



# **CLINICAL TRAINING PROGRAM**

## **A CLINICAL RESIDENCY WITH AN EMPHASIS IN PAEDIATRIC AND CHILD CLINICAL PSYCHOLOGY**

### **PROGRAM DESCRIPTION**

**For 2018-2019 Residency Year**

**Department of Psychology  
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**An agency of the  
Provincial Health Services Authority**

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## **PROVINCIAL HEALTH SERVICES AUTHORITY (PHSA) Strategic Directions**

BC Children's Hospital (BCCH), Sunny Hill Health Centre for Children (SHHC), and BC Women's Hospital & Health Centre are agencies of the Provincial Health Authority Service (PHSA). The three primary strategic directions of the PHSA are:

1. Improving quality outcomes and
2. Providing better value for patients
3. Promoting healthier populations; contributing to a sustainable health care system

### **BCCH & SHHC MANDATE**

BC Children's Hospital provides expert health care, including mental health, to the most seriously ill or injured children across British Columbia. It also includes Sunny Hill Health Centre. BC Children's Hospital is an academic patient and family-centred health sciences centre leading the transformation of the health system for children and youth locally, provincially and globally, caring for more than 200,000 children each year. BC Children's Hospital supports PHSA strategic directions with an overall commitment to have the best health outcomes for children and youth today and in the future. The PHSA strategic directions focus on:

- Improving quality outcomes and providing better value for patients.
- Promoting healthier populations
- Contributing to a sustainable health care system. (BC Children's Hospital, 2015-website).

### **BC WOMEN'S HOSPITAL & HEALTH CENTRE**

BC Women's Hospital & Health Centre provides comprehensive maternal/fetal/newborn and specialized health services for BC women and their families. BC Women's support for PHSA's strategic directions is demonstrated through stated commitments to:

- Delivering the best care in response to the needs of women, newborns, and their families across the life continuum.
- Leading the way in innovation and knowledge sharing towards improving the health and lives of women and their newborns.
- Improving the health and wellbeing of communities by strengthening our system to reflect and respond to the lives of all women.

## **PSYCHOLOGY PROFESSIONAL PRACTICE**

The Department of Psychology at BC Children's Hospital was established in 1974, and received CPA Accreditation in 1995. Psychological services are currently delivered in a mixed model of management providing a wide range of clinical training, teaching and research opportunities. Psychologists at SHHC and BC Women's Hospital & Health Centre report to program managers/directors for operations and to the Head of Psychology for professional practice. BCCH Psychologists report to the Head of Psychology for both

operations and practice. We have approximately 50 full time and part-time Registered Psychologists in addition to psychometrists working across agencies on both sites. We are affiliated with the three provincial universities: University of British Columbia (UBC), Simon Fraser University (SFU), and University of Victoria (UVIC).

## **AGENCY OVERVIEW & LOCATIONS**

BC Children's Hospital is a teaching hospital affiliated with the University of British Columbia and has a strong research orientation and extensive community involvement. BC Children's is a tertiary care facility which is the main referral centre for children from birth to 19 years with complex medical problems from British Columbia and the Yukon. BC Children's is located in the heart of Vancouver on the Oak Street campus, a landscaped complex that includes BC Children's Hospital, BC Women's Hospital & Health Centre, and the Child & Family Research Institute. Sunny Hill Health Centre for Children offers specialized services to children with disabilities and their families from across the province and is located approximately 15 minutes from the Oak Street campus by car. As of the fall of 2019, Sunny Hill Health Centre is scheduled to be located on the main campus, as a third stage of a current redevelopment project.

## **BC CHILDREN'S HOSPITAL SITE**

Approximately 80% of our psychology staff provide service at the BC Children's site, distributed as follows: 35% Mental Health Service, 40% BC Children's (Medical Psychology Service), and about 5% of our staff delivering care to BC Women's Hospital and Health Care Centre. As part of a teaching hospital, we have pursued an integrated mix of clinical services, training, teaching, research, and community partnerships. We provide clinical services, including assessment, treatment and consultation, to the children and families of the province who have major medical or mental health problems. In addition, each year we provide direct clinical training and clinical research opportunities for three to five psychology graduate students from the three provincial universities and other accredited universities across North America.

As psychologists, we function as consultants and/or as members of interdisciplinary teams. Over the past 30 years, we have expanded our mandate from providing a small range of assessment activities to offering a wide range of services including: 1) psychodiagnostic assessments for children with complex problems – this may include psycho-educational, neuropsychological and/or socio-emotional assessment, 2) consultations with care teams in the hospital and in the community; 3) short-term therapeutic interventions; 4) longer term psychotherapy as well as 5) research and education/training. In each of the last two years BCCH has provided services to approximately nine thousand patients each year. Our Department has served approximately three thousand of these patients.

