South Island Pre-Doctoral Residency in Clinical and Counseling Psychology

Child and Youth Mental Health Services
Ministry of Children and Family Development
Province of British Columbia

Program Description

For questions and further information please contact:

Dr. Laurel A. Townsend, R.Psych
Director of Clinical Training
201 - 4478 West Saanich Road
Victoria, BC V8Z 3E9
Phone: (250) 952-5073
Fax: (250) 952-4546
Email: Laurel.Townsend@gov.bc.ca
INTRODUCTION

Victoria, British Columbia - the "City of Gardens"

Victoria, BC, known as the “city of gardens” is located on the traditional lands of Indigenous peoples who share a Coast Salish culture and language. Archaeological evidence confirms at least 4,000 years of human habitation. As Western Canada's oldest city, Victoria began in 1843 as a Hudson Bay Company trading post, named in honour of Queen Victoria. Victoria's unique character is deeply rooted in a history full of colourful people and fascinating tales. While some of the city's British colonial heritage is still in evidence, contemporary Victoria also has a distinctly Pacific Northwest flavour. Today, Victoria is best known as the capital city of British Columbia and one of the most visitor-friendly cities anywhere. This seaside city is the vacation capital of Canada and a premiere tourist spot in the Pacific Northwest. Victoria is situated on the southern tip of Vancouver Island and located in a sub-Mediterranean zone, making it the sunniest spot in the province. Greater Victoria and its outlying areas now have a population now approaching 400,000, and opportunities abound for cosmopolitan dining, superb shopping, colourful nightlife, outdoor recreational activities, and a full complement of cultural offerings. The City is also noted for its fine educational institutions which include the University of Victoria, Lester B. Pearson College of the Pacific (one of only six in the world operated by United World Colleges), and Royal Roads University. In a survey conducted by Conde Nast Traveller magazine, Victoria was judged to be one of the world's best cities, topping the list in the category of environment and ambience. In a cross-Canada survey, Victoria residents registered the greatest satisfaction with their city and it remains one of Canada’s favourite places to call home.

ABOUT CHILD AND YOUTH MENTAL HEALTH IN THE PROVINCE OF B.C.

About one in eight children and youth in British Columbia experience mental health problems serious enough to interfere with their ability to be successful and productive in their family and peer relationships, schools, and community. Currently in B.C. more than 29,000 of those children and youth receive community mental health services annually.

In British Columbia, a full complement of mental health supports and services for children and youth and their families and/or caregivers is provided by the Ministries of Children and Family Development and Health (MCFD, MoH), through the health authorities, specialist physicians in private practice, as well as general physicians who provide screening, assessment and intervention for some mental health problems, and referrals to services.

Community-based children and youth mental health (CYMH) teams provide prevention, early intervention, treatment and support for infants, children and youth with mental health problems, from birth to 19 years of age, and their families. Over 70 child and youth mental health teams in the province provided specialized mental health care to over 29,000 children and youth each year.
Aboriginal CYMH services are delivered directly by MCFD in some geographic areas and provided through contracted agencies in other locations. These services are culturally relevant and incorporate traditional approaches to healing. Aboriginal children, youth and their families and communities are also linked to services provided by general CYMH teams, as needed.

CYMH services are provided through multidisciplinary teams. Staff typically include psychologists, clinical social workers, counsellors with Master’s degrees, psychiatrists, and nurses. In a collaborative manner with the client and/or family, staff members provide services that include intake, screening and referral, assessment and planning, treatment, case management, and clinical consultation.

Referral of a child or youth to CYMH can be made by the child or youth or by individuals who are directly involved with the child or youth such as family members, other agencies, or service providers. Services are voluntary and the child/youth or parent/guardian must have knowledge of the referral and agree with it occurring prior to initiation of services requested through third-party referral from an agency or service provider.

In a collaborative manner with the client and/or family, child and youth mental health staff provide services for the client such as assessment and planning, treatment, management of community issues, and consultation with individuals involved with the client. Consultation with individuals other than the child or youth occurs after the child or youth has given "informed consent" to the sharing of information. If the child or youth is not able to consent to the sharing of information, the parent or guardian must provide consent.

