Predoctoral Residency in Paediatric Psychology

2027-2028

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

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

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Program Overview

The Hospital for Sick Children (SickKids) in Toronto, Ontario, offers **three pre-doctoral residency positions** in paediatric psychology through the Department of Psychology. The one-year, full-time training position **begins the first working day of September 2027 following Labor Day**. Employment is contingent upon meeting SickKids' Occupational Health requirements.

Additional guidance for applicants is provided in SickKids' Commitment to Employment Equity on page 30.

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 55 psychologists specializing in neuropsychology, clinical psychology, and health psychology. Our department also includes 15 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 Paediatric Neuropsychology (two positions), Paediatric 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, and/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 paediatric 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 paediatric 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 Paediatric Psychology:

- Assessment: *Paediatric Neuropsychology* or *Diagnostic/Learning Assessment*
- Intervention: *Paediatric 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 and sociocultural 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, attachment-informed interventions
- 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, sociocultural information, 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

Rotation	Assessment Rotation DL = Diagnostic/Learning NP = Neuropsychology	Intervention Rotation	Clinical Research Rotation
ANCHOR Clinic	X (NP)		
Cardiology	X (DL/NP)		
Eating Disorders		X	
EDS and Connective Tissues		X	X
Epilepsy Surgery	X (NP)		
General Neurology	X (NP)		
Health Psychology Service		X	X
Healthy Living Clinic		X	X
Hematology/Oncology	X (NP)	X	
Infectious Diseases Research			X
Neonatal Neurology	X (NP)		
NeuroOutcomes Lab			X
Neurosurgery	X (NP)		

NF-1 Neuropsychology Clinic	X (DL/NP)		X
Oupatient Psychiatry	X (DL)	X	X
Rheumatology Research			X
Stroke	X (NP)		X
Suspected Child Abuse and Neglect (SCAN) Program		X	X
Transplant and Regenerative Medicine	X (DL/NP)		

Rotation Descriptions

ANCHOR Clinic

The Access to Neuropsychological Care for High -Risk Outpatient Referrals (ANCHOR) clinic is a general neuropsychology clinic that serves a range of patient populations. Its aim is to expand equitable access to neuropsychological care to patients and families who have historically encountered barriers to service. Patient populations include infectious diseases (e.g., congenital cytomegalovirus), auto-immune and neuroinflammatory diseases (e.g., lupus), craniofacial conditions (e.g., cleft lip/palate, craniosynostosis), neurological and neurogenetic conditions, and other congenital conditions.

Cardiology

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 Danguecan, 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.

Eating Disorders

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.

Ehlers-Danlos Syndrome Clinic and Connective Tissue Disorders

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, paediatrician, 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 Surgery

The Epilepsy Surgery Program primarily provides outpatient neuropsychological assessment and consultation for children and youth with a history of medical refractory focal epilepsy who are being considered for resective surgery or laser ablation, or who are being followed post-epilepsy surgery. There may be the opportunity to see patients with genetic/metabolic disorders and/or with generalized epilepsy/dystonia/self-injury being considered for deep brain stimulation. Trainees will have an opportunity to complete comprehensive assessments with patients ranging from 0 to 18+ years of age, with a wide variety of presenting concerns including intellectual disabilities, social communication concerns, learning disorders, attention and memory challenges, as well as emotion and behavioural dysregulation. There may also be opportunities to observe inpatient procedures (language mapping). Families, caregivers, and the entire multidisciplinary treatment team (neurologists, neurosurgeons, neurophysiologists, nursing, social work, 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.

General Neurology

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 Paediatrics 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.

Health Psychology Service

The Health Psychology Service (HPS) provides outpatient consultation, assessment, and intervention for children, adolescents, and families experiencing emotional, behavioural, or functional challenges related to medical conditions and their treatment. Patients present with concerns including adjustment to medical diagnosis or illness, coping with physical symptoms, treatment adherence, and procedural anxiety. HPS also provides parent coaching to support caregivers in managing these challenges. HPS receives referrals from a range of medical clinics and divisions, including cardiology, nephrology, gastroenterology (including Irritable Bowel Disease [IBD]), neurology, rheumatology, urology, cystic fibrosis, dermatology, and endocrinology. The patient population spans infancy through adolescence and represents a wide range of medical diagnoses and healthcare experiences.

