SOUTH FRASER DOCTORAL RESIDENCY IN CLINICAL AND COUNSELLING PSYCHOLOGY

RESIDENCY HANDBOOK
2027-2028

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LAND ACKNOWLEDGEMENT AND STATEMENT OF INCLUSION

We are grateful to acknowledge the land on which our residency program operates, which is the unceded and traditional territory of the Coast Salish Peoples, including the territories of the xʷməθkʷəy̓əm (Musqueam), Katzie, Kwantlen, Semiahmoo, Tsawwassen, Qayqayt and Kwikwetlem peoples. We commit to honouring traditional ways of knowing, learning, and teaching as we use these lands to live, work, play, learn and share experiences.

We honour human diversity in all its forms and are committed to the principle of universal human dignity. We further acknowledge that our community is greatly enriched through the voices and perspectives of staff, students and clients from all intersections of society including 2SLGBTQI+, BIPOC and disabled communities.

INTRODUCTION

The South Fraser Doctoral Residency in Clinical and Counselling Psychology (SFRP) is based at three Child and Youth Mental Health sites in Langley, Delta, Surrey, and White Rock/South Surrey, British Columbia. It is designed to provide supervised training in psychology practices, including individual and group psychotherapy, clinical intake, comprehensive assessment, outreach and community development, and professional collaboration and consultation. This residency is designed to provide the comprehensive supervised experience that meets the College of Health and Care Professionals of British Columbia (CHCPBC) internship requirements. A detailed description of the residency program is provided in this document.

Residents completing the SFRP will gain experience working with diverse populations and will develop competencies in assessment, intervention, consultation and interdisciplinary collaboration, supervision, and program development. Upon completion, Residents will be well equipped to work alongside other disciplines to best serve the mental health needs of children and youth, and their families. The Ministry of Child and Family Development provides a wide variety of outpatient mental health and child development services to promote good mental, physical, and emotional well-being. We provide a range of training and supervision services to mental health professionals and students.

Child and Youth Mental Health

Child and Youth Mental Health (CYMH) is a specialized outpatient mental health service for children, adolescents (up to the age of 18 years), and their families. Child and Youth Mental Health offers services for children and adolescents who are experiencing significant distress in their daily lives as a result of psychiatric disorders or behavioral, emotional, and developmental problems (e.g., depression, anxiety, trauma, psychosis, suicidality and self-harm, OCD, eating disorders, emotional dysregulation). Child and Youth Mental Health provides an array of services, including screening referrals, assessments, counselling, clinical consultation, psycho-educational groups, support groups, and community education.

CYMH services are provided through multidisciplinary teams. Staff typically include psychologists, clinical social workers, counsellors with master's degrees, psychiatrists, and other mental health professionals who have training and expertise in child and youth mental health. 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.

South Fraser CYMH sites are co-located with several other MCFD service streams including Child Safety Teams, Child & Youth with Support Needs, Collaborative Practice, and Youth Probation. Adjacent to, and often in conjunction with, the services provided by the South Fraser Region Ministry of Children and Family Development are several complementary programs that provide services to children and their families. These include youth outreach services, victim assistance services, and crisis services. Programs and services are also available for victims of violence and abuse. Substance abuse services are available along with services for eating disorders, special needs, and multicultural issues. As well, there are several additional resources and services geared towards family functioning and parenting. Specialized programs delivered in collaboration with the local Health Authority may include day treatment, psychiatric crisis intervention services, early psychosis intervention, eating disorders services, and services for mental health disorders co-occurring with substance misuse or developmental disabilities. Other tertiary services include inpatient assessment for children and youth who have psychiatric presentations or primary conduct disorder.

Mission, Philosophy, And Goals

Mission

To provide broad-based, science-practitioner training for Psychology Residents.

Consistent with the overall service mandate of CYMH teams, the focus of the SFRP is on the development of assessment, diagnostic, treatment planning, intervention and prevention skills. In addition, Residents learn to provide consultation to other service providers both within the Ministry (such as CYMH, Child Protection, or Child and Youth with Special Needs) and in local communities. Other risk reduction, capacity building, and early intervention services may include giving presentations on mental health topics or participating on a working group to develop a new service.

Philosophy

Training provided by the SFRP is intended to solidify the Resident's skills in empirically supported assessment and treatment approaches for children, youth, and their families who are presenting with moderate to severe mental health disorders. Training will be provided to Residents in a manner consistent with the scientific basis of clinical and counselling psychology, with a focus on promoting the development of autonomous professional psychologists. Our residency program is designed to meet the standards for accreditation by the Canadian Psychological Association (CPA) and

membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Goals

The long-term goal of CYMH is to partner with families and communities to improve mental health outcomes for children and youth in BC by:

- Providing children and their families access to a basic continuum of timely, evidence-based mental health consultation, assessment and treatment services across the province.
- Ensuring services are coordinated across public health and primary care, early child development, schools, special needs, child protection and addictions services right into adult services.
- Promoting evidence-based services as the standard of care, backed up by training, education and monitoring.
- Providing new resources for early intervention programs dealing with serious mental illness.
- Reducing children's risk of developing mental illness through means such as public education and expert involvement across sectors.
- Building capacity in families and communities so they are better able to prevent and mitigate potential effects of harmful factors in a child's environment.

