Pre-Doctoral Internship in Clinical Psychology

2017 - 2018
The Children's Hospital of Eastern Ontario (CHEO), located in Ottawa, Canada is a 110-bed tertiary care paediatric hospital serving Eastern Ontario and Western Quebec. It has a catchment area of approximately 600,000 children 18 years and under, and has provided specialized paediatric health care to children and their families in English and French since its opening in 1974. The hospital is committed to building partnerships with the community in order to provide a continuum of care to children and their families. The hospital also plays a leading role in providing advocacy for children's health issues, health promotion and injury prevention. In 2003, CHEO received designation as a provincial Centre of Excellence in Child and Youth Mental Health.

The hospital is part of a large modern health science complex affiliated with the University of Ottawa with major responsibilities for clinical teaching and research in a number of disciplines. CHEO has also achieved excellence as a centre for both basic and applied research in children's health.

**PSYCHOLOGY AT CHEO**

Psychology serves as the primary professional affiliation for psychologists working in the different patient services units. The Professional Practice Leader (PPL) is responsible for issues of professional competence and standards, as well as both intra- and inter-disciplinary practice issues. The PPL and members of the profession actively collaborate with clinical program directors in the recruitment, hiring and allocation of staff. Bimonthly meetings are held to discuss professional issues.

Psychologists within the hospital are members of a range of programs within the Mental Health, Rehabilitation, Paediatrics, Genetics, Autism and Oncology Patient Service Units. Psychologists affiliated with the Ottawa Children's Treatment Centre (OCTC) also participate in psychology training. Psychology staff provide comprehensive assessment and intervention services to children and their families, seen as both inpatients and outpatients. Children and adolescents are seen for assessment of their neuropsychological, cognitive, developmental, personality and behavioural functioning. Treatment services include individual, group, parent and family therapy. Emphasis is placed on assessing and treating children within a family and social context. Liaison and consultation to other agencies such as schools or community often form part of the assessment-intervention experience. Consultation to other professionals within the hospital is also an integral part of the work of psychologists. Many clinical services are offered in both English and French.

Psychology staff members are active in teaching and training psychology residents and practicum students as well as paediatric and psychiatric residents. Many staff members hold appointments with the University of Ottawa and Carleton University. Staff are also active in community service, including offering workshops and lectures to both professional groups and the public.

Psychology at CHEO is based on the scientist-practitioner model. Applied research is an important part of the goals and activities of psychologists in the hospital. Staff are involved in both independent and collaborative research projects, as well as in the supervision of student research theses.
THE INTERNSHIP IN PSYCHOLOGY AT CHEO

We offer predoctoral internship training for students enrolled in doctoral clinical psychology and clinical neuropsychology programs. Our internship is accredited by the Canadian Psychological Association. The training program can accommodate both English speaking and bilingual (French-English speaking) residents.

The training program provides trainees with the opportunity for a rich experience through active clinical work, intensive supervision, small group seminars, program evaluation, hospital speciality rounds and interaction with other health professionals. The focus is on developing the trainee's clinical skills in assessment, treatment and consultation. Residents are exposed to different supervisors, a variety of treatment models and a broad range of child clinical, health and neuropsychological conditions over the course of the internship year.

The Canadian and American Psychological Associations first accredited the Psychology Internship Program in 1990, with subsequent re-accreditation in 1995, 2000 and 2005. In 2009 the program withdrew from APA accreditation. In 2012 we were re-accredited for a seven year term.

Philosophy and Training Model: The Internship Training Program in Clinical Psychology reflects our commitment to the scientist-practitioner model. In keeping with CHEO's mission statement, our model of education was developed to train psychologists to provide exceptional care that is informed by theory and research. We believe that the practice of psychology is enhanced by encouraging trainees, who have already demonstrated a commitment to the science of psychology, to develop their clinical skills in an environment that promotes research and education. Accordingly, our clinical training is provided by doctoral level psychologists engaged in ongoing research, program evaluation and the communication of psychological knowledge to the public. Residents in our program are encouraged to anchor their clinical service in a thorough review of existing scientific literature and evaluate their interventions systematically. They are also encouraged to use their clinical practice to generate critical questions for further investigation.

Another important aspect of our setting is the value placed on interdisciplinary teamwork in order to provide the highest quality service to clients. We value the contribution of our colleagues and encourage the participation of other disciplines, such as medicine and social work, in our training program.

Our model of training allows for a diversity of experience that will enable residents to develop both a sense of professional identity and the ability to work collaboratively in an interdisciplinary paediatric health care setting. We provide the opportunity to expand clinical skills through work with children and youth across the developmental spectrum, many of whom may also have complex medical histories. Throughout our training program, the ethical practice of psychology is emphasized. Through instruction and modelling, staff teach the highest level of respect for the rights and freedoms of the children, youth and families that we serve. We foster residents' growing independence both clinically and professionally (i.e. through their participation on the internship committee) to facilitate a sense of professional identity as they move from viewing themselves as students to professional psychologists. We believe that in providing excellent training within the scientist-practitioner model we are able to prepare residents for a range of career options, including research and academic positions.
Our philosophy and model of training is elaborated and operationalized in the following goals and objectives.

Training Goals and Objectives

**GOAL 1:** Residents will demonstrate proficiency in psychodiagnostic assessment with children and adolescents, using clinical interviews as well as behavioural, personality, cognitive and neuropsychological assessment measures.

*Objective 1:* Residents will develop competence in conducting comprehensive intake/diagnostic interviews. This includes obtaining a thorough developmental history, conducting clinical interviews with children and adolescents and conducting family/parental interviews/assessments.

*Objective 2:* Residents will develop competence in administering and interpreting psychometric measures to assess behaviour, personality and social-emotional functioning. This includes developing skills in using both objective and projective assessment instruments.

*Objective 3:* Residents will develop competence in the administration and interpretation of standardized psychometric measures of cognitive/neuropsychological functioning and academic achievement.

*Objective 4:* Residents will develop competence in providing feedback, both oral and written, to families, referring agents, community agencies and members of interdisciplinary treatment teams.

*Objective 5:* Residents will develop competence in independently planning and implementing comprehensive psychological/neuropsychological assessments that take into consideration relevant medical, developmental and social-contextual factors.

**GOAL 2:** Residents will develop proficiency in the use of diverse empirically and theoretically based approaches to therapy with children, adolescents and their families. This will include supervision and training in various psychotherapy modalities (e.g. individual, group and usually family therapy), as well as parent-mediated interventions.

*Objective 1:* Residents will develop competence in conducting individual therapy with children and adolescents. This may include development of skills in play therapy, behavioural or cognitive/behavioural interventions, systemic or interpersonal approaches.

*Objective 2:* Residents will gain experience in conducting group based psychotherapeutic interventions with children, adolescents and/or parents. This may include process-oriented groups, structured behaviour and/or cognitive-behavioural interventions and parent-training groups.

*Objective 3:* Residents will develop competence in conducting family-based interventions. This may take the form of psychotherapy or consultation, depending on the training track.
Objective 4: Residents will develop competence in planning, implementing and monitoring interventions that take into consideration developmental, medical and socio-contextual factors. Residents will develop competence in evaluating treatment needs, therapeutic effectiveness and treatment process.

Objective 5: Residents will develop an awareness of client and therapist factors that affect treatment effectiveness.

GOAL 3: The training program will prepare residents to function within an interdisciplinary paediatric health care environment.

Objective 1: Residents will develop and refine skills in working collaboratively with other professionals as members of interdisciplinary teams. Specific skills residents will acquire include developing a sense of their professional role and respecting the unique contribution of other team members, as well as the ability to contribute appropriately to team discussions.