Residents will have opportunities to develop skills in supporting children, adolescents, and families coping with a wide range of acute and chronic medical conditions. Residents will gain experience conducting psychological consultations and health psychology and/or psychodiagnostic assessments, developing biopsychosocial case formulations, and providing evidence-based interventions to children, adolescents, and caregivers. Treatment opportunities may include individual, caregiver-focused, and group interventions (e.g., Coping with Chronic Health Challenges Teen Group, iACT child and teen groups for IBD, Circle of Security Parenting) utilizing approaches such as Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), motivational interviewing, behavioural interventions, and parent coaching strategies. There may also be opportunities to follow outpatients during inpatient admissions to promote continuity of care for HPS patients while they are in hospital.

The rotation provides broad exposure to paediatric health psychology practice within a tertiary paediatric hospital and emphasizes interdisciplinary collaboration. Residents will have the opportunity to participate in interdisciplinary activities, including consultation with physicians, nurses, and allied health professionals, as well as psychosocial rounds with various medical teams led by the HPS team.

The rotation is particularly well suited to residents with a strong foundation in cognitive-behavioural interventions who are interested in broadening their experience in paediatric health psychology. Exposure to ACT and previous experience working with paediatric medical populations would be assets but are not required.

Research Opportunities: Current projects focus on evaluating the impact of integrated health psychology services, including patient, caregiver, provider, and system-level outcomes, as well as the development and evaluation of group interventions.

Healthy Living Clinic

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, Paediatrics, 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

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

Hematology/Oncology: 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, Bone Marrow Transplant, 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: 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, dieticians, 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.

Intervention

Two 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**: 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.

Infectious Diseases Research

The Kids Imaging and Neurocognitive Development (KIND) study is a multi-site research initiative focused on examining cognitive, academic, and emotional outcomes in children ages 6 to 12 who have been exposed to HIV but remain uninfected,

compared to their same-aged peers. Now in its fifth year, the KIND study has generated an extensive and valuable dataset. Data collection encompasses neurodevelopmental assessments, detailed patient health and demographic profiles, MRI brain imaging, and biological samples. Key research questions explore the influence of sociodemographic variables, antiretroviral therapy, and in utero HIV exposure on cognitive development of HIV-exposed but uninfected children. Trainees participating in this rotation will gain experience through involvement in assessments, participation in multidisciplinary team meetings, and data analysis. They will also have the opportunity to contribute to a poster presentation and potential manuscript.

Neonatal Neurology

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 tired 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/

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

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

Dr. Busi 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. Common diagnoses include autism spectrum disorder, attention deficit/hyperactivity disorder, and learning disabilities. Common medical complications include brain tumours (e.g., optic pathway gliomas), scoliosis/bone abnormalities, and seizures. 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. Students will gain unique exposure to the nuanced neuropsychological profile associated with NF1 along with the complex medical, familial, and environmental factors that complicate diagnosis and intervention. Residents with an interest in autism and/or genetic conditions are encouraged to apply. Residents with an interest in supporting patients with complex medical and family systems are also encouraged to apply. Residents will be involved with all aspects of the assessment process and will have opportunities to join regular interdisciplinary NF1 clinic meetings.

Research Opportunities: Psychology residents 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. Projects are situated with a biopsychosocial framework that incorporates consideration of how the child's environment and socioeconomic factors might impact individual outcomes. 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

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. 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/Tourette's 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

Dr. Sarah Mossad 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 erythematosus (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 affect their academic success and medical adherence. Dr. Mossad's research is focused on exploring the structural brain correlates of cognitive dysfunction as well as the relationship between disease factors and changes in brain structure in lupus. She is also interested in studying the prevalence of neurodevelopmental disorders in lupus.

Stroke

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.

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

Suspected Child Abuse & Neglect (SCAN)

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

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

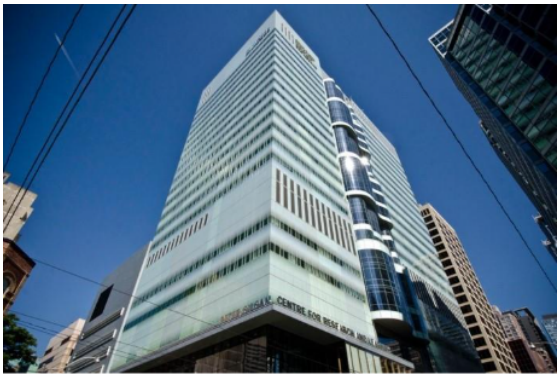
need for organ transplant or intestinal failure surgical intervention. Most patients require lifelong medical intervention, with common medical issues associated with organ rejection, infection, ongoing medication and frequent hospitalization, etc. We provide clinical care to a number of out-of-province 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 to 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 paediatric 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, multicultural considerations in practice, 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.