Goals of the Residency Program

The South Fraser Doctoral Residency Program in Clinical and Counselling Psychology is designed to prepare Residents for independent practice in professional psychology through supervised clinical training, didactic learning, and ongoing professional development. The program follows a science-practitioner model that emphasizes the integration of research evidence, clinical expertise, ethical practice, and reflective professional growth.

The residency aims to support the development of competencies in:

- Psychological assessment, diagnosis, and case formulation.
- Evidence-based intervention with children, adolescents, and families.
- Consultation and interdisciplinary collaboration.
- Clinical supervision and professional mentorship.
- Program development, evaluation, and knowledge translation.

- Professional conduct in accordance with the professional standards of the College of Health and Care Professionals of British Columbia (CHCPBC), the CPA Canadian Code of Ethics for Psychologists, and the Standards of Conduct for BC Public Service employees.
- Knowledge of, and appreciation for individual, social, and cultural diversity and how these factors may influence or impact participation in services.
- The ability to establish productive working relationships and communicate well with other professionals, including accepting and providing constructive feedback.
- Self-reflection, lifelong learning, and the development of a professional identity as a psychologist.
- The willingness to actively solicit and integrate feedback from supervisors, to be assertive in supervision, to complete assignments from the supervisor, and to participate in supervision as scheduled.

Residents are expected to demonstrate progressive development from closely supervised practice toward increasing independence and professional autonomy over the training year. Through direct service delivery, supervision, consultation, didactic training, and program development activities, Residents acquire the knowledge, skills, and attitudes necessary for competent and ethical professional practice.

PROGRAM STRUCTURE

Organization

The South Fraser Doctoral Residency Program in Clinical and Counselling Psychology (SFRP) is a structured, competency-based training program that provides a planned sequence of supervised clinical experiences and professional development activities. Residents gain experience working with diverse child, youth, and family populations presenting with a broad range of mental health concerns.

The SFRP offers full-time, 12-month residency positions. Throughout the training year, each Resident completes a major rotation, a minor rotation, and a four-month specialty assessment rotation.

Accountability and Director of Training

The SFRP's Director of Training is Dr. Rosalynn Record-Lemon, a Licensed Psychologist in good standing with the College of Health and Care Professionals of British Columbia (CHCPBC) and a full-time psychologist with Child and Youth Mental Health.

The Director of Training is responsible for the overall integrity and quality of the residency program, including program administration, Resident selection, training oversight, program evaluation, and maintenance of Resident training records.

The residency is supported by a Training Committee composed of the Director of Training, Primary and Secondary Supervisors, Psychology Practice Leads, and Ministry of Children and Family Development (MCFD) leadership. The committee meets quarterly to review program operations and training matters. Current residents are invited to attend these quarterly committee meetings.

Supervising psychologists also participate in monthly Psychology Practice meetings to support ongoing program development and quality improvement.

Resident Cohort

The SFRP maintains a cohort of at least two Residents each training year, fostering opportunities for peer support, consultation, and shared learning.

Primary Supervisors

The SFRP includes at least five full-time equivalent psychologists who serve as primary supervisors and retain clinical responsibility for all cases assigned to Residents. All supervisors are Licensed Psychologists in good standing with the CHCPBC and have a minimum of two years of post-registration clinical experience.

Supervision

Structure of Supervision.

Consistent with Canadian Psychological Association (CPA) accreditation standards, Residents receive a minimum of four hours of supervision per week, including at least three hours of individual supervision. Group supervision opportunities are also available at each training site.

Supervision is primarily provided by rotation supervisors and may also involve other licensed psychologists who meet CPA and regulatory requirements for supervision. All supervisors are registered and in good standing with their regulatory body. All supervisors are accountable to the Director of Training.

Supervisor Responsibilities

Supervisors are responsible for ensuring that Residents meet legal, ethical, administrative, and professional standards of practice. Supervisors maintain clinical responsibility for Resident cases and are identified accordingly through co-signature of documentation, reports, and treatment plans.

Because Residents enter the program with varying levels of training and experience, supervision is individualized to support each Resident's learning needs and professional development. Expectations and learning objectives are established collaboratively at the beginning of each rotation.

Content of Supervision

Supervision focuses on the delivery of psychological services and the development of professional competencies. Administrative oversight and personal growth experiences are not counted toward required supervision hours.

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 supervisor).
2. Joint assessment/treatment (shared responsibility for case management).
3. Observation (supervisor of Resident) - may involve a supervisor in the room (prepared to intervene if necessary) or observing through a one-way mirror.
4. Resident solo - with supervisor pre and post sessions planning and debriefing with the Resident (may use audio, video or one-way mirror if necessary or appropriate).
5. Arm's length supervision - Resident carries a case load and goes over each case during 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 advance to stage five by the end of their training year.

Supervision Includes:

Supervision includes at least one scheduled weekly meeting focused on case review, clinical formulation, intervention planning, professional development, and ethical practice. Residents receive at least one hour of supervision for every four hours of direct client contact, at least three hours of regularly scheduled face-to-face individual supervision, and no more than one hour of group supervision per week.

For assessment cases, the supervisor:

- Reviews relevant clinical records.
- Reviews test protocols and scoring.
- Discusses case conceptualization.
- Provides guidance regarding diagnosis and recommendations.
- Reviews and co-sign reports.
- Documents supervision activities as required.
- Supports timely completion of reports.