Objective 2: Residents will develop competence in providing consultation to other professionals in the care of children, adolescents and their families. This may include developing, implementing and evaluating inpatient and outpatient interventions in concert with other members of the treatment team.

Objective 3: Residents will develop the skills required to obtain the medical information necessary to provide competent assessment, treatment and consultation services. This includes obtaining relevant information about the client’s medical condition through a review of the medical chart, and scientific literature, and liaison with other health care professionals.

GOAL 4: The training program will instill in residents the ethical and professional principles needed to ensure that they are prepared for independent practice.

Objective 1: Residents will develop an awareness and understanding of the provincial and federal legislation and standards relevant to conducting research and providing psychological services to children, adolescents and their families.

Objective 2: Residents will participate in a range of activities that refine their understanding of ethical issues and enhance their ability to apply this knowledge to their clinical, research and professional activities.

Objective 3: Residents will demonstrate an appropriate awareness of the limits of their clinical competence, based on their level of professional training and experience.

GOAL 5: Residents will refine the skills required to integrate science and clinical practice.

Objective 1: Residents will demonstrate initiative in seeking out and critically evaluating scientific literature relevant to clinical cases and issues.

Objective 2: Residents will gain exposure to key concepts and methods in program evaluation.
**Objective 3:** Residents will have the opportunity to refine previously acquired research skills in order to address some of the unique challenges in conducting research within a clinical setting. This includes learning to formulate questions that are clinically relevant and feasible, working collaboratively on the development and implementation of research projects with other disciplines, gaining exposure to ethical issues in conducting clinical research, communicating research results and consulting with other professionals about research issues.

**GOAL 6:** Residents will develop an awareness of and sensitivity to cultural and individual differences in their clinical, research and professional activities.

**Objective 1:** Residents will gain experience working in a health care setting with children, youth and families representing a diversity of cultures and individual differences. This will include considering the role of cultural and individual factors in the selection, administration, and interpretation of psychological tests, as well as in providing feedback, consultation and treatment to children and their families.

**Objective 2:** Residents will have the opportunity to learn about individual and cultural differences relevant to their clinical practice.

**GOAL 7:** The training program will foster the development of residents' professional identity as psychologists.

**Objective 1:** Residents will become knowledgeable about models, skills, and ethical issues related to supervision.

**Objective 2:** Whenever possible, residents will gain experience in providing supervision, through participation in peer consultation, group supervision, and line-supervision of practicum students.

**Objective 3:** Residents' awareness of the role of a psychologist within a health care setting will be promoted by their participation in discipline or hospital-wide administrative committees.
ORGANIZATION OF TRAINING ACTIVITIES

The overall organization of the internship is designed to provide residents with specialized training in specific areas of interest while at the same time ensuring breadth of training in a range of areas relevant to child psychology. The internship offers two tracks: Child Clinical Psychology and Paediatric Neuropsychology.

**Child Clinical Psychology Track (3 positions)**

**Objective:** The Child Clinical Psychology Track within the psychology internship at CHEO is intended to prepare residents for the practice of clinical psychology with children and adolescents across the developmental span, including those who have complex medical conditions as well as mental health needs. By the end of the internship, it is expected that residents will have developed sufficient clinical and professional competence to become registered in clinical psychology in any jurisdiction within Canada or to move into postdoctoral training.

**Organization of the training year:** During the year residents participate in two six-month major rotations for approximately three days per week. The focus of the major rotations is on providing in-depth training experiences in the areas selected. Concurrent with each major rotation, residents select minor rotations, which require approximately a half a day per week. The function of the minor rotations is to ensure a broad based training experience by exposing residents to clinical areas outside those of their primary interest. Across their rotations, trainees may be supervised in cognitive, developmental, personality and behavioural assessment, as well as individual, family and group therapy. In addition, within each rotation, residents gain experience working as part of an interdisciplinary team. The resident and supervisor jointly establish individual rotation-based training goals.

This core program is augmented by participation in the Family Therapy Training Experience, the Individual Psychotherapy Training Experience, the Professional and Clinical Issues Seminar, and a monthly City Wide Seminar Series. Residents also complete a program evaluation project that is typically rooted in one of their clinical rotations. Opportunities for involvement in applied research can be incorporated into residents’ programs. In addition, residents have the opportunity to develop their supervision skills by participating in the supervision of practicum students. Residents also attend bimonthly psychology discipline meetings as well as psychology professional development meetings. Attendance at hospital rounds and research seminars is highly encouraged, but is optional. The table below provides an overview of the organization of the Child Clinical Psychology track.
## Organization of Internship Activities - Child Clinical Psychology Track

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<tr>
<th>September</th>
<th>March</th>
<th>August</th>
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<tbody>
<tr>
<td><strong>MAJOR ROTATION 1</strong></td>
<td><strong>MAJOR ROTATION 2</strong></td>
<td><strong>MAJOR ROTATION 2</strong></td>
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<td>3 days per week</td>
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<tr>
<td><strong>MINOR ROTATION 1</strong></td>
<td><strong>MINOR ROTATION 2</strong></td>
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<td>½ day per week</td>
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**FAMILY THERAPY TRAINING EXPERIENCE**
2 hours per week

**INDIVIDUAL PSYCHOTHERAPY TRAINING EXPERIENCE**
3 hours per week

**SEMINARS/MEETINGS/ROUNDS**
4 hours per week

**PROGRAM EVALUATION EXPERIENCE**
2 hours per week

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**Paediatric Neuropsychology Track (1 position)**

**Objective:** The paediatric neuropsychology track within the psychology internship at CHEO is intended to prepare residents for the practice of clinical neuropsychology with children and adolescents. By the end of the internship, it is expected that residents will have developed sufficient clinical and professional competence to become registered in neuropsychology in any jurisdiction within Canada or to move into postdoctoral training in paediatric neuropsychology.

**Organization of the training year:** During the year, residents participate in one major rotation in neuropsychology, which is divided into two phases of six months each and takes approximately three days per week. Residents choose rotations in two of Oncology, Rehabilitation or Behavioural Neuroscience and Consultation Liaison. They also have the opportunity to participate in a range of ancillary activities such as attending neurology and neuroradiology grand rounds, tumour board meetings, and if possible, observing brain cuttings and neurosurgery.

- The rotation in Oncology consists of assessment of children and adolescents who are being treated or have been treated for cancer, primarily leukaemia or brain tumours. Consultation is provided to the treating team, families and occasionally schools. This may include monitoring the effects of the disease process or of treatment, making recommendations for educational
programming, career planning or be related to activities such as driving for those moving to the adult aftercare program. Residents attend neuro-oncology and psychosocial rounds.

- In the Rehabilitation program residents will have the opportunity to assess and follow children and adolescents admitted for inpatient treatment of acquired brain injury, provide education to clients and their families and well as consultation to the multidisciplinary team. Ancillary activities include learning about services provided by other health care professions such as OT, Physiotherapy and Speech-Language Pathology. In addition, residents will follow clients through the inpatient phase and will continue to provide treatment and follow-up post-discharge, with the opportunity to follow one or two clients through to the end of the internship.

- The rotation on the Behavioural Neuroscience and Consultation Liaison team (BNCL) consists of comprehensive diagnostic assessment of outpatients with complex presentations involving both mental health and neurological aspects. Examples of patients seen in this rotation include children and adolescents with seizure disorders, demyelinating disorders, genetic conditions, hydrocephalus or stroke.

