

SickKids®

THE HOSPITAL FOR
SICK CHILDREN

Pre-Doctoral Residency in Pediatric Psychology

2022-2023



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

*The Hospital for Sick Children Pre-Doctoral Residency in Paediatric Psychology
is accredited with the Canadian Psychological Association (2017/2018-2023/2024).*

Overview

Three pre-doctoral residency positions in pediatric psychology are offered through The Department of Psychology at the Hospital for Sick Children in Toronto, Ontario. The one-year, full-time training position begins on **September 1, 2022**. Employment is contingent upon meeting the Hospital for Sick Children's Occupational Health Requirements.

The full-year pre-doctoral residency program was initially accredited with the Canadian Psychological Association¹ (CPA) in 2001, and in 2012, it was most recently accredited by the CPA for a 6-year term (2017/2018 until 2023/2024). The internship standards from CPA for application, rotations and delivery of the program are followed.

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 community settings. To learn more about our department and training program, please see:

<https://www.sickkids.ca/en/care-services/clinical-departments/psychology/#education>

The philosophy of the residency mirrors that of The Hospital for Sick Children in that the needs of the patient and family are central. An evidence-based/best practice approach is used and clinical research is closely integrated with patient care activities. Conceptualizing the child's cognitive and psycho-social needs and challenges within a developmental framework is integral to practice.

The Department of Psychology at SickKids exists as an independent department within a Child Health Services cluster model of service provision, and includes approximately 26 psychologists made up of individuals specializing in neuropsychology, clinical and health psychology, 10 psychometrists, and numerous research staff providing services and conducting research within the hospital. In addition to clinical training at the residency level (3 positions, accredited by the Canadian Psychological Association), the Department offers clinical training at the post-doctoral level in Pediatric Neuropsychology (2 positions), Pediatric Health Psychology (1 position) and graduate practicum level.

¹ CPA Office of Accreditation
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
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COVID-19 Impact on Training

The SickKids Predoctoral Residency in Pediatric Psychology is committed to the training of future psychologists and achieving core competencies remain a priority. Since the onset of the COVID-19 pandemic, the residency program and faculty have navigated the uncertain landscape by prioritizing clinical care, training, and safety. Responses to the pandemic continue to evolve and, at the time of writing this brochure, a hybrid model of care (combination of in-hospital and virtual) is being provided. Similar arrangements will be in place for the 2022-2023 training year.

The hybrid model includes secure online and in-hospital training. Secure videoconferencing technology has been used to facilitate a variety of activities including outpatient individual and group intervention, assessment, interviewing/feedbacks, consultation, supervision, interdisciplinary team meetings, clinical research activities, didactic seminars, and case presentations.

This brochure describes the intended program structure and rotation experiences, which may require modification depending on limitations imposed by COVID-19. While the program cannot predict with any degree of certainty how the pandemic may impact future training cycles, faculty and departmental leadership are committed to being transparent with information, collaborating with residents to develop disruption contingency plans guided by training goals, and to document adjusted goals and expectations (including supervision arrangements). Should disruptions to rotations occur, potential and current residents will be notified as soon as information becomes available.

Residents are expected to comply with all federal, provincial, and SickKids organization regulations including but not limited to wearing Personal Protective Equipment, maintaining appropriate physical distancing, abiding by travel restrictions, quarantining, and other Infection Prevention and Control procedures within the context of providing clinical services, or otherwise.

Effective September 2021, all SickKids staff including including trainees are required to show proof of full vaccination against COVID-19 fourteen (14) calendar days prior to their start date; or (b) obtain an approved exemption based on disability (medical), creed (religion) or other ground enumerated in the Ontario Human Rights Code.

Please see the Application Process section at the end of this brochure for more information about the impact of COVID-19 on training experience

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 a wide array of patient populations in both inpatient and outpatient settings. Graduates of our program have entered into post-doctoral fellowship positions, positions in academic medical centers, academic settings, school boards, multi-disciplinary community clinics, and private practice

Through their residency experience, trainees develop an increased awareness of, and acquire skills with respect to diagnosis, assessment, consultation, treatment, and professional and ethical issues. These general goals are met through weekly supervision within each rotation, and meetings with the director of training and selected staff.