**MCFD SOUTH ISLAND CHILD AND YOUTH MENTAL HEALTH SERVICES**

The South Island Doctoral Residency Program is located at Saanich Child and Youth Mental Health Services, Westshore Child and Youth Mental Health Services, and Victoria Child and Youth Mental Health Services, three of the four community-based CYMH teams serving the residents of Victoria on southern Vancouver Island. The other team is Aboriginal Child and Youth Mental Health Services, which provides direct (and consultative) clinical service to Aboriginal persons less than 19 years of age, as well as to their families.

Region wide services are provided by the High Risk Services Team (suicide prevention service), the Eating Disorders Team and the Multicultural Outreach Program. The High Risk Services Team is co-located with, while the Multicultural Outreach Program is integrated into, the Saanich Child and Youth Services team. All of these services are a part of the Ministry of Children and Family Development and are designed to operate in an integrated way with other service providers in the community (both in-patient and outpatient) in order to offer a comprehensive system of mental health care to children, youth and their families.

The Saanich Child and Youth Mental Health Services team provide services in assessment, treatment and consultation to children and youth in the catchment area (The municipalities of Saanich, the Saanich Peninsula, and Sidney on Vancouver Island, as well as the Gulf Islands). The Westshore Child and Youth Mental Health Services team provide these same services to the catchment area of the Western Communities (including Langford, Colwood, View Royal, the
Highlands, Metchosin, Sooke and Port Renfrew), while the Victoria Child and Youth Mental Health Services team serve residents of the city of Victoria. The multidisciplinary teams at Saanich, Westshore and Victoria Child and Youth Mental Health consist of psychologists, social workers, community mental health nurses, counselors, part-time psychiatry and administrative support. These staff provide services to between 450 and 550 children, youth and families per year who predominantly present with anxiety and mood disorders, adjustment disorders, and externalizing disorders.

**CLINICAL TRAINING PROGRAM IN PSYCHOLOGY**

The South Island Doctoral Residency Program provides residents with the opportunity for in-depth training in child and youth mental health through active clinical work, intensive supervision, small group seminars and consultations, follow through of clients during their inpatient treatment, and interaction with other health professionals. The focus is on developing the resident’s clinical skills in assessment, diagnosis, treatment planning and treatment implementation. Residents also provide consultation to other service providers both on our team and in the community. Clients at our centres are typically referred by their parents and guardians, teachers and school counselors, family physicians, pediatricians, social workers and hospital staff. Residents will be exposed to a broad variety of child and youth mental health issues and problems, ranging from adjustment disorders to early onset psychosis. These conditions will be considered in the context of the biopsychosocial model and from a developmental perspective. Residents work with different supervisors and are exposed to a variety of assessment and treatment approaches during their clinical work.

**Philosophy and Goals of the Residency Program**

South Island residents are considered “junior colleagues” and as such are valued members of our multidisciplinary teams. Residents are directly involved in determining their training goals over the year and are active members in all team activities. Residents are given the same benefits and opportunities as all other staff in accessing program resources, attending workshops and other professional development activities, and participating in program development. All psychology staff at Saanich, Westshore and Victoria Child and Youth Mental Health participate in the residency program by serving as supervisors, role models, and resources regarding the wide range of issues that can arise when working in community based mental health.

The South Island Doctoral Residency Program endeavors to support its residents in the achievement of seven general goals over the course of their training year:

1) **To provide residents with a breadth of exposure to community-based child and youth mental health issues and prepare them for autonomous practice.**

   As part of their training over the residency year residents are to be provided a breadth of exposure across several domains of community mental health, including: i) across the age span of 0-19 years, ii) across theoretical models, and iii) across client populations.
2) To provide residents with in-depth training in a range of integrated assessment techniques with children and youth suffering from mental health concerns.

Through their work with various mental health staff, residents are expected to use a wide range of assessment types and techniques, including, but not limited to socioemotional, behavioural, projective, psychometric, personality, structured/semi-structured interview, and cognitive assessments.

3) To provide residents with in-depth training in empirically validated and other best practices treatment interventions aimed at reducing mental health problems among children and youth.