This core training in neuropsychology is augmented by training in child and adolescent clinical psychology. This includes two minor rotations (1/2 day per week), the second of which will usually be in Health Psychology, and participation in the Individual Psychotherapy Training Experience, the Family Therapy Training Experience (optional), the Professional and Clinical Issues Seminar and the monthly City Wide Seminar Series. Residents also complete the Program Evaluation Experience, their project normally based in the neuropsychology rotation. Opportunities for involvement in applied research can be incorporated into the training program - this would typically replace one of the clinical minor rotations and Family Therapy. In addition, residents have the opportunity to develop their supervision skills by participating in the supervision of practicum students. Residents also attend bi-monthly psychology discipline and professional development meetings. Attendance at hospital rounds is encouraged when time permits. The table below provides an overview of the organization of the training activities in the Paediatric Neuropsychology Track.
## Organization of Internship Activities - Paediatric Neuropsychology Track

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<tr>
<th>September</th>
<th>March</th>
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<tbody>
<tr>
<td><strong>NEUROPSYCHOLOGY MAJOR ROTATION</strong></td>
<td><strong>Phase I</strong></td>
<td><strong>Phase II</strong></td>
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<tr>
<td>3 days/week</td>
<td>Rehabilitation/Oncology/BNCL</td>
<td>Rehabilitation/Oncology/BNCL</td>
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### Additional Neuroscience Activities (grand rounds, observe neurology, neurosurgery, other professions, etc.)

Follow Rehabilitation treatment case(s)

### MINOR ROTATION - CLINICAL

- **½ day per week**

### MINOR ROTATION - BNCL Health

- **½ day per week**

### INDIVIDUAL PSYCHOTHERAPY TRAINING EXPERIENCE

- **3 hours per week**

### FAMILY THERAPY TRAINING EXPERIENCE (optional)

- **2 hours per week**

### SEMINARS/MEETINGS/ROUNDS

- **4 hours per week**

### PROGRAM EVALUATION EXPERIENCE

- **2 hours per week**

- 60% time spent in neuropsychology client care
- 10% time spent in other neuroscience training activities
- 20% time spent in clinical psychology client care
- 5% time spent in program evaluation
- 5% time spent in didactic training activities

### Major Rotations: There are seven major rotations offered to residents in the Child Clinical Track:

- Acute Mental Health
- Outpatient Mental Health (Mood and Anxiety Team and ADHD and Disruptive Behaviours Team)
Each of these rotations is described in the section, "Clinical Emphasis within Each Major Training Rotation”.

Decisions regarding the assignment of the major rotations for each resident in the Child Clinical Track are made in consultation with the resident, taking into account their specific interests and training needs. In particular, an effort is made to provide each resident with advanced skills in an area of primary interest while also allowing them to develop skills in areas where they may have had little prior experience. This ensures that the resident completes the internship with a well-rounded experience. An effort is also made to ensure that residents in the Child Clinical Track participate in one rotation where the focus is on assessment and one in which there is more of an emphasis on treatment.

However, it is important for applicants to understand that while resident preferences and training needs are always given primary consideration, practical administrative issues such as the number of supervisors available within a rotation, CHEO's agreement with OCTC and space availability are of necessity a factor in assigning major rotations. In particular, one resident is assigned to each of Child Development/Paediatric Rehabilitation (OCTC) and Outpatient Mental Health for both the first and second major rotation.

In each major rotation the resident is assigned a primary supervisor who assumes supervisory and administrative responsibility for that resident. Residents may have more than one supervisor in a rotation. This is arranged when it is felt that the resident desires or can benefit from experiencing different supervisory styles, or when a particular psychologist has an area of special interest or expertise that the resident shares. In all cases, registered doctoral level psychologists supervise residents.

Minor Rotations: The goal of the minor rotations is to provide residents with the opportunity to round out their clinical training by gaining exposure to areas of practice outside of their major rotations, or by developing a specific skill or interest. A minor rotation might consist of a specialized focus selected from within one of the major rotations (i.e. Pain Management, Anxiety Coping Group, DBT Group) or an additional clinical experience, which falls outside the major rotations (i.e. Urgent Care). In addition, there is an option of completing a minor rotation in Research. Residents in the Paediatric Neuropsychology Track will typically complete their second minor in Health Psychology (BNCL), to facilitate the opportunity to follow in treatment a client whom they have previously assessed during the BNCL neuropsychology rotation. Residents typically complete two minor rotations during the internship year. Residents will have the opportunity to discuss options for minor rotations with the Director of Training prior to the start of the training year, however final assignments may not occur until September.

Interdisciplinary Family Therapy Training Experience: In addition to the clinical rotations, the core program requires all residents in the Child Clinical Track to participate in the Interdisciplinary Family Therapy Training Experience (it is optional for residents in the Neuropsychology Track). This consists of residents' participation as members of a family therapy reflecting team with the
use of a one-way mirror. Residents are expected to see a minimum of one family therapy case with the team for which they function as the primary therapist. They receive group and in-vivo supervision. This experience is jointly conducted by Psychology and Social Work.

**Individual Psychotherapy Training Experience:** Each resident is provided with an intensive psychotherapy training experience outside of their major rotations. Residents carry at least one therapy case for the duration of the residency, and will be responsible for planning, conducting and evaluating therapy outcome and process. Through live supervision with a one-way mirror, as well as group supervision with peers and supervisor, training focuses on clinical, theoretical and ethical issues in conducting child psychotherapy, as well as therapist and process factors.

**Program Evaluation Experience:** Residents will be exposed to key concepts and methods of program evaluation through both didactic and experiential components. Didactic group sessions focus on the basic aspects of program evaluation (e.g. purposes and types of evaluation, application within a health care setting). For the experiential component, residents develop an individual evaluation project under the supervision of a psychologist within the Mental Health Patient Service Unit with experience in program evaluation, with support from the Mental Health Research Program. This project could include participation in mental health quality improvement initiatives or adding an evaluative component to one of their existing clinical activities.

**Seminar Series:** Residents attend a bi-monthly, in house seminar on Professional and Clinical Issues specific to working with children and adolescents. Case presentations and discussion of specific clinical issues form part of the curriculum. In addition, residents participate in a City Wide Seminar Series, jointly with residents in the other local internship settings. These address issues of cultural and individual diversity, as well as those of general professional interest

**SUPERVISION**

Supervisors draw from many theoretical orientations including cognitive-behavioural, social learning theory, psychodynamic, developmental, systemic and strategic. Individual supervision is provided on a case-by-case basis and is individually tailored to meet the developmental learning needs and training goals of each resident. At the beginning of a rotation, more direct forms of supervision are employed, such as co-therapy and observation of the resident’s clinical activities. As residents’ skills increase, they begin to function more independently, and supervision may increasingly take the form of post-session discussion of clinical cases.

In practice, residents receive up to 3 hours of individual supervision per week in their major rotation. An additional hour of individual supervision is provided in minor rotations. Supervision is also provided through the family and individual psychotherapy training experiences. Overall, the amount of supervision that residents receive typically exceeds 4 hours per week.

**CLINICAL EMPHASIS WITHIN EACH MAJOR TRAINING ROTATION**

**Health Psychology Rotation:** This rotation is designed to develop the resident’s skills in paediatric health psychology. Residents can choose a major rotation on one of the teams:
• **Behavioural Neurosciences and Consultation Liaison Team (BNCL):** This is an interdisciplinary team with representatives from psychology and psychiatry. The team provides assessment, consultation and intervention to paediatric inpatients and outpatients seen in the hospital medical clinics who present with both medical and mental health issues which may adversely impact their treatment or recovery. Typical referral problems seen by psychology include coping with chronic illness (e.g. asthma, diabetes) or an acute medical condition, non-compliance with medical treatment, pain and stress management, trauma (e.g. burns, motor vehicle accidents), bereavement, feeding problems, encopresis, sleep problems, anxiety, Tourette’s syndrome, and behavioural and mental health difficulties secondary to neurodevelopmental conditions. The resident functions as a full member of the interdisciplinary team and gains experience with various clinical activities consisting of psychodiagnostic assessment, consultation-liaison, and short-term individual, parent-mediated and family interventions. Opportunities also exist for the resident to participate in short-term group based interventions (e.g., groups for children with somatization, coping with chronic illness).

