

SickKids®

THE HOSPITAL FOR
SICK CHILDREN

Pre-Doctoral Residency in Paediatric Psychology

2024-2025



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

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

Overview

Three pre-doctoral residency positions in paediatric psychology are offered through The Department of Psychology at The Hospital for Sick Children in Toronto, Ontario. The one-year, full-time training position begins on **September 1, 2024**. Employment is contingent upon meeting The Hospital for Sick Children's Occupational Health Requirements.

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

Our overall goal is to prepare the resident for the varied demands of professional practice in psychology -- skills that are readily transferred to a wide range of community settings. To learn more about our department and training program, please see:

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

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

The Department of Psychology at SickKids exists as an independent department within a Child Health Services cluster model of service provision and includes over 30 psychologists specializing in neuropsychology, clinical and health psychology, 10 psychometrists, and numerous research staff providing services and conducting research within the hospital. In addition to clinical training at the residency level (3 positions, accredited by the Canadian Psychological Association), the Department offers clinical training at the Postdoctoral level in Paediatric Neuropsychology (2 positions), Paediatric and Health and Clinical Psychology (2 positions) and graduate practicum level.

¹ CPA Office of Accreditation
Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3
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Goals of the Residency

The goal of our program is to prepare developing professionals with the skills, abilities, and knowledge base to work within the scientist-practitioner model. Residents will gain experience with children of all ages who present with psychological problems related to congenital, perinatal, or acquired medical conditions, or mental health issues. Residents are exposed to a wide array of patient populations in both inpatient and outpatient settings. Graduates have entered Postdoctoral fellowship positions, positions in academic medical centers, academic settings, school boards, multi-disciplinary community clinics, and private practice.

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

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

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

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

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

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

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

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

Program Structure

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

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

Each rotation comprises 20 hours per week for 6 months. The resident will choose to emphasize either **intervention** or **assessment** by working in that rotation two days a week for the entire year. If the resident elects to emphasize intervention, they will work in the same intervention rotation for the entire year (or 2 consecutive, 6 month intervention rotations) for a total of 3 (or 4) rotations. Should a resident elect to emphasize assessment, they will change rotations at mid-year in order to gain experience with different populations, different assessment techniques and different supervisors resulting in a total of four rotations.

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

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



Rotations

Clinical training will consist of assessment, intervention, and consultation for a wide range of paediatric disorders and illnesses seen in a tertiary health care centre (ages 0-18 years). Rotations are offered to allow the resident to work with a diverse range of patients under the supervision of various staff psychologists, to provide service across multiple programs, and to participate in focused research.

Assessment

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

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

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

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

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

Intervention

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

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

Therapeutic approaches include:

- Acceptance and Commitment Therapy
- Cognitive Behavioural Therapy
- Comprehensive Behavioral Intervention for Tics (CBIT)
- Dialectical Behaviour Therapy
- Family psychoeducation, parent skills (Collaborative and Proactive Solutions)
- Play Therapy
- Mindfulness

<i>Intervention: Clinical/Health Psychology</i>	Patient Populations Served	Age	O/P Ax	I/P Ax
Chronic Pain Dr. Danielle Ruskin Dr. Catherine Munns	<ul style="list-style-type: none"> • Children and adolescents with chronic pain conditions (e.g., neuropathic pain after injury, headache, neuromuscular disease), with disability problems secondary to pain, and pain as a presenting sign of depressive, anxiety, or somatoform disorders 	3-18	✓	✓
EDS Clinic Dr. Stella Dentakos	<ul style="list-style-type: none"> • Children and adolescents with Ehlers-Danlos, Marfan and Loeys-Dietz syndromes. 	3-18	✓	

