

Doctoral Internship in Clinical Psychology, 2020-2021

About CHEO

CHEO, located in Ottawa, Canada is a 110-bed tertiary care pediatric health care institute serving Eastern Ontario and Western Quebec. It has a catchment area of approximately 600,000 children 18 years and under, and has provided specialized pediatric 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.

CHEO 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, Pediatrics, Genetics, Autism, the Children's Treatment Centre and Oncology Patient Service Units. 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 forms part of the assessment and intervention experience. Consultation to other professionals within the hospital is also an integral part of the work of psychologists. Most 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 pediatric 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 pre-doctoral 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, 2005 and 2012 (re-accredited for a seven year term. The next accreditation site visit will take place in 2019.

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 pediatric 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 one

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

Objectives:

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 and assessments.
2. Residents will develop competence in administering and interpreting psychometric measures to assess behavior, personality and social-emotional functioning. This includes developing skills in using both objective and projective assessment instruments.
3. Residents will develop competence in the administration and interpretation of standardized psychometric measures of cognitive/neuropsychological functioning and academic achievement.
4. Residents will develop competence in providing feedback, both oral and written, to families, referring agents, community agencies and members of interdisciplinary treatment teams.
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 two

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.

Objectives:

1. Residents will develop competence in conducting individual therapy with children and adolescents. This may include development of skills in behavioural or cognitive/behavioural interventions, systemic or interpersonal approaches.
2. Residents will gain experience in conducting group based psychotherapeutic interventions with children, adolescents and or parents. This may include process-oriented groups, structured behavioural and/or cognitive-behavioural interventions and parent-training groups.

3. 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.
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5. Residents will develop an awareness of client and therapist factors that affect treatment effectiveness.

Goal three

The training program will prepare residents to function within an interdisciplinary pediatric health care environment.

Objectives:

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.
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.
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 four

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

Objectives:

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

Goal five

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.
2. Residents will gain exposure to key concepts and methods in program evaluation.
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 six

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

Objectives:

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

Goal seven

The training program will foster the development of residents' professional identity as psychologists.

Objectives:

1. Residents will become knowledgeable about models, skills, and ethical issues related to supervision.
2. Whenever possible, residents will gain experience in providing supervision, through participation in peer consultation, group supervision, and line-supervision of practicum students.
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 Pediatric Neuropsychology. Well prior to the start of the training year, the Director of Training works with incoming residents to set up an individual training plan for their specific rotations.

Child Clinical Psychology Track (three 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 a minor rotation, 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 often rooted in one of their clinical rotations. 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

Rotation	Duration	Timing
Major rotation one	September to March	Three days per week
Minor rotation one	September to March	Half day per week
Major rotation two	March to August	Three days per week
Minor rotation two	March to August	Half days per week
Family therapy training exercise	September to August	Three hours per week

Rotation	Duration	Timing
Individual psychotherapy training exercise	September to August	Four and a half hours per week
Seminars/meetings/rounds	September to August	Four hours per week
Program evaluation experience	September to August	Two hours per week

Pediatric Neuropsychology Track (one position)

Objective

The pediatric 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 pediatric 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 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), one of which will usually be in Health Psychology, as well as 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. 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 Pediatric Neuropsychology Track.

Organization of internship activities – pediatric neuropsychology track

Rotation	Duration	Timing
Neuropsychology major rotation	September to August	Three days per week
Additional neuroscience activities	September to August	N/A
Minor rotation - clinical	September to March	Half a day per week
Minor rotation – BNCL Health	March to August	Half a day per week
Individual psychotherapy training experience	September to August	Four and a half hours per week
Family therapy training experience (optional)	September to August	Three hours per week
Seminars, meetings and rounds	September to August	Four hours per week
Program evaluation experience	September to August	Two 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

The following major rotations are offered to residents in the Child Clinical Track:

- Outpatient Mental Health & Health Psychology
- Neuropsychology
- Eating Disorders
- Child Development/Paediatric Rehabilitation (OCTC)
- Centre for Health Active Living (CHAL)

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 and office space availability are of necessity a factor in assigning major rotations. In particular, one resident is assigned to each of Child Development/Pediatric Rehabilitation 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) or an additional clinical experience, which falls outside the major rotations (i.e. Urgent Care). In addition, there is sometimes an option of completing a minor rotation in Research. Residents in the Pediatric 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

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 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.

Individual psychotherapy training experience

Each resident is provided with an intensive psychotherapy training experience outside their major rotations. Residents carry at least one long term therapy case, 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.