For therapy cases, the supervisor:

- Observes or co-facilitate sessions when appropriate.
- Reviews treatment plans and progress.
- Discusses client response to intervention.

- Reviews clinical documentation.
- Documents supervision activities as required.
- Supports timely completion of clinical records.

Depending on training needs, supervision may also include direct observation, video or audio review, co-therapy, or one-way mirror observation. Ethical issues, relevant legislation, and standards of professional practice are routinely addressed throughout supervision.

Range of Experience

Residents participate in three concurrent training experiences across the year:

- A major rotation (three days per week).
- A minor rotation (two days per week).
- A four-month specialty assessment rotation completed one day per week in place of part of the minor rotation.

Rotations provide exposure to assessment, intervention, consultation, supervision, and program development activities across a range of clinical presentations and service settings. Residents are also provided with protected time for didactic training, program development, and dissertation or research activities.

Training Model and Plan

The training model is based on a 'science-practitioner' approach that emphasizes the importance of evidence-based practice and the utilization of clinical methods that are supported by research.

An overall training plan will be developed collaboratively with the Resident and the Director of Training at the beginning of the training year. The plan will outline the Resident's goals for the year and how the goals will be met. The current strengths and limitations of the Resident's background, along with the career goals of the Resident, will be considered when devising the training plan. In addition, the plan includes descriptions of client populations, types of assessments and interventions and caseload expectations. This plan will be signed by the Resident, their supervisors, and the Director of Training, as well as the Resident's university Director of Training.

In addition to the overall training plan, an individual supervision contract will be developed between the Resident and their primary supervisor for each rotation,

outlining the specific details of the rotation with regards to objectives, experiences, (e.g., assessment and/or intervention), professional expectations, and supervision.

Required Client Contact

At least 30% of the Resident's time is in providing direct psychological services to clients and families. This ensures the Residents see enough clients to reach a level of competent clinical service in the area in which they plan to practice.

Didactic Training

The residency provides at least two hours per week in didactic activities, which include weekly case conferences, workshops, in service training, or participation in psychology rounds with local health authorities. Didactic activities include (but are not limited to) case conference meetings, attending formal trainings, and professional development seminars on various topics such as therapeutic consent and framing, risk assessment, cultural diversity, working with indigenous populations, trauma-focused cognitive behavioural therapy, working with LGBTQIA2S+ clients, attachment, working with multi-disciplinary teams, and family systems theory and intervention.

Timing of Residency

Residency training is subsequent to required clerkships, practica, and/or externships. It must be obtained while enrolled in a doctoral program in psychology.

Title of Trainee

The residency-level psychology trainees are referred to by the title of "Resident" to designate their trainee status.

Program Description

The SFRP has a written statement and brochure which provides a clear description of the nature of the training program, including the goals and content of the residency and clear expectations for quantity and quality of the Resident's work, and is made available to prospective Residents. These materials are available on the residency website at: https://www2.gov.bc.ca/gov/content/careers-myhr/job-seekers/internship-co-op-opportunities/south-fraser-residency

Due Process

In addition to the learning plan, the Director of Training will review and provide the Resident with information regarding due process, should issues arise during the residency. The Residency program has documented due process procedures that describe separately how programs deal with 1) concerns about Resident performance, and (2) Resident's concerns about training. These procedures include the steps of notice, hearing, and appeal and are given to the Residents at the beginning of the training period. Concerns raised by the Resident should be addressed with the primary supervisor with appeals in accordance with the policy set out in this Handbook. Concerns raised by a supervisor should be addressed to the Resident directly and follow a similar procedure for appeal (see the Complaints, Conflict Resolution, and Due Process Section for details).

Required Time

The residency is a full-time commitment over the course of one calendar year providing, at a minimum, 1600 hours of supervised experience. A half-time residency, taking no more than twenty-four months to complete, will be considered under special circumstances.

Duration, Stipend, and Benefits

The residency is 12 months in duration. The training year typically begins September 1st and continues until August 31st, unless the this falls on a weekend or holiday.

Residency positions are full-time, unionized, auxiliary employee positions. As per the BCGEU collective agreement, the current stipend for a full-time residency position is $62,395.32. Residents also receive 6% of salary added to pay to cover sick leave and vacation time

Evaluation

Residents are evaluated using a developmental, competency-based framework that reflects expectations for progression across the residency year. Competencies are assessed through direct observation, review of clinical documentation and assessment reports, case discussion, consultation activities, professional conduct, and feedback from supervisors and other members of the interdisciplinary team.

Residents are expected to demonstrate increasing levels of competence and autonomy over the course of the training year. Evaluations consider both the Resident's current level of performance and their progress toward entry-level practice in professional psychology.

Supervisors complete two formal evaluations for each Resident: a mid-year evaluation and a final evaluation at the conclusion of the residency year or rotation. Residents meet with their supervisors to review their progress and assess whether their training experiences align with their individual learning goals and the objectives of the residency program. Supervisors review completed evaluations with Residents before submitting them to the Director of Training. The Director of Training prepares a summary of the evaluations and forwards it to the Resident's university program at both evaluation periods.

In addition to these formal evaluations, Residents are encouraged to meet with the Director of Training and/or their supervisors throughout the year to discuss their professional development, progress, and training needs. At the end of the residency, Residents are also invited to provide formal feedback regarding their supervision and overall training experience.