Staff at Saanich, Westshore and Victoria Child and Youth Mental Health Services have training and expertise in a number of empirically validated and best practices treatment interventions. Residents are most likely to receive training in individual and group cognitive-behavioral therapy (CBT), interpersonal and client centered therapies, dialectical behavior therapy, as well as family therapy. Exposure to additional therapies and interventions would also be available (e.g. motivational interviewing, behavior therapy, solution focused interventions, narrative therapy, parent-child interaction therapy, and play therapies).

4) To increase understanding and awareness of the impact of individual differences (multicultural, sociocultural) on delivery and selection of psychological services.

Through didactics, training, and direct clinical experiences, residents will be provided opportunities to develop greater understanding and skill when working with clients who present individual differences in ethnicity, religion, socio-economic status, language, cognitive functioning, and race.

5) To develop residents consultation skills within a multidisciplinary team and outside agencies, including schools, the health authority, and other ministry programs.

Staff at our centres are frequently involved in consultation both within and outside of their teams. As part of their routine clinical activities, residents will be expected to provide and receive consultation services from others in order to facilitate the best possible care for their clients.

6) To provide residents with experiences and training in supervision.

Our centres frequently provide practicum placements for graduate students in psychology and counseling from the University of Victoria, City University and others. Residents will be provided opportunities, where appropriate and available, to gain experience in supervision by being directly involved in the training of these students. Relevant readings and didactic experiences will also be made available.
7) To provide residents with an in-depth understanding of jurisprudence relevant to their practice as psychologists.

The practices of psychologists in British Columbia are governed by a number of provincial and federal acts, codes, and standards. Residents are provided access to a binder containing these relevant documents and discussion of these is to be incorporated into supervision and case consultations when appropriate and applicable. Yearly seminars on ethics are also included in the didactics component of the residency program.

RESIDENCY CHARACTERISTICS

The following criteria are in accordance with the guidelines established by the Canadian Psychological Association (as of 2011) and College of Psychologists of British Columbia (as of 2014).

1. Organization

_The South Island offers a psychology residency program in community mental health that includes a broad range of experiences spanning individual, family, group and community. The range of activities includes assessment, diagnosis, treatment, consultation, ethics, case management, education, and evaluation, among others._

2. Accountability

_The South Island Director of Residency Training: Laurel A. Townsend, Ph.D., R. Psych. has been a registrant of the College of Psychologists of British Columbia (#1571) since 2004. Dr. Townsend is on site four days per week. She holds a doctorate degree in clinical psychology from the University of Victoria, a CPA accredited program._

3. Director

_See above. Dr. Townsend has provided training and supervision to practicum students, pre-doctoral residents and psychiatry residents since 1998._

4. Resident Cohort

_The South Island program has one guaranteed residency position at Saanich Child and Youth Mental Health Services, one at Victoria Child and Youth Mental Health Services and one at Westshore Child and Youth Mental Health Services. Resident schedules are set in such a way to allow some overlap at each centre. Currently residents are on site together three out of five days per week._

5. Primary Supervisors
The South Island program has multiple primary supervisors available across the three sites:

Jacqueline Bush, Ph.D., R. Psych
Vanessa Johnson, Ph.D., R. Psych.
Joanna Kelm, Ph.D., R. Psych
Barbara Kennedy, Ph.D., R. Psych
Kim Lane, Ph.D., R. Psych
Marei Perrin, Ph.D., R.Psych.
Josh Slatkoff, Ph.D., R.Psych.
Laurel Townsend, Ph.D., R. Psych.

6. Structure of Supervision

Residents meet with each supervisor weekly and following case discussions have their notes, reports, etc., regarding each client reviewed by the appropriate supervisor. Residents can expect a minimum of three hours per week of face-to-face individual supervision and one hour per week of group supervision. Residents also submit monthly logs documenting their supervision hours and the nature of this supervision to ensure they are accumulating the required hours and experiences. Resident supervisors themselves meet at least quarterly to review supervision issues, practices, etc.

7. Content of Supervision

Supervision is provided by the Primary Supervisor(s), assisted by other staff who may assume direct responsibility for certain cases or activities.

8. Range of Experience

Recipients of service include children/adolescents and their families, parents, groups, schools, agencies, and other staff, either directly or in consultation. Training goals set out with residents at the commencement of their residency year involve a wide range of assessments and treatment with clients and families, using a number of theoretical orientations.