Typical weekly schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Major rotation	Major rotation	Major rotation	Minor rotation 8:00am to 12:00pm Meetings or in-house clinical seminars	Individual therapy experience 8:30am to 12:30pm

Monday	Tuesday	Wednesday	Thursday	Friday
			1:00am to 2:30pm Family therapy experience 3:00pm to 5:30pm	Work on program evaluation project or city wide seminar 1:30pm to 4:30pm

Thursday meetings include monthly meetings such as the internship committee.

City wide seminars occur monthly. On weeks that there is no seminar, this time can be used to work on the program evaluation project or other paperwork.

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

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).

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 pediatric 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 pediatric 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, 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 depending on availability.

Hematology/Oncology team

The Hematology/Oncology team is an interdisciplinary team consisting of professionals from psychology, social work, child life, medicine, nursing, and pharmacy. The psychologist on the team provides assessment, consultation, and intervention to patients and families diagnosed with hematological (e.g., sickle cell disease, hemophilia) and oncological (e.g., acute lymphoblastic leukemia, brain tumours) illnesses. Services are provided to inpatients and outpatients. Common types of referrals focus on adjustment and coping with illness and its treatment, pain management, treatment compliance, the process of grieving, and mental health problems associated with the impact of chronic and/or terminal illness.

Opportunities for residents can include: psychological assessment, consultation, and intervention with patients and families aged 0-18 years, interdisciplinary consultation, participation in rounds and case management, liaising with community partners (e.g., schools, community providers, etc.), and possible group intervention. This rotation is designed to develop resident's skills in clinical and health psychology.

Eating disorders rotation

This rotation is designed to develop residents' skills in working with patients with eating disorders, a specialized area within pediatric 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 Pediatric 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 the Choice and Partnership Approach (CAPA) for delivery of mental health services at this site.

Tertiary care services are provided to children and adolescents who are referred for a range of presenting problems including prominent mood and/or anxiety symptoms, ADHD and behaviour difficulties. Professional representation at Outpatient Mental Health Services includes psychology, social work, psychiatry, occupational therapy and paediatrics.

Psychology services provided include choice appointments and core and specific partnerships for differential diagnostic assessment, individual and family therapy, and group therapy for children, youth and parents (e.g. dialectical behaviour therapy (DBT) groups for adolescents and parents, cognitive behaviour therapy (CBT) groups for anxiety management, and collaborative problem-solving (CPS)

groups for parents). 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 DBT case.

Major rotation: Residents participate in all aspects of the services provided to outpatients and are expected to function as full members of the outpatient team. Depending on the training needs and interests of the resident, a major rotation in outpatient mental health can include children and youth with difficulties with mood, anxiety, ADHD, and behaviour. A major rotation would also include training in: choice appointments; partnerships for diagnostic assessment, individual therapy, and group therapy (either DBT or CBT anxiety group); and attendance at weekly CAPA consultation meetings.

Minor rotation: A minor rotation in outpatient mental health is sometimes available. This would focus on co-leading a CBT group for anxiety management.

Development and rehabilitation rotation

The Ottawa Children's Treatment Centre (OCTC) offers a focus in Child Development and/or pediatric Rehabilitation depending on the resident's training needs and interests.

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 an autism spectrum disorder (ASD). 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 ASD. The purpose of the assessment is to clarify the diagnostic profile and to determine eligibility for specialized intervention and support programs.

The Pediatric 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.

Experience in both child development and pediatric rehabilitation is possible, depending on the resident's learning objectives. Further opportunities include short-term individual intervention, supervision of a practicum student and involvement with the CHEO Autism program.

Centre for Healthy Active Living (CHAL) rotation

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 severe 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 working with psychologists, endocrinologist, dietitian, exercise specialist, social worker, child and youth worker, and a nurse. Services include comprehensive half-day team assessments, family-based groups, individual, parent and family treatment.

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 allied health professionals, as well as families. CHAL supports a scientist-practitioner model and is actively engaged in both program evaluation and research activities.

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 pediatricians, 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

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, 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.

Neonatal follow-up team

The NNFU team is an interdisciplinary team with professionals from psychology, medicine, nursing, and physiotherapy. The team follows children (birth through 4 years of age) born with various medical conditions, including premature or low birth weight, that increase the risk for developmental difficulties.

The minor rotation in NNFU is designed to assist in the development of the resident's skills in pediatric health and psychological/developmental assessment. Opportunities for residents can include gaining experience with conducting intellectual, pre-academic, adaptive behaviour, and behavioural assessments with young children with neurodevelopmental and/or medical conditions affecting cognitive and behavioural development. There is also opportunity for the resident to be involved in short-term parent consultation/intervention.

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, depending upon availability. 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.