Three psychologists provide supervision on the BNCL Team.

• **Chronic Pain Team:** The Chronic Pain team is an interdisciplinary team consisting of professionals from psychology, medicine, nursing, physiotherapy, occupational therapy, and social work. The team provides assessment, consultation and intervention to paediatric outpatients who present with persistent pain (duration of at least 3 months) which may be adversely impacting their functioning.

The rotation in chronic pain is designed to assist in the development of the resident’s skills in paediatric health and rehabilitation psychology. As a member of the interdisciplinary assessment and treatment team, the resident gains experience with a variety of assessment and intervention experiences with patients and families with a wide range of presenting complaints, including Complex Regional Pain Syndrome (CRPS), musculoskeletal pain, abdominal pain, headaches, neuropathic pain, fibromyalgia, and at times, disease-related pain such as that related to sickle cell disease, arthritis, inflammatory bowel disease and neurological impairment.

Opportunities for residents can include: leading or co-leading parent and youth group interventions, psychodiagnostic assessment, psychosocial screening/assessment within the context of an interdisciplinary clinic assessment, and individual therapy. Furthermore, conducting a psycho-educational assessment can be incorporated into this rotation.

Two psychologists provide supervision on the Chronic Pain Team.

• **Oncology Team:** A health psychologist will be hired to provide services to children and adolescents suffering from cancer, and to their families. Once this position is filled, it is anticipated that residents will be able to choose a major rotation in the Oncology services, however it is not certain that this rotation will be offered in the 2017-2018 training year.

**Eating Disorders Rotation:** This rotation is designed to develop residents’ skills in working with patients with eating disorders, a specialized area within paediatric health psychology. The rotation is organized around the Regional Eating Disorders Program for Children and Adolescents. The program’s multidisciplinary team provides services along a continuum of care including an inpatient
unit, day treatment program, and outpatient services. Psychologists are primarily involved at the
day treatment and outpatient treatment levels. Services are provided to children and adolescents
aged 10 to 18 years with a diagnosis of an eating disorder. Most individuals also struggle with a co-
morbid diagnosis, such as depression, anxiety or obsessive-compulsive disorder.

This rotation mainly offers opportunities in treatment and research, although it may sometimes be
possible to observe and/or participate in interdisciplinary team assessments. The resident may
provide intake assessments & individual/family therapy to day patients or outpatients, as well as co-
leading group therapy and conducting meal support in the day treatment program. Treatment
modalities utilized in therapy include: Family-Based Therapy, Dialectical Behaviour Therapy,
Cognitive Behavioural Therapy and Emotion-Focused Family Therapy. Finally, the resident gains
experience functioning as a full member of the interdisciplinary team and collaborating with other
professionals in treatment planning and monitoring.

Neuropsychology Rotation: This description applies to the rotation for residents in the Child
Clinical Track. Residents in the Paediatric Neuropsychology track take the major rotation as
described in the section "Organization of Training Activities".

This rotation focuses on providing clinical diagnostic services to children and adolescents who
present with medical conditions or a number of risk factors that are known to be associated with
various aspects of neuropsychological dysfunction. Examples of patients seen in this rotation
include individuals with seizure disorders, traumatic brain injury, brain tumors, demyelinating
disorders, cancer and immune system disorders, hydrocephalus or stroke. Comprehensive
assessments of attention, memory, intelligence, learning, motor and perceptual functioning,
executive functioning and academic achievement as well as socioemotional health are conducted.
Consultation to families and professionals is provided regarding specific interventions (e.g.
cognitive, academic, and/or behavioural). Residents may obtain experience with single or diverse
populations, depending upon their interests and backgrounds. Residents in this rotation have the
opportunity to participate in the various interdisciplinary teams in which neuropsychologists
participate. There is also the possibility for short-term intervention experience within a
rehabilitation unit.

Outpatient Mental Health Rotation: The CHEO outpatient mental health service is located a
short drive from the hospital on McArthur Avenue. Opportunities for training of psychology
residents exist within two of the outpatient mental health teams: the Mood and Anxiety team and
the ADHD and Disruptive Behaviour Disorders team.

The Mood and Anxiety Team provides services to children and adolescents who present with
prominent mood and/or anxiety symptoms. Professional representation on this team includes
psychology, social work, psychiatry, occupational therapy and paediatrics. Psychology services
provided include diagnostic assessment, individual and family therapy, and group therapy for
children, youth and parents (e.g. dialectical behaviour therapy (DBT) group for adolescents and
parents, cognitive behaviour therapy group for anxiety management). Residents who choose to be
involved in co-facilitating DBT groups are expected to participate in weekly DBT consultation team
meetings and also have the option of following an individual therapy DBT case.

The ADHD and Disruptive Behaviour Disorders team provides services to children and adolescents
up to the age of 16 with ADHD and behavioural difficulties. Professional representation on this
team includes psychology, social work, psychiatry, and paediatrics. The team provides services that
include diagnostic assessment, consultation and review of medications, and a parent skills group run by the social worker of the clinic. Psychology services provided include psychoeducational assessment, differential diagnostic assessment, and therapy for behavioural difficulties and other comorbidities.

Major rotation: Residents participate in all aspects of the services provided to outpatients and are expected to function as full members of the team. Depending on the training needs and interests of the resident, a major rotation in outpatient mental health might focus entirely on Mood and Anxiety or might involve a combination of Mood and Anxiety and ADHD.

- A rotation focused entirely within the Mood and Anxiety team would include assessment, individual therapy, group therapy (either DBT or CBT anxiety group), and attendance at weekly team meetings. There is also the possibility of conducting one psychoeducational assessment of a child or youth for whom learning/cognitive difficulties may be contributing to or interacting with mood and anxiety symptoms.

- A rotation involving a combination of Mood and Anxiety and ADHD would include some assessment and treatment cases within Mood and Anxiety as well as 1 or 2 psychoeducational assessments within the ADHD team (these would be for children and youth already diagnosed with ADHD, to assist in case formulation).

Minor rotation: A minor rotation in outpatient mental health is available. This would focus on either co-leading a DBT group (if available), a CBT group for anxiety management within the Mood and Anxiety team or conducting psychoeducational assessments through the ADHD and Disruptive Behaviour Disorders team.

Acute Mental Health Rotation: This rotation includes training opportunities provided through both the Inpatient Mental Health Services at CHEO, which is a 19 bed program served by a multidisciplinary team, as well as our outpatient Urgent Care/Consultation team.

The Acute Mental Health Rotation begins on two inpatients units, serving children and youth up to 18 years of age who present with acute, severe, and complex mental health difficulties. These services focus on crisis stabilization and risk reduction. Common presentations include severe depression, anxiety, aggressive behaviour, suicidality and psychosis, typically experienced at a level in which healthy daily functioning has been substantially impaired.

The role of the psychologists in the Inpatient program is to provide diagnostic assessments, act as consultant to the team for crisis and behavioural management interventions, and in some cases provide short-term individual/family treatment as a member of an interdisciplinary team. Psychologists are also involved in designing interventions and approaches for children/youth requiring specifically tailored crisis and behavioural management services. Additionally, psychologists may, if clinically and ethically appropriate, work with children/youth and caregivers requiring transitional care to provide short-term individual and family support/treatment designed to help them move on to outpatient services. The psychologists work closely with interdisciplinary team members in all aspects of patient care and unit functioning.