<p>General Paediatrics/ Oncology</p> <p>Dr. Joel Tourigny</p>	<ul style="list-style-type: none"> • Children and adolescents experiencing mental health issues in the context of their chronic health conditions • Children presenting with somatic disorders or behaviours interfering with medical treatment 	2-18	✓	✓
<p>Inflammatory Bowel Disease Program</p> <p>Dr. Sara Ahola-Kohut</p>	<ul style="list-style-type: none"> • Children with Crohn’s Disease and Ulcerative Colitis 	7-18	✓	
<p>Psychiatry</p> <p>Dr. Adrienne Blacklock Dr. Jennifer Mullane Dr. Megan O’Connor Dr. Kathleen O’Connor Dr. Erin Romanchych Dr. Jordana Waxman</p>	<ul style="list-style-type: none"> • Children with complex presentations of anxiety and mood disorders, obsessive-compulsive disorders, and somatic symptom and related disorders 	3-18	✓	
<p>Healthy Living Clinic</p> <p>Dr. Elizabeth Dettmer Dr. Andrea Regina</p>	<ul style="list-style-type: none"> • Children and adolescents with complex obesity 	6 -18	✓	
<p>Tics and Tourette’s Clinic</p> <p>Dr. Jody Levenbach</p>	<ul style="list-style-type: none"> • Children and adolescents with Tourette’s Syndrome and co-morbid conditions (diagnostic assessment) 	8 - 18	✓	

Rotation Descriptions*

ASSESSMENT

ADHD/Neurodevelopmental Program

Jennifer Crosbie, Ph.D., C.Psych. <https://www.sickkids.ca/en/staff/c/jennifer-crosbie/>

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

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

Cardiology Program

Renee Sananes, Ph.D., C. Psych., & Dragana Ostojic-Aitkens, Ph.D., C. Psych.

This rotation provides outpatient assessment and consultation for children and youth born with a complex congenital heart condition or diagnosed with an acquired heart condition. Trainees will have the opportunity to work with children and their families from 4 years of age through to young adulthood completing comprehensive assessments, conducting intake interviews, and providing feedback to families. If interested, arrangements can be made to involve the trainee in infant assessments (Bayley Scales of Infant Development at 18 months of age); this would involve primarily observing the assessment in our Cardiac Neonatal Neurodevelopment Clinic. Residents will have the opportunity to learn about the impact of congenital heart conditions on brain development, to appreciate the changing pattern of neurodevelopmental challenges from birth through young adulthood, and to consider potential impacts on family functioning, and quality of life.

Epilepsy, Neurosurgery and Genetics

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

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

Patients in these clinics range in age from 0-18+ years of age, with a wide variety of presenting concerns including intellectual disabilities, social communication concerns, attention, behavior, and learning disorders. Physical manifestations of disease often impact test choice and the ability to assess patients in a standardized manner. Rare disease is a focus of this rotation, and the unique challenges associated with less-common conditions. Families, caregivers, and the

entire multidisciplinary treatment team (social work, neurologists, neurophysiologists, geneticists, nursing, child life, dieticians, etc.) are important partners in the assessment and consultation process. Assessments are often higher stakes, informing treatment decisions and monitoring novel treatment outcomes. The ideal candidate will have some strong previous training in standardized assessment, as exploring the limits of testing may be required for patients presenting with low vision, hearing disorders, and physical and/or behavioural differences. This rotation includes significant training content related to issues of equity, especially for newcomers to Canada and/or those who may speak a primary language other than English.

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

Epilepsy Surgery

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

The Epilepsy Surgery Program primarily provides outpatient neuropsychological assessment and consultation for children and youth with a history of medical refractory and focal epilepsy who are being considered for epilepsy surgery or who are being followed post-epilepsy surgery. Trainees will have an opportunity to complete comprehensive assessments with patients from 4 years of age through to young adulthood, with a wide variety of presenting challenges and needs. Common presentations include ADHD, memory problems, slow or variable processing speed, focal neurological deficits, Learning Disabilities, Intellectual Disabilities, as well as emotion and behavioral dysregulation. There may be opportunities to observe language mapping during ESAM or SEEG procedures and be involved in the Epilepsy Classroom (assessments and/or groups). Strong candidates should have prior experience with standardized psychological test administration and some background knowledge of brain development, cognitive development, and neuroanatomy.