The residency is graded on a pass/fail basis, and Residents must successfully complete all rotations to pass the program. Successful completion of the residency requires:

- Completion of a minimum of 1,600 hours of supervised training.
- Satisfactory completion of all required rotations.
- Demonstration of competence across the residency's foundational and functional competency domains, consistent with entry-level practice in professional psychology.
- Adherence to the ethical, legal, and professional standards of the College of Health and Care Professionals of British Columbia (CHCPBC), the Canadian Psychological Association (CPA), and the BC Public Service.

If a Resident receives ratings indicating performance below expectations, or if concerns arise regarding professional conduct, ethical decision-making, reliability, or progress toward competency goals, supervisors will discuss these concerns directly with the Resident and develop a plan for improvement. Additional supervision, targeted training activities, and remediation strategies may be implemented as appropriate. Procedures outlined in the Complaints, Conflict Resolution, and Due Process section of this handbook will be followed when concerns arise.

Payment for Supervision

The terms of payment for supervision are explicit and agreed upon prior to the onset of supervision. There will be no payment for supervision, as this is provided within the context of the residency program.

Dual Relationship

Relationships between supervisors and Residents are in compliance with prevailing ethical standards regarding dual relationships. Supervision to meet the requirements of the College of Health and Care Professionals of British Columbia (CHCPBC) cannot be provided in the context of a professional relationship where the objectivity or competency of the supervisor is or could reasonably be expected to be impaired because of the supervisor's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the supervisee or a relevant person associated with or related to the supervisee. Please refer to the CHCPBC Code of Conduct for further clarification.

CORE COMPETENCIES AND TRAINING EXPERIENCES

The residency provides sequential and supervised training experiences designed to support the development of the functional and foundational competencies required for entry-level practice in professional psychology, as outlined by the Canadian Psychological Association (CPA)'s Accreditation Standards (2023)[1]. Through clinical service delivery, supervision, didactic training, consultation, and program development activities, Residents develop skills across the following competency domains.

Functional Competencies

Assessment

Residents develop competencies in evidence-based psychological assessment with children, adolescents, and families. Assessment activities may include diagnostic interviewing, psychoeducation, test administration, scoring, interpretation, report writing, and feedback. Assessments are informed by the DSM-5-TR and current psychological research.

Residents are expected to:

- Select assessment methods that address referral questions and demonstrate an understanding of reliability, validity, and cultural considerations.
- Integrate information from multiple sources, including interviews, observations, records, collateral information, and standardized measures.
- Apply developmental, diagnostic, and diversity-informed perspectives to case formulation.
- Demonstrate competency in report writing and communication of findings to clients, families, and professionals.
- Provide clear and clinically meaningful recommendations that inform intervention and treatment planning.

Psychological Intervention

Residents develop competencies in evidence-based psychological intervention with children, adolescents, and families. Training emphasizes developmentally appropriate, culturally responsive, and trauma-informed approaches to care.

Intervention activities may include and/or intersect with:

- Individual, family, and group therapy.
- Psychoeducation and treatment planning.
- Integrated case management and interdisciplinary collaboration.
- Community outreach and service coordination.
- Program evaluation and quality improvement activities.

Residents are expected to:

- Develop case conceptualizations informed by psychological theory and empirical evidence.
- Formulate diagnoses and treatment goals.
- Select and implement interventions appropriate to client needs and presenting concerns.
- Monitor treatment progress and modify interventions as indicated.
- Demonstrate increasing confidence, flexibility, and clinical judgment over the course of the residency year.

Consultation

Residents develop consultation and collaboration skills through ongoing interaction with multidisciplinary teams, schools, community agencies, medical providers, and other stakeholders.

Training experiences may include:

- Consultation with CYMH clinicians and community partners.
- Participation in Integrated Case Management (ICM) meetings.
- Collaboration with schools, physicians, psychiatrists, and allied health professionals.
- Community outreach and knowledge-sharing activities.

Residents are expected to communicate effectively, contribute to collaborative care planning, and provide psychologically informed recommendations that support integrated service delivery.

Supervision

Residents have opportunities to develop foundational competencies in supervision through observation, discussion, and supervised participation in the training of practicum students and other learners.

Training Experiences may include:

- Providing feedback to supervisees.
- Participating in supervision discussions and case reviews.
- Observation and/or co-facilitation of assessment and intervention activities.
- Co-facilitating practicum group supervision.

Program Development

Residents complete a program development project during the residency year. Projects are intended to strengthen competencies in program planning, implementation, evaluation, and knowledge translation.

Examples may include:

- Developing and facilitating a therapeutic or psychoeducational group.
- Evaluating an aspect of CYMH service delivery.
- Conducting a service or training needs assessment.
- Evaluating client outcomes associated with a clinical intervention or program.

Residents meet bi-monthly with a designated supervisor to establish project goals, monitor progress, and support successful completion of the project.

Foundational Competencies

Throughout all training experiences and activities, Residents are expected to demonstrate the competencies in the following areas:

- Individual, social, and cultural diversity.
- Indigenous interculturalism.
- Evidence based knowledge and methods.
- Professionalism.
- Interpersonal skills and communication.
- Reflective practice, bias evaluation.
- Ethical standards, laws, policies.
- Interdisciplinary collaboration and service settings.

Examples of this include:

- Practicing in accordance with the ethical and professional standards of the CHCPBC and CPA.