Supervising Psychologists

Name	Academic Information	Clinical Interests
Dr. Adrienne Blacklock	Ph.D. from McGill University (2021)	Mood Anxiety OCD
Dr. Bianca Bondi	Ph.D. from York University (2024)	Neurodevelopmental disorders Neurological Risk Early childhood assessments
Dr. Sahar Borairi	Ph.D. from University of Toronto (2023)	Hypermobility and Ehlers-Danlos Syndrome (EDS) Paediatric chronic pain Health psychology interventions Health-related anxiety Neurodivergence Somatic symptom presentations
Dr. Claire Champigny	Ph.D. from York University (2023)	Neonatal neurological conditions (e.g., extreme preterm birth, hypoxic-ischemic encephalopathy, white matter injury, stroke)
Dr. Victoria Chan	Ph.D. from York University (2022)	Anxiety Somatization Neurodevelopmental disorders
Dr. Joanna Collaton	Ph.D. from University of Guelph (2024)	Eating disorders
Dr. Andrea Coppens	Ph.D. from University of Windsor (2014)	Hematology/Oncology Neuropsychological assessment
Dr. Jennifer Crosbie	Ph.D. from University of Toronto (2004)	Psychiatry
Dr. Ashley Danguecan	Ph.D. from University of Windsor (2016)	Toddler assessment Neonatal brain injury Caregiver mental health
Dr. Stella Dentakos	Ph.D. from York University (2020)	Chronic pain Health-related anxiety and somatization Living well is chronic illness

		Psychology training and education
Dr. Naddley Desire (Neuropsychology Practice Lead)	Ph.D. from University of Montreal (2016)	General neurosurgery Acquired and traumatic brain injuries Pre- and post-surgical neuropsychological outcomes
Dr. Elizabeth Dettmer (Director of Psychology)	Ph.D. from University of Miami (1998)	Intersection of psychological factors with eating Activity and paediatric weight management Co-morbid mental health concerns
Dr. Sandra Doyle Lisek	Psy.D. from Chicago School of Professional Psychology (2007)	Eating disorders
Dr. Jasmine Eliav	Ph.D. from University of Toronto (2008)	Complex trauma Abuse and neglect Human trafficking
Dr. Hannah Gennis (Director of Training)	Ph.D. from York University (2022)	Inflammatory bowel disease (IBD) Disorders of gut-brain interaction Adjustment to and coping with chronic health conditions
Dr. Rivky Green	Ph.D. from York University (2023)	Early brain injuries Neurodevelopmental disorders Parent-child interventions
Dr. Anna Gold	Ph.D. from University of East Anglia, UK (1998)	Solid organ transplant Intestinal failure Neuropsychological outcomes and longer term QoL
Dr. Sharon Guger	Ph.D. from York University (2000)	Oncology Neuropsychological assessment Adolescent/young adult transition
Dr. Brooke Halpert	Ph.D. from York University (2012)	Eating disorders

Dr. Melissa Howlett	Ph.D. from Dalhousie University (2021)	Oncology Procedural anxiety and pain Health-related anxiety Adjustment and coping to illness
Dr. Laura Janzen	Ph.D. from University of Victoria (2001)	Neuropsychological assessment Hematology/oncology diseases and treatments Cognitive outcomes
Dr. Elizabeth Kerr	Ph.D. from University of Calgary (1994)	Epilepsy Epilepsy surgery Deep brain stimulation
Dr. Bronwyn Lamond	Ph.D. from University of Toronto (2023)	Intersection of psychological factors with eating Activity and paediatric weight management Co-morbid mental health concerns
Dr. Jody Levenbach	Ph.D. from University of Windsor (2004)	Tourette syndrome ASD Obsessive-compulsive and related disorders
Dr. Rachael Lyon	Ph.D. from York University (2024)	Hematology/Oncology
Dr. Eva Mamak	Ph.D. from University of North Carolina at Chapel Hill (2007)	Epilepsy Metabolic genetic disorders Autism spectrum disorder Intellectual disability Infant/toddler/preschool
Dr. Annamaria McAndrew	Ph.D. from University of Windsor (2020)	Eating disorders
Dr. Sarah Mossad	Ph.D. from University of Toronto (2020)	Neurodevelopmental disorders Childhood onset systemic lupus erythematosus (cSLE)
Dr. Jennifer Mullane	Ph.D. from Dalhousie University (2008)	Anxiety Depression OCD
Dr. Catherine Munns	Psy.D. from James Madison University	Chronic pain