Specifically, during this residency, residents will be exposed to the following issues:

I. Ethical considerations and professional conduct. Discussions will refer to the Canadian Code of Ethics for Psychologists, the APA Ethical Principles of Psychologists, and the Standards of Professional Conduct to explore real and hypothetical situations that challenge health care professionals.

II. Jurisprudence. Psychologists in Ontario are regulated by legislation that governs the practice of psychology. These laws and their regulations will be reviewed with special consideration given to how they affect professional practice. Situations in which the law and the code of ethics might conflict will also be discussed.

III. Role and unique contribution of psychologists in a pediatric medical setting. Ways in which psychologists can work effectively within the culture and behavioural expectations of a tertiary/quaternary care pediatric medical setting will be addressed. This will provide a contrast to the ways in which psychologists work within mental health and adult settings.

IV. Effective communication with medical staff, colleagues, patients and families. Different types of communication are required when dealing with various parties: professional staff, patients, families and other 'consumers'. Methods for communicating information appropriate for different parties will be addressed.

V. Evidence-based care within a scientist-practitioner model. The best care is that which is proven to be most effective and cost efficient. Residents will be taught to determine the best methods for assessment and intervention, based on valid research and outcome studies.

VI. Continuing education as an ongoing component of professional practice. Residents will learn the responsibility of self-directed learning as a life-long process. They will be encouraged to seek additional educational opportunities throughout their careers.

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: Assessment and Programming OR Diagnostic/Learning and Academic Interventions*
- **Intervention:** *Pediatric Clinical and Health Psychology*
- **Clinical Research**

Each rotation comprises 20 hours per week for 6 months. The resident will choose to emphasize either **intervention** or **assessment** by working in that rotation two days a week for the entire year. If the resident elects to emphasize intervention, they will work in the same intervention rotation for the entire year and will have a total of three rotations. This allows the resident to carry longer term cases and to attain a higher level of independence in their therapy skills over the training year. Should an resident elect to emphasize assessment, they will change rotations at mid-year in order to gain experience with different populations, different assessment techniques and different supervisors resulting in a total of four rotations.

Within each rotation, residents are offered an appropriate degree of independence in meeting the clinical demands so that their current skills will be broadened and enhanced and their knowledge base increased.

Residents meet with the Residency Coordinator 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 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

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). 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. *Please note that not all rotation descriptions are included in detail. More information available by request.*

Assessment

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

Rotation-specific details are also indicated below:

<i>Neuropsychology: Assessment and Programming</i>	Patient Populations Served	Age	O/P Ax	I/P Ax
ADHD/Neurodevelopmental Dr. Jennifer Crosbie	<ul style="list-style-type: none"> • Children and youth who present with complex mental health needs (e.g., attention deficit hyperactivity disorder, anxiety, obsessive compulsive disorder, and mood disorders) that can co-occur with learning disabilities 	4-18	ü	
Epilepsy Surgery & Epilepsy Classroom Dr. Elizabeth Kerr	<ul style="list-style-type: none"> • Epilepsy patients being considered for surgery 	4-18	ü	ü
Epilepsy Surgery & Metabolic/Genetics Dr. Eva Mamak	<ul style="list-style-type: none"> • Epilepsy patients being considered for surgery • Genetic/Metabolic disorders 	2-18	ü	ü