General Neurology

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

This rotation focuses almost exclusively on outpatients through the neurology department. We see children ages 4 and up for neuropsychological assessment and brief consultations. Patients include those with non-surgical epilepsy, neuroinflammatory conditions (e.g., MS, encephalitis), and other neurological conditions (e.g., ataxia). We also see patients from the NF1 clinic with positive neuroimaging findings. Children and teens with cognitive, academic, and behavioural concerns are seen for a single or repeat assessment, depending on the condition and nature of the referral question. From time to time, we are asked to track the patient's response to treatment. We work closely with various physicians, nurses, and social workers from both the Neurology and Paediatrics Departments.

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

Hematology/Oncology Program

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

This rotation involves primarily outpatient neuropsychological assessment and consultation within the Division of Hematology/Oncology. Patients (aged 4-18 years) are mainly referred by the Sickle Cell Disease, Leukemia/Lymphoma, and Neuro-Oncology teams. Cognitive, academic, and emotional-behavioral difficulties are assessed, and interventions are recommended with consideration of the patient's development, medical condition, treatments, individual, family and other relevant factors. The neuropsychology team works closely with other members of the inter-professional team, including physicians, nurses, clinical psychologists, social-workers, speech-language pathologists, occupational therapists, physiotherapists, transition navigators and Inter-Link nurses. Consultation with school staff and other community providers is also common. The resident will become proficient in administering, scoring, and interpreting neuropsychological tests and developing integrated neuropsychological formulations, diagnosing disorders (e.g., Intellectual Disability, Specific Learning Disorder, ADHD, Neurocognitive Disorder) and recommending evidence-based interventions. Knowledge of the medical conditions and treatments, long-term outcomes and neuropsychological professional practice are emphasized. There may be opportunities for research as well. Strong candidates have a foundation in child neuropsychology assessment.

Neonatal Neuropsychology/NeuroOutcomes Lab [//lab.research.sickkids.ca/neurooutcomes/](http://lab.research.sickkids.ca/neurooutcomes/)

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

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

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

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

Neonatal Neuropsychology/Neurosurgery Program

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

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

Paediatric Stroke Program

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

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

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

Transplant and Regenerative Medicine

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

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

The resident will have the opportunity to work closely with each of these multidisciplinary teams, including rehabilitation (OT, PT), child life, social work, nursing and physicians, alongside consultation with other staff as needed (e.g. psychiatry). Assessment will form a comprehensive battery of standardized measures to cover a broad range of neuropsychological domains, with

more specialized measures included, as needed. As well as providing feedback the patient and their family, liaison with the medical team and child's home school are integral to the assessment, to allow for effective medical and educational planning and intervention to take place. There may be the opportunity for brief focused intervention, if warranted. Research opportunities are available with the focus on exploring potentially influential factors (e.g., medical, treatment, demographic) impacting neuropsychological outcome, in this understudied population.

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

INTERVENTION

Chronic Pain Program

Catherine Munns, Ph.D., C.Psych. & Danielle Ruskin, Ph.D., C.Psych.

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

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

Ehlers-Danlos Syndrome Clinic and Connective Tissue Disorders Program

Supervisor: Stella Dentakos, Ph.D., C.Psych.

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

The resident will receive training and exposure in both clinical and health psychology and be involved in various clinical activities including health psychology assessments, individual therapy, group intervention, and professional consultations. The rotation will also consist of weekly multidisciplinary pre-clinic rounds as well as participating in weekly EDS clinic. There will also be opportunity for clinical research and quality improvement projects. Primary treatment modalities include Acceptance and Commitment therapy (ACT) and Cognitive Behavioral Therapy (CBT). Mindfulness, Dialectical Behavioural Therapy (DBT), and behavioural approaches are also integrated based on individual patient characteristics and needs. Strong candidates would have a foundation of CBT and/or ACT training. A biopsychosocial approach to case formulation and conceptualization is emphasized. An interest in education, knowledge dissemination, and clinical research is also an asset.