- Demonstrating awareness of the impact of culture, identity, ability, systemic barriers, and social context on clinical practice.
- Demonstrating awareness of traditional ways of knowing and incorporation of culturally appropriate and strength-based approaches into clinical practices.
- Engaging in self-reflection and incorporating supervisory feedback into professional development.
- Maintaining professional documentation and managing clinical responsibilities in a timely manner.

- [1] Canadian Psychological Association (2023). *Accreditation Standards for Doctoral and Residency Programs in Professional Psychology – 6th Revision.* Canadian Psychological Association.

RESIDENCY SITES AND CLINICAL ROTATIONS

The South Fraser Doctoral Residency Program in Clinical and Counselling Psychology (SFRP) is primarily based at three Child and Youth Mental Health (CYMH) locations in Langley, Delta, and White Rock/South Surrey, British Columbia. At the start of the training year, each Resident will be assigned a major rotation at either Langley CYMH or Delta CYMH, a minor rotation at either Langley CYMH or Delta CYMH, and a four-month specialty rotation in White Rock/South Surrey CYMH. Exposure to a variety of problems and client populations is provided. This includes exposure to different theoretical models and treatment modalities (e.g. group, individual, family) as well as different age groups and levels of severity. Residents will become familiar with the diversity of major assessment and intervention techniques in common use with children and youth and their theoretical bases.

Both the Delta and Langley sites are major regional sites providing a range of services, including individual and group therapy, psychological assessments, caregiver psychoeducational groups, child psychiatry, pediatric consultation, community resource planning, collaboration with neighbouring agencies and school district mental health professionals, and referrals to acute care settings such as Fraser Health's Surrey Memorial Adolescent Day Treatment Program, the Ministry of Child and Family Development's Maples Treatment Centre, and Fraser Health's Eating Disorder Clinic and Early Psychosis Intervention Clinic. Each rotation site is located along major bus routes and is approximately 30-45 minutes from Vancouver by automobile.

Langley Child and Youth Mental Health
Suite 120, 20434 64th Avenue, Langley BC
Supervisors: Dr. Chipo McNichols, L. Psych and Dr. Rosalynn Record-Lemon, L. Psych.

In this three day/week (major rotation) or two day/week (minor rotation), Residents will engage in direct clinical service through individual and group therapy for children, youth and their families, as well as conducting comprehensive psychological assessments (e.g., cognitive; personality). In addition, Residents will have the opportunity co-facilitate psychoeducational groups and workshops (e.g., CBT; DBT, EFFT). Client-centered, trauma-informed, and culturally competent practices are used. Residents will also have the opportunity to engage in outreach and community development by providing consultation to MCFD staff and community partners and clinical supervision counselling and clinical psychology students engaging in the Langley CYMH student program. Indirect activities include case note and assessment

report writing, consultation with other professionals, and case conceptualization and treatment planning. Residents will also participate in regular group supervision with other Residents and practicum students. Specialized, inter-professional training in Emotion-Focused Family Therapy (EFFT) and Acceptance and Commitment Therapy (ACT) is also offered.

South and North Delta Child and Youth Mental Health
220-5000 Bridge Street, Ladner, BC

And 200-11861 88 Avenue, Delta, BC
Supervisors: Dr. Kathleen Ting, L. Psych. and Dr. Serene Qiu, L. Psych.

In this three day/week (major rotation) or two day/week (minor rotation), Residents will engage in direct clinical service through individual and group therapy for children, youth and their families, as well as conducting comprehensive psychological assessments (e.g., cognitive; personality). The site accepts referrals for a variety of mental health problems including but not limited to anxiety, depression, self-harming behaviours, emotion dysregulation, aggression (Oppositional Defiant Disorder), family conflicts, complex developmental trauma. Several group facilitation opportunities are also available. In the past Residents have helped facilitate DBT informed groups, CBT groups, parenting groups, social skills groups, and anxiety groups. The Delta team is dedicated to community building and prioritizes weekly meetings where a variety of topics related to personal, professional and current events issues are discussed. This team also participates in several community tables, a notable one being a monthly interdisciplinary Community Consultation Meeting where workers from any community agency bring up challenging cases where we all brainstorm and jointly decide on treatment plans. Supervisors at this site specialize in using an integrative and diversity-affirming approach that is informed by research, cultural background, identity-factors, and evidence-based approaches such as DBT, CBT, EFFT, attachment-based, and psychodynamic approaches.

CYMH White Rock - South Surrey
15455 Vine Ave., White Rock, BC.
Supervisor: Dr. Brett Robinson, L. Psych.

In this one-day/week four-month specialty assessment rotation, Residents will focus on psychological assessments for children and adolescents. While all rotations will have the capacity to complete psychological assessments, this focuses specifically on aspects of complex psychological assessment to supplement other training. Depending on clinical need and the Resident's experience and interest, such

assessments may include autism spectrum disorder, components of neuropsychological testing, personality testing, and projective testing, in addition to cognitive, academic, memory, adaptive, social-emotional and behavioural testing. Residents will learn advanced case conceptualization assessment skills for complex youth, and will build and expand competency in assessment administration, scoring, interpretation, report writing, and therapeutic feedback.