Internship specifications

Internship year: September 1 to August 31

Number of positions: Four full-time (three in Child Clinical Track, one in pediatric neuropsychology track)

Stipend: \$32,693 per annum as of 1 April, 2018

Vacation: Three weeks paid vacation

Statutory holidays: Paid

Sick leave: Up to five paid days per annum

Professional development leave: Up to five 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 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. While we are open to applications from non-Canadians, immigration requirements mean that we have to first offer positions to Canadian citizens, permanent residents or people whose residence permit allows them to work at an internship because it is a required part of their training program. 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.
- At least one graduate half course (three credits/one term) in each of the following areas:
 - Child assessment
 - Child psychopathology
 - Development
 - Intervention with or appropriate for children and adolescents
- Applicants to the Pediatric Neuropsychology Track are also required to have one graduate half course in each of neuropsychological assessment and clinical neuropsychology and to have had format training in neuroanatomy.

- A minimum of 600 practicum hours of which at least 300 were spent in direct client contact. In addition, the 600 practicum hours should be comprised of at least 300 on-site hours of assessment and at least 300 hours of on-site intervention.
- At least two practicum placements with children or adolescents. For applicants to the pediatric neuropsychology track, at least one of these placements must have been in pediatric 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.

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. We particularly welcome applications from candidates who are sufficiently bilingual to provide services in French.

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](#).

This describes the pre-internship preparation that we believe is optimal. The following section contains information about applicants who have matched to the CHEO internship in past years.

Applicants who have matched to our internship in past years

CPA ACCREDITATION - INTERNSHIP PROGRAMMES

Table Type PUBLIC DISCLOSURE TABLE 1: INCOMING INTERNS OVER PAST 7 YEARS

Programme Children's Hospital of Eastern Ontario (CHEO)

Academic Year/Cohort	2013-14	2013-14	2014-15	2015-16	2016-17	2017-2018	2018-2019
Positions	4	4	4	4	4	4	4
Applications	52	46	43	51	49	48	54
Interviewed/Short-Listed	25	25	23	22	23	24	25
Ranked	23	24	19	20	21	22	25
Matched	4	4	4	4	4	4	4
Matched as % Applications (Automatically Calculated)	8%	9%	9%	8%	8%	8%	7%
<i>Of those who Matched:</i>							
Males	0	0	0	0	0	0	0
Self-Identify as Diverse (ie, minority, disability, LGBTQ)	0	1	0	1	2	1	1
From Outside of Province	1	2	1	3	0	2	2
From Outside of Canada	0	0	0	0	0	1	0
Mean Practicum Hours on AAPI			714	675	759	650	670
-->Assessment & Intervention							
-->Supervision			486	409	398	354	342
-->Support/Indirect			957	1,093	982	840	819
Mean Total Hours (Automatic)			2,157	2,177	2,139	1,844	1,831
Internship Stipend	\$31,181	\$31,181	\$31,601	\$31,609	\$32,507	\$32,693	\$32,693

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 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-lois.justice.gc.ca/eng/acts/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, Ontario. K1P 5J3

Telephone: 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 required coursework, 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. For candidates who have indicated on their APPPIC application that they possess sufficient skill to provide services in French, the interview with staff will be conducted in both English and French.

All current residents sit in on the deliberations of the Internship Committee, however they do not participate in ranking decisions. When 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 email all enquiries to:

Dr. Fotini Zachariades, Ph.D., C. Psych.

Director of Training in Psychology

CHEO

401 Smyth Road

Ottawa, Ontario. L1H 8L1

fzachariades@cheo.on.ca

Telephone: 613 737 7600 extension 3285

Registered psychologists in the internship program

Philippe Adams

- Psychologist, Early Childhood Program, 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

- 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 Service
- 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 Neuropsychologist, Oncology
- University of Ottawa, Ph.D. 2002
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa.
- Clinical Focus: Neuropsychological assessment in paediatric oncology. School reintegration and psychosocial adjustment following central nervous system disease or insult among children and youth.
- Research Interests: Impact of cancer treatment on cognitive functioning and adjustment in paediatric oncology

Annick Buchholz

- Psychologist, Lead, Outcomes Management and Research, Centre for Healthy Active Living
- 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.

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.

Janice Cohen

- Psychologist, Clinical Lead, Behavioural Neurosciences and Consultation Liaison Team
- University of Waterloo, Ph.D. 1990
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa.
- Clinical Focus: Pediatric health psychology, somatization disorders, pediatric chronic illness, child and adolescent psychopathology, medical trauma.
- Research Interests: Program evaluation and outcomes management in the provision of integrated physical and mental health care adjustment to chronic medical conditions, assessment and intervention for pediatric somatization, pediatric chronic pain training issues.