9. Training Plan

At the commencement of residency, the Director of Residency Training and each resident complete a written training plan outlining goals for the training year. This plan is periodically reviewed to ensure goals are being met. All supervisors also complete supervision contracts with each resident outlining roles and responsibilities, as well as goals for training with that particular supervisor.

10. Required Client Contact

The Primary Supervisor is responsible for ensuring the resident is competent in assessing and treating a wide variety of clinical problems that develop in children and adolescents of different ages, through direct contact with such
clients. The goal is to establish a level of competence sufficient for independent practice in the resident’s preferred areas of practice. Residents also submit monthly logs documenting hours and the nature of direct client contact to ensure they are accumulating the required number of hours and breadth of experience.

11. Didactic Component

In addition to core didactics on ethics, supervision, and others, additional didactic activities are developed each year in keeping with the resident’s interests and requirements. Residents are expected to attend weekly clinical meetings with all other team members.

Residents are also required to make two presentations to program staff over the year. One involving their dissertation research and a second involving a full case presentation (from assessment to case conceptualization to treatment). Residents submit monthly education logs to the Director of Training that document their participation in all learning activities.

12. Timing of Residency

Our facilities strive to be flexible in adapting our program to meet the needs of the residents while also meeting the requirements set out by the College of Psychologists of BC and CPA. However, all applicants must have completed their required coursework, practica, comprehensive exams, and dissertation proposal prior to applying for residency.

13. Title of Trainee

Resident documentation is reviewed to ensure the requirements are being met (i.e. use of title intern or resident).

14. Program Description

The brochure and program description developed by the South Island Residency Program are made available to prospective residents and provide a description of our training program. These are updated annually and available for viewing on the ministry web site at the following address: https://www2.qa.gov.bc.ca/gov/content/careers-myhr/job-seekers/internship-co-op-opportunities/other-public-sector-internships

Residents also receive a residency handbook upon their arrival in September that outlines the residency program’s policies and procedures, as well as the residents training goals and expectations in more detail.

15. Due Process
Concerns raised by a resident should be addressed to the primary supervisor with appeals in accordance with the policy set out in the residency handbook. Concerns raised by a supervisor should be addressed to the resident directly, and follow a similar procedure for appeals.

16. **Required Time**

Resident positions are for one full year starting either September 1st or on the day following Labour Day in September. Most residents accrue hours well above the required minimum of 1600 hours. The stipend is currently $43,342.41 per annum and residents are entitled to a two-week vacation. There may be a modest travel allowance to attend workshops and clinical meetings.

17. **Evaluation**

An evaluation form is sent to each supervisor at the mid-point and end point of the residency. Supervisors are to complete and review these evaluations with the resident prior to returning them to the Director of Residency Training. A summary of these evaluations will then be prepared by the Director and sent on to the resident’s university program (both at the mid-point and end of residency).

18. **Dual Relationships**

Our residency abides by the Codes of Ethics of the College of Psychologists of BC (CPBC) and the Canadian Psychological Association regarding dual relationships. Please refer to the College’s Code of Conduct for further clarification.

19. **Accreditation**

It should be noted that the South Island Pre-Doctoral Residency Program is not accredited by the CPA. The program does aim however to meet the standards set out by CPA. An application for accreditation was submitted in March 2019 and a site visit completed in July 2019.

20. **Diversity**

As part of the Ministry of Children and Family Development in the Province of British Columbia, the South Island Child and Youth Mental Health Residency Program adheres to the BC Human Rights Code, and as such is committed to employment equity and diversity in the workplace. All qualified individuals are encouraged to apply. This includes women, visible minorities, Indigenous Peoples, persons with disabilities, persons of diverse sexual orientation, gender identity or expression (LGBTQ2S+) & others who may contribute to diversity in the BC Public Service.

**FACILITIES**
Each South Island resident is assigned a primary training site, thus one is based out Saanich Child and Youth Mental Health Services, another out of Victoria Child and Youth Mental Health Services, and the third out of Westshore Child and Youth Mental Health Services. Each resident spends three days per week at their primary site, with their remaining time divided between the other two sites over the course of the year. The resident schedules are planned such that they overlap with each other a minimum of three days per week. All three centres are located on the second floor of two story buildings with elevator access. Residents are provided a private lockable office with lockable file space, bookshelves, and an iphone with electronic voice mail. Residents also have a personal computer in their office for word processing and are given an e-mail account at the beginning of the training year. Residents have access to large conference rooms, playrooms, and art therapy rooms on a booking basis, with the playrooms wired for audio and providing a one-way mirror for viewing of therapy sessions.