PRIMARY SUPERVISOR INFORMATION

Rosalynn Record-Lemon, PhD, L. Psych. Director of Training. Full-time Psychologist at Langley CYMH office. 20434 64th Avenue, Langley, BC. Telephone: 778-572-3644. Fax: 604-514-2710. Email: rosalynn.record-lemon@gov.bc.ca. PhD Counselling Psychology, University of British Columbia, 2020.
Clinical Interests: Child and adolescent assessment and therapy with a particular focus on trauma-informed practices and third-wave cognitive therapies (i.e., ACT, DBT).

Chipo McNichols, PsyD, L. Psych. Psychology Practice Leader. Full-time Psychologist and CYMH Director of Operations (South Fraser). 20434 64th Avenue, Langley, BC. Telephone: 604-398-5539. Fax: 604-514-2710. Email: chipo.mcnichols@gov.bc.ca. PsyD: Antioch University, Seattle, 2016.
Clinical Interests: Complex trauma and Indigenous populations

Kathleen Ting, PhD, L. Psych. Full-time Psychologist and Team Leader at Delta CYMH office. 220-5000 Bridge Street, Ladner, BC. Telephone: 778-572-3928. Fax: 604-940-0164. Email: Kathleen.ting@gov.bc.ca. PhD Counselling Psychology, Boston College, 2003.
Clinical Interests: child, adolescent and adult therapy; family therapy; culturally competent practices; community mental health and systems interventions.

Brett Robinson, PhD, L. Psych. Full-time Psychologist with White Rock/Cloverdale CYMH. 15455 Vine Ave., White Rock, BC. Telephone: 236-468-3197. Fax: 604-951-2657.Email: brett.robinson@gov.bc.ca. PhD in Clinical Psychology, University of New Brunswick, 2015.
Clinical Interests: children and adolescents; assessment and therapy.

Serene Qiu, PhD, L. Psych. Full-time Psychologist at Delta CYMH office. 220-5000 Bridge Street, Ladner, BC. Telephone: 604-802-9192. Fax: 604-940-0164. Email: Serene.Qiu@gov.bc.ca. PhD in Clinical Psychology, UBC, 2022.
Clinical Interests: trauma, emotion dysregulation, adolescents and emerging adults, family-based skills training, cultural considerations in therapy.

CANDIDATE ELIGIBILITY, APPLICATION, AND SELECTION PROCEDURES

Eligibility

We are pleased to accept applications from doctoral (PhD or PsyD) students enrolled in clinical or counselling psychology programs. Applicants from a Canadian Psychological Association (CPA) or American Psychology Association (APA) accredited doctoral program will be given preference. Consistent with the Association of Psychology Postdoctoral and Internship Centres (APPIC) guidelines, applicants will be in the final stages of their doctoral program (i.e., have completed all degree requirements except for the dissertation, have defended their dissertation proposal, and have received approval from their program's Director of Training).

Residency training is subsequent to required clerkships, practica, and/or externships. It must be obtained while enrolled in a doctoral program in psychology. To be eligible for residency program, applicants must have completed a minimum of 600 hours of supervised training experience in their graduate program (with at least 300 face-to-face hours and 150 hours of supervision).

Residents are expected to have a good working knowledge of the major therapeutic techniques and strategies used with this population. Knowledge of the DSM-5-TR diagnostic criteria is also expected. Some knowledge of the treatment of children and adolescents is required. Training will also be provided as needed.

Applications

The South Fraser Doctoral Residency Program participates in the APPIC match and adheres to the APPIC match policies. Detailed information regarding eligibility criteria, application procedures, and deadlines can be found on the APPIC website: appic.org.

PLEASE NOTE: Registration for the Match does not constitute an application to our program. We abide by the APPIC policy to not solicit, accept, or use any ranking-related information from any residency applicant.

.All applications are submitted through the AAPI online and are to include the following:

1. . Completed common APPIC Application for Psychology Internship (AAPI), and the "Academic Program's Verification of Internship Eligibility and Readiness". (http://www.appic.org/).

2. Curriculum Vitae.
3. A cover letter explaining how our residency program will fit with your career goals.
4. Three letters of reference, one of whom is the Director of Training for your program and two supervisors of your clinical work.
5. Official graduate school transcripts
6. Two sample comprehensive psychological reports – preferably one twelve and under, and one adolescent.

Application Deadlines and Interview Notification

Application deadline is November 1st each year.

As per CCPPP recommendations, applicants will be notified on the first Friday in December whether they have been selected for an interview in January. Interviews will be conducted via video conferencing. Opportunities to meet with current residents and the Director of Training during the interview process will also be provided.

Selection

Selection is based on many factors, including (in no particular order):

- Academic excellence and accomplishments.
- Diversity, breadth, and depth of previous assessment and intervention experience.
- Clarity and organization of letter of interest.
- Fit between applicant's training and interest, and the training available at our sites.
- Research productivity.

Contact

Should interested applicants have any questions, they are encouraged to contact Dr. Rosalynn Record-Lemon, Director of Training, by email at : rosalynn.record-lemon@gov.bc.ca

INFORMATION ON ACCREDITATION

The South Fraser Doctoral Residency in Clinical and Counselling Psychology is accredited by the Canadian Psychological Association (CPA). Information on accreditation by the Canadian Psychological Association is available by contacting the following office:

Registrar of Accreditation
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, ON K1P 5J3
Phone: 613-237-2144 (extension 333) or 1-888-472-0657
Email: accreditation@cpa.ca
Website: http://www.cpa.ca/accreditation

COMPLAINTS, CONFLICT RESOLUTION AND APPEALS PROCEDURE

The South Fraser Doctoral Residency Program is committed to fostering a respectful, supportive, and collaborative training environment. Residents are encouraged to address concerns as early as possible through open communication and consultation with supervisors and training leadership. Residents have the right to raise concerns regarding their training experience without fear of retaliation. Similarly, the residency program has a responsibility to address concerns regarding Resident performance, professionalism, or conduct in a fair and timely manner.