Dr. Kathleen O'Connor (Psychology Practice Lead)	Ph.D. from University of Western Ontario (2015)	Mood Anxiety Somatization
Dr. Megan O'Connor	Ph.D. from University of Toronto (2021)	Anxiety Depression Somatic symptom and related disorders
Dr. Dragana Ostojic-Aitkens	Ph.D. from University of Windsor (2018)	Congenital heart disease Acquired heart conditions
Dr. Emily Pogue	Ph.D. from James Madison University (2022)	Anxiety and OCD Autism Parent coaching
Dr. Andrea Regina	Ph.D. from University of Toronto (2012)	Intersection of psychological factors with eating Activity and paediatric weight management Co-morbid mental health concerns
Dr. Erin Romanchych (Advanced Practice Lead in Psychiatry)	Ph.D. from University of Windsor (2018)	OCD Mood and anxiety disorders Diagnostic assessment
Dr. Danielle Ruskin	Ph.D. from University of Rhode Island (2005)	Chronic pain
Dr. Renee Sananes	Ph.D. from University of Ottawa (1991)	Cardiology Neurodevelopment Assessment
Dr. Shira Segal	Ph.D. from Toronto Metropolitan University (2003)	Paediatric chronic illness and medical complexity Coping and adjustment to health conditions Medical trauma and healthcare-related anxiety
Dr. Cynthia Shih	Ph.D. from York University (2018)	Child maltreatment Trafficking
Dr. Katia Sinopoli	Ph.D. from University of Toronto (2010)	Epilepsy Demyelinating and inflammatory disorders Movement disorders
Dr. Jennifer Stanga	Ph.D. from Wayne State University (2006)	Tics and Tourette's
Dr. Maisha Syeda	Ph.D. from University of Calgary (2021)	Adolescent development and gender diversity

		Autism and neurodivergent affirming assessment and treatment Developmental trauma
Dr. Joel Tourigny	Ph.D. from University of Saskatchewan (2004)	Oncology Trauma Mindfulness
Dr. Jordana Waxman	Ph.D. from York University (2020)	Health psychology Coping and adjustment to chronic health conditions Caregiver-focused interventions
Dr. Robyn Westmacott	Ph.D. from University of Toronto (2002)	Stroke and neurovascular disorders Acquired brain injury Neurodevelopmental disorders
Dr. Tricia Williams	Ph.D. from York University (2006)	Neonatal neurology Caregiver interventions
Dr. Julia Young	Ph.D. from University of Toronto (2018)	Infectious diseases Epilepsy General neuropsychology
Dr. Busi Zapparoli	Ph.D. from York University (2020)	Neurofibromatosis ASD

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 didactic series 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
- Complex case conceptualization in health psychology
- 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. SickKids is dedicated to being accessible and compliant in all accessibility standards and in creating a welcoming, barrier-free environment for patients, staff, and the community.

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 and Inclusion (EDI) at SickKids

SickKids is committed to fostering an equitable, diverse, inclusive, and accessible learning and work environment where trainees, staff, patients, and families are treated with dignity and respect. As a hospital community, we believe that an equitable and inclusive workplace culture empowers staff and trainees to freely explore and express their ideas without fear, supporting new ideas and innovations.

Consistent with SickKids' Health Equity and Inclusion Strategy, the Psychology Department and residency program strive to foster an environment of acknowledgement and recognition, possibility, and belonging among its people.