All sites have in-house libraries of current books and periodicals related to child and youth mental health and residents have access to an Inter-Library Loan service through the ministry. A Psychological Test Library and area with relevant professional literature (e.g. copies of Standards and Codes of Ethics) are also available at each site.

**AREAS OF CONCENTRATION**

South Island residents are offered core training experiences in community based mental health services for clients under 19 years of age. Through discussions with the Director of Residency Training and the primary supervisor(s), residents will select two of the options listed below as their major areas of concentration and the third as a minor area of concentration.

a. Early Childhood (ages 0-6)
b. Middle Childhood (ages 7-12)
c. Adolescence (13-19)

For example, a resident may elect to focus primarily on middle childhood and adolescence during their training year (their two major areas of concentration), thus the bulk of their caseload would comprise clients from this age span. Exposure to early childhood interventions and a small number of cases with this age group would then comprise their minor area of concentration. These core experiences (major and minor) are expected to involve 4.0 days per week for the entire training year.

**Description of Core Training Experiences in Early Childhood**

Supervisors: Jackie Bush, Ph.D., R.Psych.
Kim Lane, Ph.D., R.Psych.
Marei Perrin, Ph.D., R.Psych.
Barbara Kennedy, Ph.D., R.Psych.
Joanna Kelm, Ph.D, R.Psych.
Training in early childhood is intended to provide the resident with a range of assessment, intervention, and consultation skills applicable to clinical work with children between the ages of 0 and 6 and their families. Supervision will follow the developmental model. In addition to the assessment and treatment modalities described below, residents will develop experience consulting with a multi-disciplinary team and liaising with various community resources. Residents will learn to conduct complete assessments, including psychometric testing, initial interviews with parents, observations of children in the community, structured observations of parents and children in the playroom, and both structured and unstructured assessment activities with children in the playroom. Opportunities to conduct developmental assessments are limited, but do arise occasionally. Residents will have the opportunity to develop skills in a variety of intervention techniques, including consultations with parents, teachers, or daycares regarding behaviour management techniques, intervention that targets the parent-child relationship, such as interaction guidance with infants and toddlers, or filial play therapy with pre-schoolers, and individual play therapy with children, which may involve either non-directive or directive approaches.

**Description of Core Training Experiences in Middle Childhood**

**Supervisors:** Vanessa Johnson, Ph.D., R.Psych.
Jacqueline Bush, Ph.D., R. Psych.
Kim Lane, Ph.D., R.Psych.
Joanna Kelm, Ph.D, R.Psych.
Marei Perrin, Ph.D., R.Psych.
Barbara Kennedy, Ph.D., R.Psych.

Training in middle childhood is intended to provide the resident with in depth exposure to clients aged 7-12 years who are presenting with both internalizing and externalizing disorders. Supervision will follow the developmental model. Common diagnoses with this age group include anxiety and mood disorders, as well as ADHD, oppositional defiant disorder, conduct problems, Tourette's, learning disabilities and occasionally, psychosis. Family dysfunction is a frequent concomitant. Residents receive training in assessment and treatment using the biopsychosocial model. Residents will conduct complete assessments which may include psychometric testing, interviews with parents and children, observations of parents and children, and feedback with the family and any associated community providers. A number of treatment approaches are used and may include CBT, behavioural therapy, elements of narrative therapy, family therapy, and solution focused approaches. Consultation to outside agencies (especially the schools) is also provided on a regular basis and residents have the opportunity to co-lead a number of group interventions (e.g. parent support, attachment based, parent and child anxiety group program, emotion regulation). Opportunities to complete cognitive/psychoeducational assessments and provide feedback to families and schools are also available.