The following procedures describe how concerns related to training, supervision, interpersonal conflict, or professional performance are addressed.

Conflict Situations

The supervision and training process for Residents is guided by the ethical principles for supervision outlined by a Canadian Psychological Association (2017)[1]. Despite this informed approach to supervision, a number of issues or circumstances may lead to perceived conflict by a Resident. The guidelines below are meant to offer Residents a process for resolving conflicts, not addressed by informal means, in a manner that preserves their rights and access to due process.

Conflict with Other Staff

If there is an unresolved conflict with a staff member, who might also be acting as a mentor or secondary supervisor, the Resident is expected to seek a resolution with the support of the primary supervisor and involvement of the staff member if this is appropriate and acceptable to the Resident.

If this approach does not address the problem to the Resident's or supervisor's satisfaction, the rotation Team Leader and/or the Director of Training may be asked to join discussions to assist in resolving the conflict.

Conflict with a Supervisor

If conflicts with a supervisor occur the following steps are to be followed.

1. The Resident is expected to first consult their primary supervisor and the Director of Training when undertaking to resolve a conflict with a supervisor.

(The steps below should only be taken if the above has not led to a resolution of the conflict. Residents are asked to document their experiences throughout this entire process).

2. If the Director of Training is unable to resolve the conflict, they will forward the information on to the rotation site Team Leader who will attempt to mediate the concern.
3. If the rotation site Team Leader cannot resolve the matter, they will select a psychologist outside of the team but acceptable to both the supervisor and the Resident, who will attempt to mediate the concern. The Resident will also have the opportunity to involve their union steward. The mediator is to request all written materials from the Resident and supervisor prior to meeting with them. The mediator's decision is considered the final team process.
4. The Resident may appeal this decision to the Regional Director of Operations if all other appeal mechanisms within the residency program have been utilized.

Conflict with the Director of Residency Training or Rotation Site Team Leader

If conflicts arise when the Director of Training or a rotation site Team Leader is supervising the Resident, the following steps should be followed:

1. If the Resident is comfortable conveying their concerns directly to the Director of Training or rotation site Team Leader, they are encouraged to do so.
2. If the issue is still unresolved, the information is provided to the Director of Training or rotation site Team Leader (whoever is not involved in the conflict) who attempts mediation. This mediator acquires all written materials from the Resident and supervisor in question prior to meeting with them. The Resident may request the presence of their union steward at this meeting. The decision of this mediator is considered final.
3. The Resident may appeal this decision to the Regional Director of Operations if all other appeal mechanisms within the team have been utilized.

Concern About Resident Performance or Behaviour

The residency program follows a developmental approach to training. Feedback is expected to occur regularly, and concerns are addressed at the earliest opportunity whenever possible.

When concerns regarding a Resident's performance, professional conduct, ethical decision-making, or progress arise, the residency will make reasonable efforts to support remediation before considering probation or dismissal.

The following section outlines the steps that are necessary should the use of probation or dismissal from the program be required due to a Resident's performance or behaviour. Throughout this process, it is recommended that the Resident consult with their union steward and if necessary, the College of Health and Care Professionals of British Columbia (CHCPBC).

Step 1: Supervisory Feedback and Remediation

When concerns arise with a Residents performance and/or behaviour, the supervisor will:

- Discuss concerns directly with the Resident.
- Clearly describe performance expectations.

If, after initial discussions with the Resident, a primary supervisor continues to deem the Resident's performance to be below expectations, or if the Resident engages in questionable behaviour, the supervisor must:

- Increase supervisory guidance; and/or
- Re-direct the Resident to other appropriate resources such as additional didactics and readings, and in some cases, individual therapy.

At this stage, no formal communication with other team members is required. However, the primary supervisor must put in writing the concerns that led to his or her discussion with the Resident, any remedial actions proposed to reduce these concerns, and the timeline identified for resolution of the concerns. This information must then be kept in the Resident's supervision file.

Note: Situations may arise where a Resident's behaviour is of sufficient severity that the probation procedure outlined here will be pre-empted by employer policies regarding unacceptable and/or criminal behaviour. If the concerns are serious or fall outside the boundaries of the residency, the Director of Training may forward the concerns directly to the rotation site Team Leader who may then forward it directly to the appropriate ministry supervisor or manager. The Director of Training of the Resident's university is notified of the situation by the residency Director of Training as appropriate.

Step 2: Director of Training Involvement

If concerns in Step 1 persist despite the additional supervision and support efforts, the supervisor will consult with the Director of Training and share their concerns in writing.

The Director of Training may:

- Meet with the Resident and supervisor.
- Create or revise the remediation plan.
- Identify additional training opportunities or supports.
- Establish timelines for review and evaluation.

Step 3: Ad Hoc Committee Review

If there are concerns after Step 1 that persist for more than two weeks after the involvement of the Director of Training, a formal Review Committee may be convened including the Ministry supervisor or manager and another staff psychologist chosen by the Director of Training who is acceptable to both the Resident and supervisor and who has not supervised the Resident. The Resident will also be given the opportunity to involve their union steward. Relevant parties involved in the conflict (usually includes the Resident and primary supervisor) may attend the Review Committee meetings. The Director of Training may be consulted as part of the review process.