General Neurology Dr. Katia Sinopoli	<ul style="list-style-type: none"> • Non-surgical epilepsy • Neuroinflammatory diseases (e.g., multiple sclerosis, CNS vasculitis) • Neurofibromatosis Type1 	4-18	ü	
Haematology/Oncology Dr. Laura Janzen	<ul style="list-style-type: none"> • Cancer (largely acute lymphoblastic leukemia, brain tumours) • Cancer survivorship (AfterCare program) 	3-18	ü	
Neonatal Neurology/ NeuroOutcomes Lab Dr. Tricia Williams Dr. Naddley Desire	<ul style="list-style-type: none"> • Neonatal brain injury or disruptions in neurodevelopment (e.g., prematurity, hypoxic-ischemic encephalopathy, infectious disease) 	3-18	ü	
Neonatal Neurology/ Craniofacial Programs Dr. Naddley Desire	<ul style="list-style-type: none"> • Children with craniosynostosis, cleft lip palate • Engaging in tiered model of care using remote evaluation screening and consultation. 	3-18	ü	
Stroke Program Dr. Robyn Westmacott	<ul style="list-style-type: none"> • Arterial ischemic stroke, cerebral sinovenous thrombosis or other neurovascular conditions such as moyo moyo disease 	3-18	ü	
Transplant & Regenerative Medicine Dr. Anna Gold	<ul style="list-style-type: none"> • Children with congenital or acquired organ deficits (heart, lung, liver, kidney) or intestinal failure 	2-18	ü	ü

<i>Diagnostic/Learning and Academic Interventions</i>	Patient Populations Served	Age	O/P Ax	I/P Ax
Attention Deficit - Hyperactivity Disorder and related disorders Dr. Jennifer Crosbie	<ul style="list-style-type: none"> • Children with suspected attention-deficit/hyperactivity and related disorders 	6-18	ü	
Cardiology Dr. Renee Sananes	<ul style="list-style-type: none"> • Children with complex congenital and acquired heart conditions 	3-18	ü	

Intervention

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

- Formal diagnostic interviewing, report writing, and feedback to patients and families.
- Treatment with individual clients, family, and parenting sessions
- Treatment of comorbid conditions
- Learning to integrate psychological data with questionnaires and parent interview data, case formulation, feedback and report writing
- Working within an interdisciplinary team
- Being supervised through role-modelling, demonstrate, coaching, case conceptualization
- Actively participating in clinic rounds, seminars and case presentations

Therapeutic orientations include:

- Cognitive Behavioural Therapy
- Play and Art Therapy
- Dialectical Behaviour Therapy
- Acceptance and Commitment Therapy
- Mindfulness
- Family psycho-education, parent skills

Intervention: Clinical/Health Psychology	Patient Populations Served	Age	O/P Ax	I/P Ax
Chronic Pain Dr. Danielle Ruskin Dr. Catherine Munns	<ul style="list-style-type: none"> 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	ü	ü
Eating Disorders Dr. Jennifer Mullane Dr. Jasmine Mahdy Dr. Brooke Halpert	<ul style="list-style-type: none"> Children and adolescents experiencing eating disorder psychopathology 	6-18	ü	ü
EDS Clinic Dr. Stella Dentakos	<ul style="list-style-type: none"> Children and adolescents with Ehlers-Danlos, Marfan and Loeys-Dietz syndromes. 	3-18	ü	
Haematology/Oncology Dr. Maru Barrera	<ul style="list-style-type: none"> Children, siblings and caregivers coping with cancer treatment and/or bereavement 	2-18	ü	ü
General Pediatrics/Oncology Dr. Joel Tourigny	<ul style="list-style-type: none"> Children and adolescents experiencing mental health issues in the context of their chronic health conditions Children presenting with somatic disorders or behaviours interfering with medical treatment 	2-18	ü	ü
Outpatient Psychiatry Dr. Erin Romanchych	<ul style="list-style-type: none"> Children with complex presentations of anxiety and mood disorders, obsessive-compulsive disorders, and somatic symptom and related disorders 	3-18	ü	
Suspected Child Abuse and Neglect (SCAN) Dr. Jasmine Eliav Dr. Lana DePatie	<ul style="list-style-type: none"> Children and adolescents who may have been maltreated or neglected <i>Trainees must have some experience in trauma-informed approach to care</i> 	0-18	ü	
Team Obesity Management Program (STOMP)	<ul style="list-style-type: none"> Children and adolescents with complex obesity 	6 -18	ü	

Dr. Elizabeth Dettmer Dr. Andrea Regina				
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Rotation Descriptions*

ASSESSMENT

ADHD/Neurodevelopmental Program

Jennifer Crosbie, Ph.D., C.Psych.