**Description of Core Training Experiences in Adolescence**

**Supervisors:** Laurel A. Townsend, Ph.D., R.Psych
Vanessa Johnson, Ph.D., R.Psych.
Jacqueline Bush, Ph.D., R.Psych.
Residents working in this area will have the opportunity to conduct full psychological assessments (including interview, self-report instruments, case conceptualization, diagnosis, report writing and feedback) with youth aged 13-19 years who are presenting with a mental health concern. Supervision will follow the developmental model. Presenting problems typically include, but are not limited to, mood, anxiety, and adjustment disorders, as well as substance use, family and/or peer conflict, gender concerns, academic problems, trauma, and conduct disorder. Residents would be expected to carry a caseload of individual therapy clients and develop in-depth skills in the provision of cognitive behavioral, dialectical behavior, and interpersonal therapy to these clients. Participation in a 12-week CBT group for depression and anxiety is also available. Additional group therapy opportunities (e.g. parent support, attachment, adolescent self-harm, DBT) are also available. Consultation to other team members and outside agencies (e.g. youth health clinic for high-risk youth) is routinely provided and residents may additionally have the opportunity to complete cognitive assessments with youth over the course of their training year.

**Additional Training Experiences**

Residents may also complete approximately three to four exposure experiences over the training year, to be selected from, but not limited to, the list below.

- a. Intake
- b. Schools
- d. Program evaluation/policy development
- e. First Nations
- f. Multicultural services
- g. Community intervention
- h. Specialized group interventions

Residents are provided one nonclinical day each week over the training year to attend meetings, network with other residents in the greater Victoria area, engage in exposure experiences, and complete indirect client activities, research, etc. This time ensures residents receive adequate opportunities for development of these skills and participation in team activities.

**SUPERVISION**

The supervision model used in the residency program involves a developmental approach and consists of five steps in which the resident takes on an increasing level of responsibility and autonomy over their training year:

1) Observation (resident of staff).
2) Joint assessment/treatment (shared responsibility for case management).
3) Observation (staff of resident) - the observation may involve staff in the room and prepared to intervene if necessary or observing through a one-way mirror.
4) Resident solo - staff pre and post sessions planning and debriefing with the resident, (may use audio, video or one-way mirror if necessary or appropriate).

5) Arms length supervision - resident carries a case load and goes over each case at regularly scheduled supervision sessions.

Not all residents may begin at step one. A resident’s level of training and experience will be assessed at the commencement of their training year and those with more advanced skills in specific areas may begin supervision at step two or higher. All residents are expected to have advanced to stage five by the end of their training year.

The requirements of supervisors of psychology residents are:

1. Registered psychologists provide clinical supervision of the resident to ensure that the resident complies with legal, administrative and professional requirements of the job. When a psychologist co-signs a report with a resident, she/he assumes legal and professional responsibility for the contents.

2. Consulting psychologists from the hospitals or other community agencies have the same supervisory responsibility as the psychologists from Saanich, Victoria, and Westshore Child and Youth Mental Health Services (for clients they are supervising at that agency).

3. Because of the varying skills and experience levels of each resident, it is necessary to individually tailor supervision. Specific expectations of the resident are negotiated between the supervisor and the resident at the beginning of each rotation.

Supervision includes:

a. At least one regular weekly meeting at which the resident and supervisor discuss cases, problems, and therapy, etc. As per COPBC requirements, the resident receives a minimum of 1 hour of supervision for each four hours of client contact per week; and at least 3 hours of regularly scheduled face-to-face individual supervision and 1 hour of group supervision.

Depending on the resident’s needs and level of training, supervision may also involve the viewing of sessions directly or through a one-way mirror, review of audio taped or videotaped sessions, or co-therapy.

b. Ethical issues and questions, and relevant legislation and codes/standards of practice are also discussed in supervision as they arise in the residents’ clinical work.
EVALUATION

Formal evaluations are conducted at the mid-point and at the end of the residency. These written evaluations rate the resident’s competencies in each of the seven training goals described previously, as well as the core competencies considered necessary for autonomous practice (i.e. assessment, treatment, diversity, consultation, ethical and professional behavior etc.). The minimum standard for completion of the Residency Program is achievement of expected competency in each training goal. Goals not achieved for reasons unrelated to the resident’s performance (e.g. lack of referrals of a certain type) are not included in this standard. Goals not achieved must either be excused by the supervisor as not being essential to the residency or must be repeated or extended as necessary.