## **SUNNY HILL HEALTH CENTRE FOR CHILDREN SITE**

Sunny Hill is a provincial resource providing specialized tertiary care services to children with disabilities, including physical disabilities, sensory disabilities such as hearing loss and

visual impairment, and developmental disabilities such as autism spectrum disorder and fetal alcohol spectrum disorder. In collaboration with families and community service providers, Sunny Hill provides leadership in clinical services, research and education. It is a referral centre for children and youth up to 19 years of age who require interdisciplinary assessment, treatment and follow-up. Services complement but do not duplicate those offered in the community and exclude acute health care services. Approximately 20% of our psychology staff deliver service at Sunny Hill.

Psychology is involved in a number of specialty teams under the umbrella of the Child Development and Rehabilitation Program, including the BC Autism Assessment Network (BCAAN), Complex Developmental and Behavioural Conditions Team (CDBC), Visual Impairment Program (VIP), Hearing Loss Resource Team, the Neuromotor Team, and the Brain Injury Resource Team. The mandate of each team includes multidisciplinary assessment, diagnosis, recommendations, and referral to community services, as well as a leadership role in training, education and research for professionals working in this area across the province. Most children are seen on-site, as outpatients. Some outreach services are provided, primarily to northern British Columbia. The Acute Rehabilitation ward provides inpatient rehabilitation services for children with central nervous system injuries and other complex medical conditions requiring extended care. Psychologists at Sunny Hill are involved in research, with recent investigations including long-term outcome for individuals receiving a very early diagnosis of autism spectrum disorder, and consumer evaluation of innovative formats for psychology reports. Psychologists at Sunny Hill provide input to the Ministry of Education and Health regarding special education services and provincial assessment services. Educational programs are provided to community groups on request.

## **RESIDENCY PROGRAM OUTLINE**

BC Children's Hospital is proud of its long tradition of providing quality internship training (now referred to as a residency). We are beginning (2018-2019) our forty-fourth year of a continuously operating psychology residency program. Many of our former residents have gone on to successful psychology careers in B.C., other Canadian provinces and the U.S., and most have maintained close ties with our Department. Our program is a broad based clinical psychology residency designed to build competence in child clinical psychology, including paediatrics, mental health, and developmental disabilities. The primary focus of the training is on children and youth, with an emphasis on family based care.

There is a strong emphasis on specialized assessment skills across the developmental spectrum and on short-term therapeutic interventions. Some trainees may choose to emphasize specialized areas related to their academic backgrounds, but our program ensures that all trainees obtain a broad base of skills, so that they are prepared to practice with a broad range of ages and presenting problems, in a variety of settings.

Residents have access to an extremely varied offering of seminars and outside lectures. They are free to attend relevant seminars and rounds at BC Children's plus those presented by Sunny Hill. In addition, the Psychology Departments at both the University of British

Columbia and Simon Fraser University have colloquia and other invited addresses open to our residents.

We are a CPA accredited\*\* clinical psychology residency and we abide by the rules and deadlines established by these professional organizations. We **will** be taking part in the APPIC computer match on selection day and consequently all student applicants must also be registered for the match. Potential applicants can also read about the application process on the APPIC website. We are registered in APPIC under this number: **182611**.

We have been successfully re-accredited for a 6 year term as of the 2017-2018 academic year. We are re-accredited until the 2023-2024 academic year. Our next site visit will be in 2024.

***\*\* We were previously a CPA and APA accredited residency. In February 2007, the Council of Representatives of the APA voted to cease accrediting doctoral and internship programmes in Canada. Concurrent CPA/APA accreditation for all programs will cease as of September 2015. As of January 1, 2008, the APA no longer accepts new applications for accreditation of Canadian programmes. Given this situation, we did not apply for APA re-accreditation for the years after 2013. For further information please refer to the Accreditation sections of both the CPA and APA websites.***

## **STRUCTURE**

The residency seeks to develop a balance of both assessment and therapy skills across a broad range of patient populations. BC Children's offers experiences both in specialized assessments and various forms of short term intervention and therapies (see our Department Programs List later in this document). Residents carry some longer term therapy cases and learn the skills required for short term inpatient assessment and therapeutic interventions.

In order to meet the goal of a broad-based residency with both assessment and therapy experience, the resident and the Clinical Lead\* (Director of Training) will meet and review the specific strengths and needs of the individual and devise a tailored program that is mutually satisfactory to both the student and the program. Goal-setting and evaluation reflect a competency-based approach to training.

Students begin with a three week orientation at the BC Children's site and continue with didactic activities and group supervision at BC Children's during the academic year. In July, the residents work in the OCD Day Treatment Programme for the majority of their time/month. The month of August, at the end of the residency, is spent working on the completion of all residency requirements.

Rotations for our residents are individually determined in consultation with the Clinical Lead. Each resident will complete two six month major rotations (one in mental health and one in paediatric/medical psychology). The developmental disabilities component is

threaded throughout the entire year. The choices and emphasis for rotations may change from year-to-year depending on resident interests and goals, staff changes, and resources. However, we have been able to provide the rotations of interests to residents in any given year as one resident is typically assigned to one area of major rotation at a time. As such, residents are not competing for rotation supervisors.