The Committee's mandate is to review all pertinent data, to interview the Resident and supervisors involved, and to make one of the following recommendations:

- No action required;
- Corrective action short of probation;
- Probation for 3 months; or
- Dismissal of the Resident from the program.

All corrective actions proposed, whether involving formal probation or not, are documented on all contacts. If corrective action or probation is recommended, the Review Committee will specify a timeline for reviewing progress and will schedule a follow-up meeting. If the conflict is not resolved by a general consensus, an anonymous vote is taken in which the Director of Training, Team Leader, and staff psychologist vote.

The Director of Training summarizes the Review Committee's decision in a written document and forwards the document to all relevant parties, including the Resident's academic Director of Training. The Resident is provided the opportunity to have their union steward at the Review Committee meeting when the case is presented.

If the decision is to place the Resident on probation or dismiss the Resident, the Director of Training communicates the decision immediately to the Resident and the Director of Training of the Resident's university. Minutes of the meeting are kept.

Step 4: Probationary Review

Prior to the end of the formal probation period, the Review Committee will review the Resident's progress by examining reports and conducting interviews with the Resident and relevant supervisors. The committee will make one of the following recommendations:

- Removal from probation;
- Continuation of probation for an additional stipulated period;
- Dismissal from the program.

If the probation period is continued, the Review Committee will specify a timeline for review of the Resident's progress. If there is a continuation of probation, towards the end of the second probation period, the Review Committee makes one of two recommendations:

- Removal from probation; or
- Dismissal from the program.

If the Review Committee recommends dismissal, the Director of Training communicates the decision to the academic Director of Training as described above.

Step 5: Appeal Procedure

An appeal of the dismissal may be made to the rotation site Team Leader within one week of the Review Committee's decision. The host Team Leader will appoint an independent Appeals Committee that can uphold, modify, or reject the decision of the Review Committee. The Appeals Committee will be composed of a Team Leader from a non-residency site, a non-supervising licensed staff psychologist within the Resident's major area of concentration, and a non-supervising licensed staff

psychologist from the Resident's minor area of concentration. The psychologists should not have been involved in the Appeals Committee.

Endorsement of the proposed membership to the Appeals Committee is obtained by the Residency Support Committee. The decision of the Appeals Committee may be appealed to the Regional Director of Operations after all appeal mechanisms within the team have been exhausted.

Complaints by Others Regarding Resident Behaviour

Any concerns regarding a Resident's behaviour that have been raised by people other than the Resident's supervisors (e.g. clients, other staff, police) will be directed to the rotation site Team Leader who will follow appropriate policies and procures, as detailed above.

Termination of Employment

Should a Resident behave in a manner that causes them to be terminated from the employment in the Ministry of Children and Family Development, the residency will be terminated, and a failing grade given. Likewise, if a Resident leaves the residency prior to completion without an acceptable explanation, or has an unacceptable reason for an extended absence, the residency will be terminated, and a failing grade given. The residency Director of Training will notify the academic Director of Training.

Residents may be asked to leave the employment of the Ministry if they,

1. Commit ethical violations that pose risks to clients or create a substantial liability risk for the Ministry of Children and Family Development, or
2. Engage in clinical practice that clearly places clients at risk despite repeated feedback from supervisors and adequate opportunities to practice more clinically safe skills.

Ethical violations that place clients or the ministry at risk can include:

1. Sexual harassment, sexual exploitation, or sexual assault of clients or staff;
2. Significant dual relationships with clients;
3. Breach of confidentiality; or
4. Falsification of records.

Clinical practice that clearly places clients at risk can include:

1. Recommending treatments beyond the scope of accepted practice for psychology; or
2. Recommending choices to a client that place him or her at undue financial or health risk without a thorough review with the client of those risks (e.g., quitting school, leaving home).

If it is determined that an inappropriate behaviour is not cause for immediate dismissal, the supervisor is responsible for providing feedback regarding inappropriate clinical practice and must do so by providing a maximum of two written warnings and suggestions for corrective actions about the behaviour in question and documenting verbal warnings and suggestions with respect to the concerning behaviour.

When appropriate, opportunity to practice clinical skills will be provided by ensuring exposure to clinical cases to facilitate clinical practice, arranging feedback on the newly practiced skills, and arranging further opportunity to practice following a second round of corrective feedback about the behaviour in question.

Appeal Procedure

An appeal of the dismissal may be made to the rotation site Team Leader within one week of the Review Committee's decision. The Team Leader will appoint an independent Appeals Committee that can uphold, modify, or reject the decision of the Review Committee. The Appeals Committee will be composed of a Team Leader from a non-residency site, a non-supervising registered staff psychologist within the Resident's major area of concentration, and a non-supervising registered staff psychologist from the Resident's minor area of concentration. The registered psychologists should not have been involved in the Appeals Committee.

Endorsement of the proposed membership to the Appeals Committee is obtained by the Residency Support Committee. The decision of the Appeals Committee may be appealed to the Regional Community Mental Health Manager after all appeal mechanisms within the team have been exhausted.

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[1] Canadian Psychological Association (2017). *Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice and Administration.* Canadian Psychological Association.