September and ends on the last working day in August of the following year.

Occupational Health Requirements

Residents will be required to show proof of immunity to measles, mumps, rubella (MMR), and varicella.

If residents have prior documentation of a two-step TB test (including results, date administered, and reading date), regardless of when it was completed, they will need to undergo a *one-step* TB test within 4 weeks prior to the residency start date. If residents do not have prior documentation of a two-step TB test, they will need to undergo a *two-step* TB test within 4 weeks prior to the start date.

Residents are strongly encouraged to receive COVID-19, tetanus, diphtheria, pertussis (dTap), influenza and hepatitis B vaccinations.

Residents are required to schedule a New Hire Appointment with Occupational Health and Safety at the start of their residency year, at which point documentation of immunizations and two-step TB test results must be submitted.

Residents will undergo N95 respirator fit testing. If you have been fit tested for an N95 respirator in the last two years, you will need to provide documentation to Occupational Health and Safety at your New Hire Appointment.

Application

Our program uses the Association of Psychology Postdoctoral and Internship Centers (APPIC) standard application, available on-line at www.appic.org. The application package includes a form entitled "Verification of Internship Eligibility and Readiness" which must

be completed by the Graduate Program Director of Clinical Training and submitted as part of the application.

Hospital for Sick Children Program Code: 181811.

Required supporting materials include:

- Cover letter stating applicant's professional plans and special interest in the SickKids Predoctoral Residency Program. Please outline if you would like to emphasise *assessment* or *intervention*, and note which of our rotations across assessment, intervention, and clinical research fit best with your training goals.
- Essays
- Curriculum Vitae
- Official graduate school transcripts
- APPIC Verification of Internship Eligibility and Readiness form
- Three (3) letters of reference (using the standardized APPIC reference form). At least two (2) letters should be from supervisors familiar with the applicant's clinical skills.

Deadline for submission of applications is 11:59 p.m., EST, on November 1, 2025.

Interview Procedures

The residency program at SickKids conforms to the APPIC guidelines and is a member of the Canadian Council of Professional Psychology Programs (CCPPP). We participate in the matching process sponsored by APPIC and completed through the National Matching Service (NMS). Completed applications are rated independently by members of the Residency Committee and are ranked.

This residency site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept, or use any ranking-related information from any resident applicant.

Candidates will be notified on the CCPPP Universal Notification Date, **Friday, December 5, 2025**, regarding whether they are being offered virtual interviews.

Interviews will be conducted with selected applicants during the 2nd and 3rd weeks of January 2026. We will offer interviews via email, and interviews will be scheduled using the NMS Scheduler.

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* – <https://laws-lois.justice.gc.ca/eng/acts/p-8.6/index.html>), 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.

Historical Application Statistics

Academic Year	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Positions Available	3	3	3	3	3	3	3
Applications	57	46	68	46	47	33	34
Interviewed/Short-listed	16	16	18	18	15	13	16
Ranked	15	16	18	18	15	12	15
Matched	3	3	3	3	3	3	3
Matched as % of applications	5%	7%	4%	7%	6%	9%	9%
Mean Practicum Hrs	2038	1948	1536	1421	2536	2036	2325

Accreditation

The SickKids Predoctoral Residency in Pediatric Psychology is a CPA-accredited residency program. The residency program has most recently been re-accredited for a 6-year term from 2023/2024 to 2029/2030. For more information, please go to:

Canadian Psychological Association
 Registrar of Accreditation
 141 Laurier Avenue West, Suite 702
 Ottawa, ON K1P 5J3

Telephone: 613-237-2144 x 328 or 1-888-0657 x 328
 Email: accreditation@cpa.ca
 Website: <http://www.cpa.ca/accreditation/>

Information about SickKids and Toronto

The Hospital for Sick Children (SickKids), affiliated with the University of Toronto, is recognized as one of the world's foremost paediatric health-care institutions. It is Canada's leading centre dedicated to advancing children's health through the integration of patient care, research, and education. With a staff that includes professionals from all disciplines of health care and research, SickKids provides the best in complex and specialized care by creating scientific and clinical advancements, sharing knowledge and expertise and championing the development of an accessible, comprehensive and sustainable child health system. The SickKids Centre for Research and Learning has been

providing a hub where researchers and learners can congregate and share ideas to transform the current state of child health care.

SickKids is in downtown Toronto, Canada's largest city. Toronto lies on the shore of Lake Ontario, the easternmost of the Great Lakes. Over 4 million people live in the Greater Toronto Area (GTA). Toronto is a clean, safe, cosmopolitan city with a wonderful network of parks, recreational, and cultural facilities. For more information:

www.seetorontonow.com