General Paediatrics/Oncology

Supervisor: Joel Tourigny, Ph.D., C.Psych. & Melissa Howlett, Ph.D., C. Psych.

The rotation in general paediatric psychology is a clinical rotation emphasizing exposure to aftercare oncology (active treatment, transition off treatment, long-term follow-up) with supplemental cases drawn from the cystic fibrosis clinic, sickle cell clinic, haematology clinic, and the inpatient population. The majority of children and families will be seen on an outpatient basis though some inpatient work is likely to occur. Children and youth may span the full age range. Common clinical presentations include health-related anxiety, PTSD in youth and/or parents, adherence concerns, coping and adjusting to life with a chronic illness, and somatic presentations. Trainees will have exposure to a full interdisciplinary team. Clinical work will develop skills in conducting brief consultations with patients in the medical clinic setting, engaging in consultations with the interdisciplinary team, and more traditional psycho-social assessment and diagnostic interviews, case conceptualization, treatment planning, and intervention. Strong candidates will be experienced with interviewing and intervention skills and have some background or exposure to health psychology principles.

Inflammatory Bowel Disease Program

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

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

Common clinical presentation adjustment disorder, procedural or disease related anxiety, adherence, management of challenging physical symptoms (and the interplay between organic and non-organic symptoms), somatization, perfectionism, medical trauma, anxiety, and depression. Trainees will develop skills in psychodiagnostic assessment, short- and long-term treatment, consultations, experiential and skills-based group facilitation, virtual mental health care, transdiagnostic and process-based treatment. Treatment modality is primarily Acceptance Commitment Therapy and applied mindfulness although opportunities may be available for CBT (consultation, individual, family, dyadic, group). Strong candidates are flexible and adapt to current symptom presentation, open to 1:1, family, and group treatment (some evening groups/workshops), open to discussing challenging/socially embarrassing physical and emotional symptoms. Some familiarity and mindfulness-based practice experience an asset. Opportunity for research examining psychosocial correlates of IBD, peer support, mindfulness and ACT are also available.

Outpatient Psychiatry Program

Supervisors: Adrienne Blacklock, Ph.D., C.Psych., Jennifer Mullane, Ph.D., C.Psych., Megan O'Connor, Ph.D., C. Psych., Kathleen O'Connor, Ph.D., C.Psych., Erin Romanchych, Ph.D., C.Psych., Jordana Waxman, Ph.D., C.Psych.

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

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

Residents work with school aged children, adolescents, and their caregivers in a combination of individual therapy and group interventions. Evidence-based treatment modalities are varied, with cognitive behaviour therapy being most widely utilized and other therapeutic modalities (e.g., acceptance and commitment therapy, dialectical behaviour therapy, interpersonal psychotherapy) incorporated as indicated. Group opportunities may include DBT-informed Multi-Family Skills Group, Mind Body Together Group (for Somatic Symptom and Related Disorders), CBT Group for Caregivers of Young Children with Anxiety, and Emotion-Focused Family Therapy Caregiver workshops. Opportunities may also be available for program evaluation research, education, multidisciplinary collaboration, symptom management and consultation.

This rotation emphasizes developing proficiency in providing evidence-based interventions with school-aged children, youth and their caregivers across a broad range of psychiatric and health presentations. Strong candidates would have foundational training in CBT, familiarity with ACT/DBT, and an interest in intervention with youth with complex and comorbid mental and/or physical health presentations.

SickKids Healthy Living Clinic (SickKids HLC)

Elizabeth Dettmer, Ph.D., C.Psych., Andrea Regina, Ph.D., C.Psych.