<https://www.sickkids.ca/en/staff/c/jennifer-crosbie/>

This rotation provides residents the opportunity to work with children and youth who present with complex mental health needs. These can include attention deficit hyperactivity disorder, anxiety, obsessive compulsive disorder, and mood disorders that may co-occur with learning disabilities. Residents will work within a psychology team embedded in the Psychiatry department. This rotation emphasizes developing proficiency in providing complex differential diagnosis, formulation and treatment planning for primarily school-aged children with a range of psychiatric presentations.

A wide range of research opportunities are also available for residents that include examining cognition and executive functions, novel technology-based interventions (virtual reality, video games), cross disorder phenotypes, population methods, and genetics of complex traits.

Epilepsy Surgery/Genetics

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

This rotation combines exposure to patients within two 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. 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 differences.

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.

General Neurology

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

This rotation focuses almost exclusively on outpatients through the neurology department. We see children ages 4 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). We also see patients from the NF1 clinic with positive neuroimaging findings. 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.

Hematology/Oncology Program

Supervisor: Laura Janzen, Ph.D., C.Psych., ABPP-CN

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. Although less frequent, we also receive referrals from the Bone Marrow Transplant team.

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. There may be opportunities for research as well. Strong candidates have a foundation in child neuropsychology assessment.

Neonatal Neuropsychology/NeuroOutcomes Lab

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

<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 interdisciplinary team, including neonatal neurologists, nurse practitioners, social work; health psychologists, educators.

The predominant focus is on preschool and school age children with congenital or neonatal conditions impacting brain development (i.e., HIE, neonatal stroke, extreme preterm birth, congenital heart disease) and their parents. Children present with early behaviour and/or learning concerns. Opportunities for both assessment and treatment (e.g., virtual parenting behaviour intervention) are available to trainees.

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 neuropsychological assessment and consultation skills, clinical research skill and collaboration and grant application writing skills can be explored depending on trainee skills set and goals. Prior experience with neuropsychological assessment is an asset but not required. Experience with parenting behaviour intervention and behavioural intervention are also assets.

Pediatric Stroke Program

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

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.

Transplant and Regenerative Medicine
Supervisor: Anna Gold, Ph.D., C. Psych.

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). 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.

INTERVENTION

Chronic Pain Program – *Research* Danielle Ruskin, Ph.D., C.Psych.

The Chronic Pain program services an outpatient population typically aged 12-16 but also include some between infancy and 18 years of age. The resident would be exposed to the interdisciplinary team clinic made up of a physician, two psychologists, nurse, and physiotherapist that meets weekly. Common clinical presentation includes concurrent anxiety disorder/mood disorder, somatoform disorders (somatic symptom, functional neurological disorder). Evidence-based treatment modalities include CBT, ACT, mindfulness, behaviour training, and parent training.

Ongoing research involve evaluation of mindfulness Programming for Adolescents with Pain, psychological programs to prevent chronic pain and poor psychological outcomes for children receiving major surgery, and assessment of virtual vs. in-hospital multidisciplinary pain treatments. Research methodologies include mixed methods (quantitative/qualitative) and program evaluation/quality improvement. These are used to develop an understanding of risk and resilience factors in pediatric chronic pain as well as process related outcomes. A background in statistical design and methodology and expertise with SPSS are assets.

Eating Disorders Program

Supervisors: Jasmine Mahdy, Ph.D., C.Psych, Jennifer Mullane, Ph.D., C.Psych, Jordana Waxman, Ph.D., C.Psych (Supervised Practice), and Brooke Halpert, Ph.D., C.Psych (on leave)

The ED 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.