Our Health Equity and Inclusion Strategy provides a path to embed EDI across SickKids' care, research, and education initiatives. Developed through engagement and consultation with patients, families, staff and community partners, the Strategy advances a more equitable and culturally safe future at SickKids. Examples of actions supporting this commitment include:

- Leveraging the hospital-wide **EDI Committee** as a platform for discussion and guidance on equity-focused initiatives, program and policy development, research and learning
- Continuously reviewing and strengthening the **Anti-Racism in the Workplace Policy** and related policies and procedures that support an anti-racist and anti-oppressive environment
- Growing the **Indigenous Health Program** to support culturally safe care for Indigenous patients and families, including the Elder-In-Residence and Indigenous Health Navigation Team
- Signing the **BlackNorth Initiative Pledge** (2020, 2023, 2026), and championing activities that enhance the experiences of Black staff across our campus
- Supporting a **Network of Inclusion** – which includes nine Inclusion Groups (Employee Resource Groups) – to foster identity pride, advocacy and social connection, and cultural celebration across our communities
- Adopting the **Inclusive Pride Flag** and the acronym **2SLGBTQIA+** as visible expressions of gender diversity and justice

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 $52, 106 CAD. Residents get three weeks (15 days) of vacation and the hospital acknowledges statutory holidays. We acknowledge that not all religious/cultural holidays are statutory holidays, and residents can discuss time off for religious purposes with the Director of Training. Residents also get two personal/"float" days and are eligible for benefits (health and dental). Following a probationary period, residents begin to accrue sick time.

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

SickKids' Commitment to Employment Equity: We welcome and encourage applications from members of equity-deserving groups. Selection decisions are made using equitable processes that recognize a broad range of experiences, strengths, and contributions.

All applicants are encouraged to reflect on and, where appropriate, include in their written submission materials details about their intersecting identities and lived experiences, including how these factors have shaped their path to psychology, interest in the program, and career goals. This context can give SickKids reviewers a fuller understanding of individual applicants and help the program track the range of communities and perspectives represented among applicants and residents.

Sharing personal sociodemographic information as part of this process is entirely voluntary, and applicants are not required to disclose it. Where applicants choose to share this information, the review committee may consider it as part of its holistic assessment and in accordance with SickKids' approach to employment equity. Disclosure does not guarantee selection to the program. All information applicants choose to share will be securely stored and accessible only to hospital staff responsible for reviewing applications.

The Predoctoral Residency in Paediatric 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.
- As we are a paediatric site, applicants should have experience administering psychological test batteries and engaging in intervention with children and/or adolescents.

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 after Labour Day and ends one year later.

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, diptheria, 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.

Your complete online application must be uploaded to the APPIC website by 11:59pm, EST, on November 1, 2026.

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 4, 2026**, regarding whether they are being offered virtual interviews via email from the Director of Training. Interviews will be conducted with selected applicants during the 2nd and 3rd weeks of January 2026. Applicants invited for interview will also receive an automated email from the NMS Interview Scheduler, which will share a link for scheduling preferred interview dates.

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	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Positions Available	3	3	3	3	3	3	3
Applications	46	68	46	47	33	34	59
Interviewed/Short-listed	16	18	18	15	13	16	18
Ranked	16	18	18	15	12	15	17
Matched	3	3	3	3	3	3	3
Matched as % of applications	7%	4%	7%	6%	9%	9%	5%
Mean Practicum Hrs	1948	1536	1421	2536	2035	2325	1874

Accreditation

The SickKids Predoctoral Residency in Paediatric 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/

Train at SickKids. Live in Toronto.

Toronto is Canada's largest city and one of the world's most diverse and vibrant urban centres. The city's multicultural population provides exposure to a broad range of clinical presentations, cultural perspectives, and healthcare experiences, enriching both professional and personal growth.

As a Psychology Resident at SickKids, you will train within one of the world's leading paediatric academic health science centres and a major teaching hospital affiliated with the University of Toronto. SickKids is internationally recognized for excellence in clinical care, research, education and advocacy, offering residents opportunities to develop specialized expertise in paediatric clinical, health, and neuropsychology. Residents work as valued members of interdisciplinary teams and gain experience with children, adolescents, and families presenting with a range of medical, developmental, and mental health concerns.

Beyond the hospital, Toronto offers an outstanding quality of life. Residents can enjoy vibrant neighborhoods, diverse cultural communities, delicious restaurants, museums, festivals, professional sports, and an extensive network of parks and waterfront trails. Whether exploring the city's many cultural attractions or connecting with colleagues across Toronto's academic and healthcare communities, residents benefit from a supportive and dynamic environment in which to live, learn, and thrive.

Together, SickKids and Toronto provide an exceptional training environment for psychology residents – combining clinical excellence, innovative research, interdisciplinary collaboration, and a shared commitment to improving the health and well-being of children, adolescents, and families.