The SickKids Health Living clinic (formerly the SickKids Team Obesity Management Program (STOMP)) provides outpatient interdisciplinary assessment and treatment to children, youth and their caregivers for complex concerns related to weight, eating, activity and related medical and psychological comorbidities. The team is comprised of specialists from Psychology, Social Work, Nursing, Endocrinology, Adolescent Medicine, Paediatrics, Nutrition, Exercise, and Physiotherapy.

Mental health providers on the team are integral in the assessment and treatment of complex and often severe health psychology presentations that include emotional eating, hyperphagia (secondary to hypothalamic obesity), binge eating, and adherence issues, as well as related comorbid psychological issues such as social anxiety, depression, suicidal ideation, bullying, school refusal and body image concerns. Additional socioeconomic, genetic, and familial/interpersonal relationship factors have a particularly strong impact on treatment and prognosis. Treatment is primarily cognitive behavioural (CBT), with other approaches (e.g., MI, DBT skills, EFT, and parent management training) integrated as appropriate. Both individual and group treatments are offered for patients and their caregivers.

Psychology residents contribute to all parts of the program. They provide group and individual therapy for children, adolescents, and parents, as well as frequent consultation to the interdisciplinary team within joint allied health appointments and weekly rounds. The SickKids HLC team is also heavily involved in ongoing program development and research. Residents are encouraged and supported in joining specialized projects as interested. Competitive candidates have a foundation in CBT and a strong interest in Health Psychology.

Suspected Child Abuse and Neglect Program (SCAN)

Jasmine Eliav, Ph.D., C. Psych., Lana DePatie, Ph.D., C. Psych & Cynthia Shih, Ph.D., C. Psych.

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

Scholarship and Research



SickKids is an active and exciting academic research environment with a growing list of equity initiatives and community partnerships. The program in Neuroscience and Mental Health within the Research Institute and the Brain and Behavior Centre integrate state of the art clinical, education, and research initiatives. Research at SickKids ranges from characterizing the impact of various adverse insults on development, to understanding the core neurocognitive deficits associated with neurodevelopmental disorders or acquired brain damage, to clinical trials of cutting edge interventions such as mindfulness informed group therapy for inflammatory bowel disease and evidence-based virtual mental health parent interventions.

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

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

Supervision

In accordance with CPA Accreditation Standards, residents will have a primary supervisor in each rotation and will receive **at least 3** hours of individual face-to-face supervision and 1 hour of shared supervision per week. Regularly scheduled, one-to-one supervision will involve case review, setting and monitoring of training goals, and professional development. Supervision follows a developmental model and fellows will work with a variety of faculty members throughout the fellowship for broad exposure to different styles of clinical practice and supervision. Group professional support/supervision meetings with the Residency Coordinator also takes place on a regular basis to address topics in professional/ethical standards, professional practice issues, cultural and individual differences, and diversity.

Didactics

A rich array of didactic learning opportunities are available at SickKids. Rotation-specific readings will be suggested by individual supervisors. More formal didactics are provided to ensure a broad knowledge-base in paediatric psychology. Residents are expected to attend all of the health psychology didactics, while attendance at the neuropsychology offerings is optional. In addition to these seminars, other optional didactic opportunities exist within the psychology department and the hospital as a whole.

Health Psychology Seminars aim to provide residents with protected time to develop and enhance their clinical skills. Rotation-specific readings will be suggested by individual faculty.

Sample format below:

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

In addition, residents are expected to attend:

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

Evaluation

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

- Developmental, competency-based model of training
- Monthly supervisor meetings; mid-rotation and final rotation evaluations
- Opportunity for resident to provide feedback on rotation, supervision, and residency experience

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



Facilities

The department has office and bookable testing space and all staff, including residents, have access to secure online platforms (e.g., Microsoft Teams, Zoom for Healthcare, OTN – Ontario Telemedicine Network, REDCap, Q-Interactive). Residents have access to a large, shared office space. Each resident has an individual desk space, computers and access to administrative support and access to bookable office space for individual assessments or therapy. Other resources in the department include an observation/interview room with a one-way mirror, a group therapy room and psychometric measures (Q-interactive/Q-Global, etc). Residents have individual computers, private phone line and access to electronic medical journals through the University of Toronto Library.