The rotation will be primarily focused on intervention, with ample opportunities to deliver family, group, and individual therapy to patients. Treatment will primarily take place in the ED day treatment program and on an outpatient basis. Modalities include Family-Based Therapy for Anorexia or Bulimia, Emotion Focused Family Therapy, Dialectical Behavior Therapy (individual therapy and skills group), and Cognitive Behavioral Therapy. Residents will also learn to provide Meal Support to patients in the ED day treatment program. Opportunities to conduct intake assessments and participate in multi-disciplinary ED outpatient assessments will be available, though diagnostic assessment is not the focus of the rotation. Residents will also participate in regular multi-disciplinary meetings, which will include opportunities to provide consultation to other professionals on the team (physicians, nurses, dietitians, social workers, 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 Family-Based Therapy for Anorexia or Bulimia and in working 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
Supervisor: Stella Dentakos, Ph.D., C.Psych

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 psychologist. 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 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. 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.

General Pediatrics/Oncology
Supervisor: Joel Tourigny, Ph.D., C.Psych.

The rotation in general pediatric psychology is a clinical rotation emphasizing exposure to aftercare oncology (long-term follow-up) with supplemental cases drawn from the cystic fibrosis clinic, sickle cell clinic, and the inpatient population. The majority of children and

families will be seen on an outpatient basis though some inpatient work is likely to occur. Children and youth may span the full age range. Common clinical presentations include health-related anxiety, PTSD in youth and/or parents, adherence concerns, coping and adjusting to life with a chronic illness, and somatic presentations. Trainees will have exposure to a full interdisciplinary team. Clinical work will develop skills in conducting brief consultations with patients in the medical clinic setting, engaging in consultations with the interdisciplinary team, and more traditional psycho-social assessment and diagnostic interviews, case conceptualization, treatment planning, and intervention. Strong candidates will be experienced with interviewing and intervention skills and have some background or exposure to health psychology principles.

Inflammatory Bowel Disease Program

Supervisor: Sara Ahola-Kohut, Ph.D., C. Psych.

Inflammatory bowel disease (IBD) is the most common chronic gastrointestinal illness affecting Canadian children. The IBD program provides assessment, diagnosis, intervention, education in the treatment and management of Crohn's Disease and Ulcerative Colitis. The IBD program is generally an outpatient, interdisciplinary clinic including gastroenterologists, nurse practitioners, nurses, dietician, psychiatrist, social worker, and a child life specialist. Patients are typically aged 7-18 with some opportunity for family work for those under 7.

Common clinical presentation adjustment disorder, procedural or disease related anxiety, adherence, management of challenging physical symptoms (and the interplay between organic and non-organic symptoms), somatization, perfectionism, medical trauma, anxiety and depression. Trainees will develop skills in psychodiagnostic assessment, short- and long-term treatment, consultations, experiential and skills-based group facilitation, virtual mental health care, transdiagnostic and process-based treatment. Treatment modality is primarily Acceptance Commitment Therapy and applied mindfulness although opportunities may be available for CBT (consultation, individual, family, dyadic, group).

Strong candidates are flexible and adapt to current symptom presentation, open to 1:1, family, and group treatment (some evening groups/workshops), open to discussing challenging/socially embarrassing physical and emotional symptoms. Some familiarity and mindfulness-based practice experience an asset. Opportunity for research examining psychosocial correlates of IBD, peer support, mindfulness and ACT are also available. Duration: 12 months

Outpatient Psychiatry

Supervisor: Erin Romanchych, Ph.D., C.Psych.

The Department of Psychiatry at SickKids provides evidence-based assessment and intervention for children, adolescents, and their caregivers, who present with anxiety and mood disorders, obsessive-compulsive disorders, and somatic symptom and related disorders. Interdisciplinary team members include psychiatrists, 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, low mood, suicidal ideation, and significant somatization, sometimes co-occurring with behavioural difficulties, attention-deficit/hyperactivity disorder, parent-child conflict, and learning disabilities.