Carole Gentile

- Psychologist, Outpatient Mental Health Services
- University of Ottawa, Ph.D. 1995
- Clinical Focus: Anxiety and mood disorders among children and teens, health psychology, parent-child relational problems
- Scholarly Interests: Research ethics

Anna Goss

- Psychologist, Autism Program McGill University, Ph.D. 2013
- Clinical Focus: Assessment of children with autism spectrum disorders, with the purpose of monitoring response to intervention and assisting in treatment planning; clinical supervision; diagnostic assessment for autism spectrum disorder and developmental disorders; community psychoeducation.
- Scholarly Interests: ASD, intellectual disability, outcomes research.

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

Jane Heintz-Grove

- Psychologist, Development and Rehabilitation, Children's Treatment Centre
- University of Toronto, Ph.D. 2000 Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa.
- Clinical Focus: Intellectual Disabilities, Autism Spectrum Disorders, Language Disorders.
- Scholarly Interests: Early screening, identification and intervention with children who present with developmental differences.

Anne-Lise Holaham

- 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, Ph.D.,
- 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

Allison Kennedy

- Psychologist, Team leader for the Urgent Care Service
- 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: Pediatric 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, 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, Children's Treatment Centre
- Université de Sherbrooke, Dipl.Psych. 2012
- Clinical Focus: Autism spectrum disorder, developmental disabilities, attachment disorder, and differential diagnosis
- Scholarly Interests: program evaluation, effectiveness of intensive behavioural intervention (IBI), parent-mediated early intervention for children with ASD

Marie-josée Lefaivre

- Psychologist, Behavioural Neurosciences and Consultation Liaison Team
- Dalhousie University, Ph.D., 2009
- Clinical Focus: 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, feeding issues) and anxiety.
- Research Interests: needle fears, CBT and behavioural interventions, health behaviours, ethics.

Lewis Leikin

- Psychologist, Mental Health PSU, Supervisor, 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
- 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.

Tatiana Nedecheva

- Psychologist, CHEO Mental Health Outpatient Services
- University of Windsor, Ph. D. 2013
- Clinical focus: emotion regulation difficulties, mood and anxiety, behavioural challenges in children and youth, parenting.
- Scholarly interests: application and efficacy of DBT amongst child and adolescent populations, application of mindfulness-based interventions in treatment with children and adolescents.

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

Lucie Roberge

- Psychologist, 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 behavior.
- Scholarly Interests: Applied behaviour analysis of behavioural challenges in children and adults with developmental disorders.

Héloïse Sirois-Leclerc

- Health and Clinical Psychology, Hematology/Oncology Program
- University of Ottawa, Ph.D. 2017
- Clinical Focus: Psychodiagnostic assessment of mental health difficulties in pediatric patients with oncology and blood disorders, intervention with patients and families to address psychological adjustment, traumatic stress, mood or anxiety disorders (etc.) in context of medical illness, interdisciplinary collaboration and consultation

Gina Webster

- Psychologist, Early Childhood Program, 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.

Melissa Vloet

- Psychologist, Behavioural Neurosciences and Consultation Liaison Team; Supervisor, Family Therapy Experience
- University of Ottawa, Ph.D., 2014
- Clinical Focus: Paediatric health psychology (e.g. non-compliance and treatment adherence issues, procedure anxiety, adjustment to medical diagnosis or treatment, coping with hospitalization, pain management), chronic pain, and eating disorders. Psychodiagnostic

assessments, group psychotherapy and psychoeducation, family therapy (EFFT, CBT) and individual therapy (CBT, ACT, DBT).

- Scholarly Interests: Health Policy Research; Psychosocial Genetics; Program Evaluation; Mental Health Transitions from Pediatric to Adult Systems of Care; Youth Homelessness.

Marielle Young-Bernier

- Neuropsychologist/Psychologist, Rehabilitation Program
- University of Ottawa, Ph.D. 2015
- Clinical Focus: Neuropsychological assessment and intervention for children and adolescents with acquired brain injuries
Scholarly Interests: Neuropsychological, behavioural, and social factors affecting recovery from a brain injury, school reintegration following an acquired brain injury.

Fotini Zachariades

- Psychologist, Chronic Pain Service
- Director of Training in Psychology
- Fielding University, Ph.D. 2012
- Clinical Focus: Assessment and treatment of youth with chronic pain; group-based psychotherapies, assessment and treatment of chronic and concurrent/co-morbid mental and physical health conditions
- Scholarly Interests: Biopsychosocial factors in chronic pain; trauma; attachment; relationship of physical and mental health; program design and evaluation.