The psychology resident is an active member of an interdisciplinary team comprised of child and youth workers, nurses, psychiatrists, psychologists, social workers, teachers, occupational
therapists, and other trainees. The resident has the opportunity to gain experience in all services provided by psychology in the Inpatient program.

Following an introductory period working within Inpatient Mental Health, the psychology resident will be introduced to the Urgent Care component of this rotation. This service provides follow-up urgent assessments on an outpatient basis to children and youth presenting to the CHEO Emergency Department who are in crisis but do not require hospital admission. Children and youth requiring urgent (but not immediate) mental health services are also referred by paediatricians, family doctors, emergency department medical staff at regional hospitals, and school board social workers/psychologists. Assessments are brief and focused on diagnostic clarification and identification of current strengths and resources. The psychologist provides short-term follow-up for many of the children and youth and routinely liaises with other mental health professionals and school personnel to assist with the implementation of appropriate interventions. The psychology resident takes an active role in the assessment and follow-up process.

**Ottawa Children's Treatment Centre Rotation:** The Ottawa Children's Treatment Centre (OCTC) offers a focus in Child Development and/or Paediatric Rehabilitation depending on the resident’s training needs and interests. Six registered psychologists provide supervision and training in this rotation.

The Child Development focus is designed to develop residents' skills in developmental/diagnostic assessment and intervention within the population of children presenting with significant cognitive, adaptive and behavioural challenges indicative of developmental disabilities and/or pervasive developmental disorders. The psychological assessment of a child's intellectual functioning and adaptive behaviour comprises an integral part of the initial assessment for children, who primarily range in age from 3 to 6 years. School-aged children and youth are also seen for a psychological assessment upon query of an Autism Spectrum Disorder. The purpose of the assessment is to clarify the diagnostic profile and to determine eligibility for specialized intervention and support programs. Further opportunities can include short-term individual or group interventions and involvement with the OCTC preschool. While most of the clinical training experiences occur within the centre, there may be some opportunity to participate in community-based (i.e. school, day-care, group home) clinical visits.

The Paediatric Rehabilitation focus is designed to develop residents' knowledge and skills in assessment and intervention with children and adolescents with complex physical disabilities, as well as associated developmental and behavioural needs. Many have cerebral palsy, spina bifida, and/or other neuromuscular impairments. The resident learns to conduct a developmental or psycho-educational assessment which specifically addresses the needs of children with physical disabilities, develops skills in behavioural consultation and management, becomes knowledgeable about community resources, and develops an appreciation of the impact of physical disabilities on child development and family dynamics. Psychology staff work closely with families, team members and community providers (day care staff, community therapists, school personnel, etc.) to ensure successful integration of the children with physical disabilities. The resident is also involved with a specialized school program for children with physical impairments. The primary goal of this program is to optimize independence within the client's abilities. Further opportunities can also include therapeutic groups for child with physical disabilities and their siblings.

**Autism Program Rotation** (may not be available in 2015 -2016): This program is located a short drive from the hospital site at 1661 Montreal Road, Ottawa. The rotation is designed to develop
residents' skills in the assessment and intervention of autism, a specialized area within paediatric developmental disabilities. The mandate of the program is to provide Intensive Behavioural Intervention (IBI) based on an evaluation of a child's strengths and needs. Intervention follows a team approach which includes psychologists, senior therapists, instructor therapists, social workers, transition support consultants (care workers) and parents. Services also include eligibility screening and assessments to confirm diagnosis, assess children's needs and strengths, and to determine number of hours of intervention. Psychological assessments are completed on a yearly basis to review and monitor a child's progress while in our service. This is a community-based service offering both home and centre-based intervention.

In this rotation, the resident functions as a full member of the assessment and treatment team. The resident gains experience with a variety of assessment and intervention experiences, working with a treatment team as well as with families. Opportunities to participate in parent education groups also exist in this rotation. The autism program supports a scientist-practitioner model.

ADDITIONAL CLINICAL TEAMS SUITABLE FOR MINOR ROTATIONS

Psychology is also involved in several other interdisciplinary clinical teams. Although major rotations are not offered on these teams, it is possible for a resident to complete a minor rotation in one of these areas:

Urgent Care Service: This service provides follow-up urgent assessments on an outpatient basis to children and youth who present to the CHEO Emergency Department who are in crisis but do not require hospital admission. Children and youth requiring urgent (but not immediate) mental health services are also referred by paediatricians, family doctors, emergency department medical staff at regional hospitals, and school board social workers/psychologists. Assessments are brief and focus on diagnostic clarification and identification of current strengths and resources. The psychologist provides short-term follow-up for many of the children and youth and routinely liaises with other mental health professionals and school personnel to assist with the implementation of appropriate interventions.

Rehabilitation Team: This team provides rehabilitation services to medically stable inpatients and outpatients. The team consists of professionals from medicine, psychology, nursing, occupational therapy, physiotherapy, speech language pathology, social work, child life, pastoral care and clinical nutrition. The primary goal of the Rehabilitation Team is to help individuals reach their optimal potential for independent living and social integration following a traumatic brain injury or other condition that has had a significant impact on central nervous system functioning. Psychology services within this team include neuropsychological assessment, individual therapy, family education, school consultation and research with inpatients as well as outpatients post-discharge. There are weekly rounds for case discussions, and psychology residents have the opportunity to present cases during these rounds.

School Day Treatment Program: (may not be offered in 2016-2017) Day Treatment Programs for adolescents and school-aged children are provided in partnership with the Francophone and Anglophone school boards of the greater Ottawa region. This is a care and treatment program based in community schools, which is designed to respond to the mental health and educational needs of children and adolescents (ranging in ages from 4 to 18 years old) with complex emotional
and behavioral problems. The Day Treatment Program consists of a core team that includes child
and youth counselors, teachers and educational assistants, as well as a multidisciplinary consultation
team that includes psychiatrists, social workers, psychologist/psychological associate, occupational
therapist and a speech therapist. Psychology services include comprehensive assessment, brief
individual and family intervention, and consultation to parents, professionals, community agencies
and schools.

**Centre for Healthy Active Living (CHAL):** This program is located a short drive from the hospital
at 1355 Bank Street, Ottawa. The rotation is designed to develop residents’ skills in the assessment
and intervention of complex pediatric obesity. The goals of the program are to provide
interventions aimed at improving health behaviours, quality of life, and psychological and medical co-
morbidities. Assessment and intervention follow an interdisciplinary team approach including
psychologists, endocrinologist, dietitian, exercise specialist, child and youth worker, and a nurse.
Services include comprehensive full-day team assessments and group youth and parent counseling.

In this rotation, the resident functions as a member of the assessment and treatment team. The
resident gains experience with a variety of assessment and intervention experiences, working with a
treatment team as well as families. CHAL supports a scientist-practitioner model. In this rotation,
two registered psychologists provide supervision and training.

**Chronic Pain Team:** The Chronic Pain team is an interdisciplinary team with representatives from
psychology, anesthesiology, nursing, physiotherapy, occupational therapy, and social work. The team
provides assessment, consultation and intervention to paediatric outpatients who present with
persistent pain (duration of at least 3 months) which may be adversely impacting their functioning.

The minor rotation in chronic pain is designed to assist in the development of the resident’s skills in
paediatric health and rehabilitation psychology. As a member of the interdisciplinary assessment
and treatment team, the resident gains experience with a variety of assessment and intervention
experiences, working with a treatment team as well as families. Opportunities can include:
leading co-leading parent and youth groups (psychoeducation, CBT), psychodiagnostic assessment,
interdisciplinary assessment, and individual therapy.

**RESEARCH OPPORTUNITIES WITHIN THE INTERNSHIP PROGRAM**

Psychologists at CHEO are very active in independent and collaborative research activities, many of
which are supported by the major funding agencies.