Residents work with children and adolescents spanning the full developmental range (6-18 years old), in a combination of individual therapy and group interventions for youth and their caregivers. Evidence-based treatment modalities include predominantly cognitive-behaviour therapy (CBT), with some additional approaches (e.g., DBT skills). Opportunities may also be available for program evaluation research.

This rotation emphasizes developing proficiency in providing evidence-based interventions with youth and their caregivers across a broad range of psychiatric presentations. Strong candidates would have foundational training in CBT and have an interest in intervention with youth with complex and comorbid mental health presentations.

**not all rotation descriptions are included*

Research



The Hospital for Sick Children is an active and exciting research environment. Psychology research includes:

- Characterizing the impact of various adverse insults on development
- Understanding the core deficits associated with medical and neurodevelopmental disorders
- Program development of evidence-based intervention for children treated with acute or chronic medical conditions
- Program development and evaluation to optimize transition to adult medical care
- Identifying relationships between neuroimaging measures of brain structure/function and neurocognitive outcome
- and more...

Most Staff Psychologists at SickKids are actively engaged in clinical research as well as clinical practice, and research-based rotations are arranged individually.

Other Training Opportunities

Additional training opportunities may include:

- Family Therapy
- Psychological intervention and/or parenting training with medically-complex patients
- Lectures and presentations within the hospital or for community groups
- Providing supervision to more junior trainees (practicum and/or graduate students) during the latter half of the residency to develop competency in the supervisory role.

Supervision

In accordance with CPA Accreditation Standards (2011), residents will have a primary supervisor in each rotation and will receive **at least 3** hours of individual face-to-face supervision and 1 hour of shared supervision per week. 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 fellows will work with a variety of faculty members throughout the fellowship for broad exposure to different styles of clinical practice and supervision. Group professional support/supervision meetings with the Residency Coordinator also takes place on a regular basis to address topics in professional/ethical standards, professional practice issues, cultural and individual differences, and diversity.

Didactics

A variety of formal and informal educational opportunities exist. Advanced Psychology Seminars aim to provide residents with protected time to develop and enhance their clinical skills. Rotation-specific readings will be suggested by individual faculty. Sample format below:

<i>TIME</i>	<i>TOPIC</i>
9:00-10	Health Psychology Rounds
10:00-12:00	Case Consultation (Assessment & Intervention)

In addition, residents are expected to attend:

- Psychology Department Rounds (monthly)
- Quarterly Greater Toronto Area (GTA) Psychology Seminars. The goal is provide didactic and networking opportunities to residents across the GTA with a view toward providing connections as they move into their early professional careers.
- CCPPP Canadian Didactic series

Optional

- Directed Neuropsychology Readings
- Clinical Health Evaluative Science (CHES) Rounds
- Brain and Behavior Cross-Talks
- Neuroscience and Mental Health Program (SickKids Research Institute) Symposia
- Pediatric Grand Rounds

- Clinical and research rounds associated with individual rotations (e.g., Neurology, Neurosurgery, Hematology/Oncology, Psychiatry)

Evaluation

The evaluation process is designed to be dynamic and proactive. The goals of the evaluation process are to optimize the residency experience for each resident, to provide constructive feedback, and to ensure that all residents attain their personal goals and the goals of the program. This is achieved through ensuring

- Developmental, competency-based model of training
- Monthly supervisor meetings; mid-rotation and final rotation evaluations
- 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 Residency Coordinator 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.



Facilities

The department has office and bookable testing space and all staff, including residents, have access to secure online platforms (e.g., Microsoft Teams, Zoom for Healthcare, OTN – Ontario Telemedicine Network, REDCap, Q-Interactive). Since the pandemic, SickKids Infection Prevention and Control procedures have been enacted with a priority placed on patient and staff safety.