The evaluations also address the resident’s strengths and provide suggestions regarding his or her future training in each of the following areas: assessment, diagnosis, treatment planning and implementation, and consultation with both child and adolescent clients. Summaries of these evaluations are sent on to the resident’s academic training director at each time point.

ACCREDITATION STATUS

The South Island Doctoral Residency Program is not accredited by the Canadian Psychological Association (CPA) nor a member of Association of Psychology Post-Doctoral and Residency Centers (APPIC). We have met membership criteria for the Canadian Council of Professional Psychology Programs (CCPPP) which allows annual participation in the APPIC match. We follow all APPIC standards and guidelines. We also follow the training standards and guidelines set out by CPA. We completed a site visit in July 2019 and expect a response from the association regarding our application for accreditation in the Fall of 2019.

CPA Accreditation Office
141 Laurier Avenue West, Suite 702
Ottawa, Ontario, K1P 5J3
Tel: 613-237-2144; Fax: 613-237-1674
Toll Free: 1-888-472-0657

QUALIFICATION CRITERIA FOR RESIDENCY APPLICANTS

Please note that these include both required elements as well as preferences. Applicants do not necessarily have to meet all the criteria to be considered for the residency.

General Academics

1) Required: All requirements for the doctoral degree in clinical, educational/school or counseling psychology except the dissertation must be completed. The dissertation proposal must be successfully defended prior to the November application deadline.
Preferred: Dissertation complete or near completion by the beginning of the residency year in September.

2) Required: From a CPA accredited clinical or counseling program or its documented equivalent.

3) Required: Focus or emphasis on child or adolescent psychology.

**Course Requirements**

In addition to the course outline required by clinical or counseling programs generally, the following additional course/training are considered important:

1) Required: Child/adolescent assessment course or equivalent experience. 
   Graduate level developmental psychology course.
   Additional child/adolescent assessment course or equivalent experience.

2) Required: Therapy course/experience with children/adolescents.
   Preferred: Therapy course and/or equivalent experience.

3) Required: Ethics course.
   Preferred: Broad based course that includes experience based dilemmas and scenarios.

**Clinical Experience**

1) Required: Minimum 600 hours of practicum experience, at least half of which involves working with children, adolescents and families, that has been approved by your graduate program.

2) Preferred: Experience with complex cases

3) Preferred: Experience with group interventions

4) Required: Minimum of 10 child/adolescent assessments
   Minimum of 10 child/adolescent therapy cases

**Citizenship and Language**

1) Canadian citizens, those with landed immigrant or permanent residency status, or international students with valid Canadian Co-op Work Permits will be given preference, non-Canadian citizens will be considered subject to Immigration Canada requirements.

2) Fluency in English is required.

**Criminal Records Check**

The provincial government has legislated that all people who will be working with children and adolescents must undergo a criminal records check prior to commencing employment. The check is for any conviction which might make you a danger to children. The team receives no specific details of the record (these remain confidential) only that the person does or does not pass the screening. The costs of these record checks are covered by the employer.
Timetable

Application deadline is **November 1 each year**.

Application and acceptance procedures follow the guidelines provided by the Association of Psychology Post-Doctoral and Residency Centers (APPIC). On site or telephone interviews are typically arranged for January. We will take part in APPIC’s computerized matching on selection day and are listed with the National Match Service. You must fill out an application and be registered with APPIC to take part. You can also obtain information about our residency program on the CCPPP website. Please note that we are not accredited by CPA.

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

Applications

All applications are now to be submitted through the AAPI online and to include:

1) Completed common APPIC Application for Psychology Internship (AAPI), and the “Academic Program’s Verification of Internship Eligibility and Readiness”.
2) A cover letter indicating your plans and special interests (e.g. areas of concentration) at our site.
3) Current curriculum vitae.
4) Three letters of reference, one of which should be from either the academic Director of Training or the dissertation supervisor. Note, the program may contact referees directly to get further information.
5) Official university transcripts of your graduate record.
6) Brief dissertation abstract (can be recorded in the research section of the AAPI online or cover letter).

It is the applicant’s responsibility to ensure all of the above documentation is entered before the deadline of **November 1**.