Residents can become involved in research in a number of ways during the year. They are invited to
attend and participate in the series of research seminars organized by the Mental Health Patient
Service Unit. These seminars provide the opportunity to learn about ongoing research projects as
well as contribute their expertise to others who are developing research projects. Residents are
expected to present their own research projects or ideas (typically their thesis research) at this
forum at least once during the year. Residents also complete a program evaluation project, typically
linked to one of their clinical rotations. Those who would like a more in-depth research experience
may choose to complete a minor rotation in Research. This might involve participating in the
research or clinical aspects of one of the ongoing research programs being conducted by psychology
staff or developing a short term project, such as completing a case study, developing and evaluating
a clinical intervention, or developing a research proposal. There may also be opportunities to complete a minor rotation at the Centre of Excellence for Child and Youth Mental Health with a focus on policy relevant research. The Centre’s mandate involves strengthening service outcomes by supporting Ontario child and youth mental health agencies to use evidence informed practices. Previous residents have been involved in all aspects of writing a policy-ready paper including conducting a literature review, meeting with experts in the field and attending inter-Ministerial consultation meetings.

Residents who conduct research are encouraged to present their findings at scientific meetings and may receive limited financial support to this end.
INTERNERSHIP SPECIFICATIONS

Internship year: 1st September to 31st August
Number of positions: 4 full time (3 in Child Clinical Track and 1 in Paediatric Neuropsychology Track)
Stipend: $31,609 per annum
Vacation: 3 weeks paid vacation
Statutory Holidays: Paid
Sick Leave: Up to 5 paid days per annum
Professional Development Leave: Up to 5 days per annum (some financial support may be available to residents making conference presentations)

Information regarding dates (i.e. deadline for receipt of applications and date of notification regarding interviews is available in the APPIC Directory entry for the internship.

QUALIFICATIONS

Required
- For the Child Clinical Psychology Track: enrolled in a CPA or APA accredited doctoral clinical psychology program or equivalent (because of the nature of our client population, we do not accept applications from students enrolled in counseling psychology programs).
- For the Pediatric Neuropsychology Track: enrolled in a CPA or APA accredited doctoral clinical psychology program or clinical neuropsychology program or equivalent (because of the nature of our client population, we do not accept applications from students enrolled in counseling psychology programs).
- Canadian citizen or eligible to work in Canada*
- At least one graduate half course (3 credits/one term) in each of the following areas:
  - child assessment
  - child psychopathology
  - development
  - intervention with or appropriate for children/adolescents
- Applicants to the Paediatric Neuropsychology Track are also required to have one graduate half course in each of neuropsychological assessment and clinical neuropsychology and to have had formal training in neuroanatomy
- A minimum of 600 practicum hours
- At least two practicum placements with children or adolescents. For applicants to the Paediatric Neuropsychology Track, at least one of these placements must have been in paediatric neuropsychology
- Successful candidates will be required to obtain a police record check (at their own expense) prior to the start of the internship year and to provide proof that they hold professional liability insurance
- Completion of all academic course work, including comprehensive exams and defense of dissertation proposal at the time of application is required;
While we are open to applications from non-Canadians, immigration requirements mean that we have to offer positions to Canadian citizens or permanent residents first. In practice, this makes it extremely unlikely that we would ever be able to offer a position to someone who did not already have the right to work in Canada. Applicants who do not already have the right to work in Canada are strongly encouraged to contact the Director of Training prior to applying.

**Strongly Preferred**
- Dissertation submitted prior to the beginning of the internship

We welcome applications from students from diverse backgrounds and from students with disabilities. Of particular importance in the selection process is the fit between an applicant's interests and goals and our program's model of training. In selecting our residents we consider a number of factors, including academic background, relevant clinical experience, research experience and progress on the dissertation. Candidates are encouraged to refer to the Canadian Council of Professional Psychology Programs (CCPPP) document “Guiding Principles in the Preparation and Selection of Applicants for Internships”. It can be found at:

http://ccppp.ca/publications/CCPPPGuidingPrinciples.doc

This describes the pre-internship preparation that we believe is optimal.
APPLICATION PROCESS

Application Documents

We require the documentation required as part of the APPIC Application for Psychology Internship (AAPI), which includes three letters of reference, a cover letter and graduate transcripts. These should be uploaded by applicants directly into the APPIC application. APPLICANTS SHOULD NOT INCLUDE ANY SAMPLE REPORTS OR OTHER CLINICAL MATERIAL.

The internal record (e.g. evaluations, supervisors' opinions) of applicants who have previously trained at CHEO may be reviewed by the Internship Committee as part of the selection process. We may also contact any reference sources provided in the AAPI or the Director of Training of applicants' doctoral program.

With reference to the required graduate courses described in the previous section, if a course contains the required content but this is not reflected in the course title, please draw our attention to this in your cover letter, giving a brief description of the course and citing its number and name as it appears on the transcript. This occurs most frequently with courses in development, which can have a variety of names but still contain the necessary content.

Application Process

Application and acceptance procedures follow the Association of Psychology Internship Centers' (APPIC) guidelines. Our internship setting participates in the APPIC Internship Matching Program and candidates must register for the Matching Program in order to be eligible to match to our site. Information about the Matching Program is available on the APPIC website at www.appic.org

This internship 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.

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act - http://laws.justice.gc.ca/en/P-8.6/) applicants should be aware that we are committed to collecting only the information that is required to process applications. This information is secured in the Psychology offices at the Children's Hospital of Eastern Ontario and is shared only with those individuals involved in the evaluation of internship applications. The personal information of applicants who are not matched with our program is destroyed once the match process has been completed, in accordance with CCPPP guidelines. For applicants matched with our program, personal information is available only to those involved in their supervision and training, including their supervisors, the Director of Training in Psychology, the Professional Practice Leader in Psychology and relevant administrative and support staff.

Address of accrediting body: CPA Accreditation Panel
141 Laurier Ave. West, Suite 702
Ottawa ON K1P 5J3

Tel: (613) 237-2144
Selection Process

We receive between 45 and 60 applications each year. Following initial screening to ensure that each applicant has completed the coursework we require, applications are reviewed in a two stage process. Firstly, two staff members of the Internship Committee review the online application of each candidate and rate it according to a pre-determined set of criteria. Based on these ratings, approximately 23 candidates are invited to an interview.

Our interviews are almost all held on two days in January, the dates set in accordance with the informal agreement amongst Canadian internship programs. Each candidate is interviewed by a two-person staff team, has a confidential meeting with a current resident (no information about this meeting is solicited or accepted by the Internship Committee) tours the hospital, and attends a luncheon at which they can speak with staff from the various rotations, the Professional Leader in Psychology and the Director of Training in Psychology.

All current residents sit in on the deliberations of the Internship Committee, however they do not participate in ranking decisions. When applications from candidates at their own university, or from anyone else they know are discussed, they recuse themselves and leave the room.

In accordance with APPIC guidelines, we do not solicit or accept any information from candidates about their ranking choices. Following the interview, we do not contact candidates, although the Director of Training does, of course, respond to any specific questions from candidates about the training program which they have not already had the chance to ask.

After the deadline for submitting rankings has passed and prior to match day, we survey all candidates who were interviewed to obtain feedback about their experience of our selection process. We use Survey Monkey for this purpose, which allows for complete confidentiality of responses.