Residents have access to a large shared office space where appropriate physical distancing can be maintained although, whenever possible, scheduling to ensure limited onsite presence will be coordinated. Each resident has an individual desk space, computers and 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 test library. Residents have access to individual

computers, private phone line and access to electronic medical journals through the University of Toronto Library.

Equity, Diversity & Inclusion

Collaboration and diversity are two essential components driving clinical and research excellence at SickKids. We believe that an equitable and inclusive culture empowers our staff and trainees to freely explore and express their ideas without fear, which has consistently led to new ideas and innovations. Over the past year, SickKids has begun to take steps in our journey to create a more inclusive environment and to challenge anti-Black racism experienced by our patients, families and staff. An inaugural Executive Lead and Strategic Advisor of Equity, Diversity and Inclusion joined SickKids in May 2021 and under her leadership, an Equity, Diversity and Inclusion action plan is being developed to spark institutional-level initiatives. The goal is to transform health-care systems to authentically reflect the communities we serve by engage in community partnerships to improve the health experience of racialized communities

Stipend and Benefits

The stipend for the 2022-2023 year is set at \$31,500 CAD. Residents are eligible for the modified SickKids benefits package (health and dental), 3 weeks paid vacation, nine statutory holidays recognized by the hospital, 2 paid “float” days, and one week paid professional development leave. A \$500.00 professional development fund is provided for each resident to be used for attendance at scientific conferences or professional development activities during the year.

Eligibility

For consideration, applicants are required to meet all of the following minimum criteria by the application deadline.

- Enrolment in a doctoral program in clinical psychology accredited by the Canadian and/or American Psychological Associations.
- Completion of a master’s degree (or equivalent), all compulsory doctoral course work, comprehensive examinations, and approval of dissertation proposal.
- Completion of at least 600 hours total of supervised practicum experience. Preferably this includes at least 300 hours in face-to-face patient/client contact (interviewing, assessing, or intervening with clients directly) and 150 hours of supervision. **Given the COVID-19 pandemic some flexibility in the composition of those hours will be considered as long as there is a minimum total of 600 hours in direct contact, supervision, and support activities combined.**

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. In accordance with Canadian immigration requirements, preference is given to applicants who are Canadian citizens, or permanent residents of Canada.

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

Application

Our program uses the APPIC standard application, available on-line at <http://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 Training and submitted as part of the application.

Required supporting materials include:

- Cover letter stating applicant's professional plans and special interest in the Sick Kids Internship Program (or refer to APPIC application essays)
- Curriculum Vitae
- Official transcripts of graduate 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 applications clinical skills.

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

Applicants who have had placements and/or requirements that were negatively impacted by the COVID-19 pandemic are encouraged to have their Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If placements were cancelled or prematurely terminated, applicants are encouraged to describe the training and hours that were anticipated in their cover letter. *Please be assured that those situations will be taken into consideration on a case-by-case basis.* The minimum requirements described will remain in place. As well, in keeping with the recently introduced APPIC form, telepsychology interaction (telephone or virtual video conference) is considered equivalent to face-to-face patient/client contact.

The Psychology Residency Program at SickKids conforms to the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is also a member of the Canadian Council of Professional Psychology Programs (CCPPP). We participate in the Computer Matching process sponsored by APPIC. All applicants must register with the National Matching Services (www.natmatch.com/psychint) and/or APPIC (www.appic.org/) to be considered. Complicated 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.

Copies of the APPIC application forms can be downloaded from: www.appic.org

The Hospital for Sick Children Program Code Number: 181811.

- Candidates will be notified on the *CCPPP Universal Notification Date* - <https://ccppp.ca/> regarding whether or not they are being offered virtual interviews
- Interviews will be conducted with selected applicants during the 2nd and 3rd weeks of January 2023. While on-site interviews are not required, all candidates are invited to visit the hospital and meet with staff if possible.
- The matching process is completed through the National Matching Service.

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* – <http://laws.justice.gc.ca/en/P-8.6>), 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.

Contact:

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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