Equity, Diversity & Inclusion at SickKids

SickKids believes that an equitable and inclusive culture empowers staff and trainees to freely explore and express their ideas without fear, which has consistently led to new ideas and innovations. The goal is to transform health-care systems to authentically reflect the communities we serve by engage in community partnerships to improve the health experience of racialized communities.

Equity, Diversity and Inclusion Strategy

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

The SickKids EDI Strategy guides the work of various committees and is embedded in many initiatives, including:

- The EDI Steering Committee provides a platform for discussion and guidance regarding EDI initiatives, programs and policies across the organization with representation from across clinical, learning and research groups.
- Research Institute Equity, Diversity, and Inclusion Office
- Black Experiences in Health Care Working Group
- 2SLGBTQIA+@SK Committee
- Accessibility Steering Committee
- The SickKids Indigenous Health Strategy developed five key guiding principles:
 - Self-determination
 - Truth and reconciliation
 - Cultural safety and sensitivity
 - Honesty and transparency
 - Efficient use of resource
- Land Acknowledgment
- Signing of the BlackNorth Initiative Pledge (2020)
- Adoption of the Inclusion Flag and 2SLGBTQIA+ acronym
- Preferred Name Initiative

Additional EDI Learning Opportunities:

- **Tea with Tee:** An opportunity for staff to come together in conversation to discuss equity, diversity and inclusion and how it can be further integrated at SickKids in an effort to create a safe space, so everyone is acknowledged, valued and respected.
- **EDI Champions Program:** The EDI Champion program helps prepare EDI Champions at SickKids to engage in EDI conversations, share knowledge and create safe spaces for reflection and learning among their peers.
- **Health Equity Rounds:** The Centre for Innovation & Excellence in Child and Family-Centred Care hosts a virtual “Health Equity Rounds” series for staff, providing a forum for discussions on disparities in health care and health outcomes experienced by certain groups based on race/ethnicity, and various other areas of discrimination. The Equity Rounds focus on learning opportunities about health equity, the social determinants of health, and the impact of bias in health care as well as strategies to address health disparities and take action on inequities.
- **Dialogues in Diversity:** A series of conversations among leading academics, EDI practitioners, and social justice advocates discussing equity, diversity, and inclusion across a wide spectrum of topics. The series is intended to explore the various ways in which the application of an EDI lens, and engagement of EDI best practices and principles, can impact equitable health outcomes.

Safe Consultation

Integrating with the hospital culture of Sick Kids can be both a daunting and rewarding experience. The Department of Psychology is committed to ensuring trainees feel welcomed, included, supported, and heard.

In addition to having access to the Director of Training and staff, residents will have access to Safe(r) Spaces at SickKids. This initiative comes from the EDI Office and the organization's EDI Steering Committee and is a part of our ongoing efforts to create positive environments. Safer Spaces allow individuals who are members of specific communities, and allies, to network, establish a sense of community and create affirming spaces at SickKids. Safer Space sessions are available on a drop-in basis and are led by EDI Steering committees caucus.

These caucuses are situated around identity and community groups including:

- 2SLGBTQIA+
- Accessibility, Access and Inclusion
- Anti-Black Racism
- Women in Science
- Indigenous Reconciliation Working Group (coming soon!)
- Racialized, Unity, and Solidarity (coming soon!)

Employee Wellness

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

Employee Assistance Program: The Employee Assistance Program (EAP) is a confidential and voluntary support service that can help you develop strategies to help you with personal or work-related concerns, tensions, and stress before they lead to more serious difficulties. EAP is available at no cost to employees and their families.