Please address all enquiries to: Dr. Clarissa Bush, Ph.D., C. Psych.
Director of Training in Psychology
Children's Hospital of Eastern Ontario
401 Smyth Road
Ottawa ON K1H 8L1

cbush@cheo.on.ca
Telephone: (613) 737-7600 ext. 3470
REGISTERED PSYCHOLOGISTS IN THE INTERNSHIP PROGRAM

**Philippe Adams**  
Psychologist, Early Childhood Program, Ottawa Children’s Treatment Centre  
McGill University, Ph.D., 2008  
**Clinical Focus:** development disabilities, autism, mental health and advocacy.  
**Research Interests:** Treatment development, developmental psychopathology, systems management

**Peter Anderson**  
Paediatric Neuropsychologist, Behavioural Neurosciences and Consultation Liaison Team  
University of Windsor, Ph.D. 1997  
**Academic Appointment:** Clinical Professor, School of Psychology, University of Ottawa; Adjunct Professor, University of Windsor.  
**Clinical Focus:** Neuropsychological assessment of children and adolescents with known or suspected central nervous system dysfunction.  
**Research Interests:** Behavioural and neuropsychological correlates of a variety of disorders of the central nervous system dysfunction in children and adolescents; (e.g., concussion, anti-NDMA receptor encephalitis); assessing the efficacy of neuropsychological assessments and recommendations completed in a clinical context (i.e., program evaluation).

**Lindsey Barrieau**  
Psychologist, Chronic Pain Program  
Concordia University, Ph.D. 2014  
**Clinical Focus:** Assessment and intervention for youth with chronic disorders, psychological & cognitive assessment, group based interventions for pain management, anxiety and mood disorders, clinical, health & developmental psychology  
**Scholarly Interests:** Psychosocial and developmental factors associated with pain; chronic illness, pain and developmental disorders, childhood risk & resiliency, program development & evaluation

**Christine Beauregard**  
Clinical Psychologist, Pediatric Neuropsychologist, Rehabilitation Program  
University of Ottawa, Ph.D., 2002  
**Academic Appointment:** Clinical Professor, School of Psychology, University of Ottawa.  
**Clinical Focus:** School reintegration following acquired brain injury (ABI), child and adolescent mental health

**Annick Buchholz**  
Psychologist, Lead, Outcomes Management and Research, Centre for Healthy Active Living (CHAL)
Concordia University, Ph.D., 1998

**Academic Appointment:** Clinical Professor, School of Psychology, University of Ottawa. Adjunct Research Professor, Department of Psychology, Carleton University

**Clinical Focus:** Assessment and treatment of children and youth with severe obesity: interdisciplinary family-based assessments; family-based group treatment; youth and parent treatment groups.

**Research Interests:** Psychosocial risk factors related to poor body image and disordered eating in youth; Clinical outcome studies; Prevention of obesity and eating disorders.

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**Clarissa Bush**

Neuropsychologist, Oncology
Director of Training in Psychology
McGill University, Ph.D., 1984

**Academic Appointment:** Clinical Professor, School of Psychology, University of Ottawa

**Clinical Focus:** Neuropsychological assessment across the age span; capacity assessment.

**Scholarly Interests:** Central nervous system dysfunction in children and adults, decisional capacity, professional licensing and regulation.

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**Alina Carter**

Psychologist, Chronic Pain Program
University of Windsor, Ph.D., 2010

**Clinical Focus:** Assessment and intervention for youth with chronic pain and related mental health concerns; psychological and cognitive assessment; individual and group intervention.

**Scholarly Interests:** Program development and evaluation; pediatric chronic pain; stress and coping in adolescents; pediatric sleep and sleep disorders.

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**Laurie Clark**

Psychologist, Centre for Healthy Active Living & Metabolic Disorders
University of Ottawa, Ph.D. 2010

**Clinical Focus:** Assessment and treatment of children and youth with complex obesity; group-based interventions for complex obesity (youth and parent treatment groups); binge eating disorder; psychosocial assessment, cognitive assessment and treatment of children, youth and adults with metabolic disorders.

**Research Interests:** Psychosocial determinants of body image in children and youth; pubertal development; the treatment and prevention of obesity.

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**Janice Cohen**

Psychologist, Clinical Head, Behavioural Neurosciences and Consultation Liaison Team
University of Waterloo, Ph.D., 1990

**Academic Appointment:** Clinical Professor, School of Psychology, University of Ottawa.

**Clinical Focus:** Paediatric health psychology, paediatric pain, paediatric chronic illness, child and adolescent psychopathology,
parent Training, treatment of children and adolescents who have experienced trauma.

**Research Interests:** Program evaluation and outcomes management for consultation-liaison services; adjustment to chronic medical conditions, paediatric pain, training issues.

**Margaret Flintoff**

Psychologist, Mood and Anxiety Team, Family Therapy Training Team University of Calgary, Ph.D., 1988

**Academic Appointment:** Clinical Professor, School of Psychology, University of Ottawa.

**Clinical Focus:** Obsessive compulsive disorder, family therapy, autism spectrum disorder, dual diagnosis, CBT.

**Scholarly Interests:** Program Evaluation.

**Anna Goss**

Psychologist, Autism Program McGill University, Ph.D. 2013

**Clinical Focus:** Assessment of children with autism spectrum disorders, with the purpose of determining eligibility and monitoring progress in the autism program; Outcomes evaluation and coordination (interim); community psychoeducation.

**Scholarly Interests:** ASD, TCOM, Applied behaviour analysis.

**Neil Gottheil**

Psychologist, Outpatient Mental Health Program Mood & Anxiety Team Bowling Green State University, Ph.D., 1999

**Academic Appointment:** Clinical Professor, School of Psychology, University of Ottawa.

**Clinical Focus:** Differential Diagnosis; Bully and Victim Behaviour; Peer Violence; Reactive Attachment Disorder; Mood, Anxiety and Thought Disorders, Child and Adolescent Psychopathology.

**Research Interests:** Relationship of Peer Victimization and Psychopathology; Hopelessness and Treatment Outcome.

**Stephanie Greenham**

Psychologist and Lead for Outcomes Management & Research, Inpatient Mental Health University of Ottawa, Ph.D., 1999

**Academic Appointment:** Clinical Professor, School of Psychology, University of Ottawa: Adjunct Professor, Dept. of Psychology, Carleton University

**Clinical Focus:** Child and Adolescent psychopathology, (depression, anxiety, OCD, PTSD, psychosis, ADHD, and disruptive behaviour disorders); Implementing an outcomes management approach to inpatient psychiatric services

**Research Interests:** Mental health services research, outcomes of psychiatric hospitalization such as predictors of readmission; Clinical determinants of suicide risk. Sleep disturbance and adolescent mental health
Laura Hanson
Psychologist, Autism Program
University of Ottawa, Ph.D. 2013
Clinical Focus: Assessment of children with autism spectrum disorders, with the purpose of determining eligibility and monitoring progress in the autism program; clinical supervision of intensive behavioural intervention with children with autism (individual and group treatment services); provision of parent education workshops (e.g. "Anxiety and ASD").
Scholarly Interests: Program evaluation, ASD, applied behaviour analysis

Jane Heintz-Grove
Psychologist, Early Childhood Program, Professional Practice Leader - Psychology, Ottawa Children's Treatment Centre
University of Toronto, Ph.D., 2000
Scholarly Interests: Early screening, identification and intervention with children who present with developmental differences.