Employee Relations: The Employee Relations group provides support to all staff who work at SickKids when dealing with difficulties in the workplace such as interpersonal conflict or issues related to discrimination, breaches of the Code of Conduct, the Respect in the Workplace policy and the Prevention of Workplace Violence and Harassment policy.

Peer Support Program: A confidential resource, offering individual mental health outreach and trauma support 24/7 to staff in need. Peers can connect with their colleagues in a variety of ways (e.g., meeting one-to-one or providing support via telephone, email, or text).

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

COVID-19 Impact on Training

The SickKids is committed to the training of future psychologists and achieving core competencies remains a priority. Since the onset of the COVID-19 pandemic, the residency program and faculty have prioritized clinical care, training, and safety. As a result, a hybrid model of care (combination of in-hospital and virtual) continues to be provided.

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

Teaching faculty and departmental leadership are committed to being transparent with information, collaborating with residents to develop disruption contingency plans guided by training goals, and to document adjusted goals and expectations (including supervision arrangements). Should disruptions to rotations occur, potential and current residents will be notified as soon as information becomes available.

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

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

All residents are paid employees of SickKids and are considered essential workers. No residents were redeployed during their training years of the pandemic, but SickKids employees could potentially be redeployed to other roles in the hospital (within their competence) if such measures were deemed necessary.

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

Stipend and Benefits

The current stipend for the 2024-2025 year is set at \$42,000 CAD. Residents are eligible for the modified SickKids benefits package (health and dental), 3 weeks paid vacation, 9 statutory holidays recognized by the hospital, 2 paid “float” days, and 1 week paid professional development leave. A \$500.00 professional development fund is provided for each resident for attendance at scientific conferences or professional development activities during the year.

Eligibility

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

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

A broad range of academic and practical experience, particularly with respect to child assessment and treatment is valuable. Applicants who bring diversity to the program (e.g., fluency in French/other languages or experience with under-served populations) are especially encouraged to apply. In accordance with Canadian immigration requirements, preference is given to applicants who are Canadian citizens, or permanent residents of Canada.

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

Application

Our program uses the APPIC standard application, available on-line at www.appic.org. The application package includes a form entitled "Verification of Internship Eligibility and Readiness" which must be completed by the Graduate Program Director of Training and submitted as part of the application. **Hospital for Sick Children Program Code: 181811.**

Required supporting materials include:

- Cover letter stating applicant's professional plans and special interest in the SickKids Predoctoral Residency Program (or refer to APPIC application essays)
- Curriculum Vitae
- Official graduate school transcripts
- APPIC Verification of Internship Eligibility and Readiness form
- Three (3) letters of reference (using the standardized APPIC reference form). At least two (2) letters should be from supervisors familiar with the applicant's clinical skills.

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

Applicants who have had placements and/or requirements that were negatively impacted by the COVID-19 pandemic are encouraged to have their Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If placements were cancelled or prematurely terminated, applicants are encouraged to describe the training and hours that were anticipated in their cover letter.

The Psychology Residency Program at SickKids conforms to the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is a member of the Canadian Council of Professional Psychology Programs (CCPPP). We participate in the Computer Matching process sponsored by APPIC. Completed applications are rated independently by members of the Residency Committee and are ranked. This residency site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept, or use any ranking-related information from any resident applicant.

- Candidates will be notified on the *CCPPP Universal Notification Date* - <https://ccppp.ca/> regarding whether or not they are being offered virtual interviews.
- *Interviews will be conducted with selected applicants during the 2nd and 3rd weeks of January 2024.* While on-site interviews are not required, all candidates are invited to visit the hospital and meet with staff if possible.
- The matching process is completed through the National Matching Service.

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* – <http://laws.justice.gc.ca/en/P-8.6>), only information that is required to process your application is collected. This information is secured and is shared only with those individuals involved in the evaluation of your residency application.

Contact:

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Information about SickKids and Toronto

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

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