Anne-Lise Holahan
Psychologist/Neuropsychologist, Neonatal Follow-Up Clinic and Behavioural Neurosciences and Consultation Liaison Team
McGill University, Ph.D., 2004
Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa.
Clinical Focus: Neuropsychological assessment of children and adolescents with known/suspected central nervous system dysfunction; Developmental assessments of infants and children born prematurely; Paediatric health psychology, using a cognitive behavioural approach; Mental health promotion.
Scholarly Interests: Behavioural, emotional and neuropsychological correlates of various paediatric disorders; Evidence-based treatments for paediatric mental health issues. Psychosocial needs of families of children born prematurely

Lauren Humphreys
Psychologist, Mood and Anxiety Team, CHEO Mental Health Outpatients Services.
University of Ottawa, Ph.D., 2004
Clinical Focus: Assessment and treatment of children and adolescents with mood and anxiety disorders; psychodiagnostic assessment; individual, group, and family therapy; dialectical behaviour therapy
Scholarly Interests: Program evaluation

Jean Ju
Psychologist, Early Childhood Program, Ottawa Children’s Treatment Centre
University of Wisconsin-Madison, Ph.D., 1984
Clinical Focus: Assessment and behaviour management of children with physical/developmental disabilities; sibling issues,
Integration and community

**Research Interests:** Learning in children with Spina Bifida and Cerebral Palsy; Adjustment and resilience factors in children with disabilities; Program evaluation; development of literacy skills in children who have severe physical disabilities and need augmentative communication device.

**Allison Kennedy**
Psychologist, Team leader for the Urgent Care Service (Mental Health PSU)
University of Waterloo, Ph.D., 1995
**Academic Appointment:** Clinical Professor, School of Psychology, University of Ottawa.
**Clinical Focus:** Adolescent psychopathology, crisis intervention, service coordination and liaison.
**Research Interests:** Paediatric emergency mental health services; Adolescent suicidal behaviour.

**Simone Kortstee**
Professional Practice Leader for the Discipline of Psychology
Clinical Neuropsychologist, Behavioural Neurosciences and Consultation Liaison Team
University of Windsor, PhD. 1998
**Academic Appointment:** Clinical Professor, School of Psychology, University of Ottawa
**Clinical Focus:** (Neuro)psychological assessments of children and adolescents with learning, behavioural, and socioemotional problems that may be related to central nervous system dysfunction.
**Research Interests:** Program evaluation, assessing and examining the cognitive, academic, social, emotional, and behavioural effects of various genetic disorders, neurobiology of attachment.

**Darquise Laflamme**
Psychologist, Early Childhood Program, Ottawa Children’s Treatment Centre
Université du Québec à Montréal, Ph.D., 2001
**Clinical Focus:** Autism Spectrum Disorders, Developmental Disabilities, Language Disorders, Learning Disabilities, and ADHD
**Research Interests:** Early identification of children with autism and developmental delays; Program evaluation

**Ioana Lazarovici**
Psychologist, Autism Program
Université de Sherbrooke, Dipl.Psych. 2012
**Clinical Focus:** Autism spectrum disorder, developmental disabilities, attachment disorder, differential diagnosis
**Scholarly Interests:** program evaluation, effectiveness of intensive behavioural intervention (IBI), parent-mediated early intervention for children with ASD

**Marie-Josée Lefaivre**
Psychologist, Dual Diagnosis Service/Behavioural Neurosciences and Consultation Liaison Team
Dalhousie University, Ph.D., 2009
Clinical Focus: Dual diagnosis, paediatric health psychology (e.g. non-compliance with medical interventions, treatment adherence issues, procedural anxiety, adjustment to medical diagnosis or treatment, coping with hospitalization, pain management). Assessment and treatment of anxiety disorders in typically developing children and children with developmental disabilities.

Research Interests: Program evaluation in dual diagnosis, CBT and behavioural interventions, health behaviours, ethics.

Lewis Leikin

Psychologist, Mental Health PSU, Individual Psychotherapy Program University of Ottawa, Ph.D., 1986

Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa

Clinical Focus: Psychotherapy with children and adolescents, health psychology, anxiety and mood disorders, developmental psychopathology.

Research Interests: Psychotherapy effectiveness. Treatment outcome research.

Clairneige Motzoi

Psychologist, CHEO Mental Health Outpatient Services, ADHD & Disruptive Behaviour Disorders Team Concordia University, Ph.D., 2011

Clinical Focus: Assessment and treatment of children and adolescents with ADHD, disruptive behaviour disorders, mood and anxiety disorders; diagnostic assessment; individual, group, and family therapy; attachment-based therapy.

Scholarly Interests: Research in attachment and parenting, conflict resolution, evaluation of treatments for ADHD, Conversion Disorder, and Reactive Attachment Disorder.

Janet Olds

Psychologist & Clinical Neuropsychologist, Cochlear Implant Team, and Behavioural Neurosciences and Consultation Liaison Team McMaster University, Ph.D., 1987

Clinical Focus: Neuropsychological assessment and clinical interventions with children and adolescents with atypical development associated with medical conditions, particularly disorders of the central nervous system; assessment and intervention with children and adolescents with hearing losses, including those with cochlear implants.

Research Focus and Scholarly Interests: Neuropsychological functioning associated with medical, particularly neurological conditions; development, learning and psychological functioning of children and adolescents with hearing impairments, including outcomes following cochlear implantation; outcome after neurosurgery for intractable epilepsy; clinical decision-making; health services provision and evaluation.

Corien Peeters

Psychologist, Eating Disorders Program University of Ottawa, Ph.D., 2008
Clinical Focus: Assessment and treatment of children and adolescents with eating disorders: group, family-based, and individual psychotherapy; assessment and treatment of eating disorders and co-morbid mental and physical health conditions

Scholarly & Research Interests: risk factors/vulnerability to relapse in eating disorders, examining the role of mindfulness-based strategies in the treatment of relapse, program development and evaluation, and gender differences in eating disorders

Julie Perkins
Clinical Psychologist, Eating Disorders Program
University of Ottawa, Ph.D., 2008
Clinical Focus: Assessment and treatment of children and adolescents with eating disorders. Psychodiagnostic assessments, group psychotherapy and psychoeducation, family and individual therapy.
Research Interests: Eating disorders program development and program evaluation, pediatric research on common links between eating disorders & obesity.

Phil Ritchie
Psychologist, Inpatient Psychiatry Program
Queen's University, Ph.D., 1991
Clinical Focus: Differential diagnosis, children with mood and anxiety disorders, parent training, urgent care, disaster response. DBT.
Research Interests: Parent training in Collaborative Problem-Solving, home and community compliance with discharge recommendations, efficacy of urgent care assessments and recommendations; how to enhance therapeutic alliance with youth.

Lucie Roberge
Psychologist, Ottawa Children's Treatment Centre
Université du Québec à Montréal, Ph.D., 1999
Clinical Focus: Psychological assessment and intervention for children and adolescents with developmental and physical disabilities, learning difficulties and problematic behaviour.

Douglas Scoular
Psychologist, Behavioural Neurosciences and Consultation Liaison Team
University of British Columbia, Ph.D., 2005
Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa.
Clinical Focus: Child and adolescent health psychology, mood disorders, anxiety disorders, adjustment disorders, trauma, somatic symptom disorders, neurological disorders, ADHD, aggression, Tourette's syndrome, medication & health procedural adherence
Scholarly Interests: Tourette's syndrome, conversion disorders, medical trauma and mental health
**Gina Webster**
Psychologist, Early Childhood Program, Ottawa Children’s Treatment Centre
University of Guelph, Ph.D., 2005
**Clinical Focus:** Autism Spectrum Disorder, Developmental Disabilities, Tourette’s Disorder, Anxiety Disorders.
**Scholarly Interests:** Early identification and intervention strategies related to autism spectrum disorder; program evaluation, stress and coping related to parenting children with developmental differences; childhood anxiety.

**Fotini Zachariades**
Psychologist, Eating Disorders Program
Fielding University, Ph.D., 2012
**Clinical Focus:** Assessment and treatment of children and adolescents with eating disorders; group, family-based, and individual psychotherapy; assessment and treatment of eating disorders and co-morbid mental and physical health conditions
**Scholarly & Research Interests:** Biopsychosocial factors in eating disorders, gender differences in eating disorders, trauma, attachment, relationship of physical and mental health, program development and evaluation