At the beginning of each rotation, the resident will meet with the Clinical Lead to set mutually agreed upon goals and to design a plan that most closely meets the needs and interests of the student and the rotation. The residents will be able to choose one or two minor rotations, within each six month major rotation. At the end of the rotation block, the goals will be reviewed and adjustments made prior to the next rotation. The resident meets weekly in group supervision with the Clinical Lead. Group supervision is seen as an essential component of our residency, bringing continuity and coherence to the experience of working with different supervisors throughout the year. This also allows fine tuning and refinement of the goals and experiences of the resident throughout. We can be flexible and adjust case loads or modify the training depending on the day-to-day experience of the resident.

In addition, the residents are expected to attend and present at weekly Case Consultations and bi-monthly Clinical Rounds at BC Children's where specific cases and therapeutic issues are discussed. A requirement of the residency is that each resident will present at least once at Psychology Rounds.

Seminars are arranged with staff psychologists and scheduled on a regular basis for the benefit of the residents. Please see the description of typical course offerings included in this package.

In the Fall of 2014, we launched our inaugural Joint Training Seminars with Psychology Residents and Psychiatry Subspecialty Residents training side by side on Thursday mornings, for the first semester (6 months of the residency). Psychology is taking the lead on Psychotherapy training while Psychiatry is leading in Psychopharmacology training.

Vancouver is one of the most culturally diverse and ethnically mixed communities in North America. Consequently, the population the hospital serves is equally diverse. Thus, for example, the hospital has provided interpreters in over 35 different languages. This gives a sense of the opportunities residents have to practise psychology within a positive, multicultural milieu. We are equally committed to training and experience in the area of multicultural issues. While the sessions vary from year to year, past years' residents have had the opportunity to attend sessions on: First Nations Health Care Issues, Understanding Your Chinese Patient: An Introduction to Cantonese Language and Culture, and American Sign Language. These courses are offered site-wide exclusively for health workers who wish it. As a site, we continue to emphasize a comprehensive training experience, with regard to the integration of cultural diversity throughout the year (more than didactics alone). We strive to facilitate case conceptualization and ongoing clinical discussion and awareness of cultural recognition for each and every patient and their family, within all clinical and supervisorial relationships/opportunities and experiences.

We are committed to the idea that this is a training year for the residents- where they are exposed to a wide range of skills and work with diverse populations. This also implies the luxury of time to proceed at a slower pace or at a more in-depth level in working on a case (either therapy or assessment) than the staff psychologists may normally practice. This promotes resident confidence, in experiencing clinical acumen regarding when they have met the point of diminishing returns in their work with a patient. By the end of the year, however, we would expect the residents to be carrying a more realistic case load in order to be better prepared for the day-to-day experience of working as registered/licensed psychologists.

Psychologists' offices are located throughout the hospital, depending on their service area. The residents have assigned offices, fully equipped with testing and training materials, a computer and a phone. They also have direct access to separate play/assessment and family interview rooms equipped with one way mirrors and video equipment.

**\*: Within our institutional framework, the term Clinical Lead is used in lieu of Director of Training.**

## **SUPERVISION**

The resident's rotations and experiences are coordinated through the Clinical Lead at BC Children's. Group supervision occurs weekly at BC Children's with the Clinical Lead. Case-by-case supervision is with the individual psychologists managing the cases. Direct individual supervision is guaranteed to meet the minimum requirement of 4 hours per week and in fact, when all types of supervision are considered, the total is approximately 5 – 6 hours, of direct face to face supervision.

Our program emphasizes thoughtful and developmentally determined supervision. Our program applies a "Competency Based Approach" (Falender & Shafranske, APA, 2008) supervision model based upon the following:

### **THE FIVE STEP MASTERY MODEL**

The residency is based on a mastery model with the following training steps:

1. Observation (Resident of staff).
2. Joint assessment/treatment (Shared responsibility for case management).
3. Observation (staff of Resident) – the observation is direct, requires the staff to be in the room and prepared to intervene if necessary.
4. Resident solo – staff pre- and post-sessions planning and debriefing with the resident (may use audio, video or one way mirror if necessary or appropriate).
5. Arms length supervision – resident carries a case load and goes over each case at regularly scheduled supervision sessions.

It is the individual psychologist's responsibility to select an appropriate teaching case to work with the resident and to monitor and record the progress directly. It is not expected that the resident would reach the highest levels in the first block of rotation, unless they had prior experience in the area.

## **RESEARCH**

The Department of Psychology at BC Children's Hospital is actively involved in research. Graduate students, post-doctoral fellows and psychologists participate in various projects often in collaboration with medical colleagues in their programmes. Ongoing research project topics include:

- Outcomes following a treatment programme for ASD patients with anxiety.
- Effectiveness of a parent training program specifically designed for parents with ADHD.

- Treatment outcomes in children with complex chronic and recurrent pain.
- Cognitive functioning in children with chronic kidney disease.
- Risk factors for children referred for investigation of suspected child abuse and neglect.
- Longitudinal follow-up and case study reports of children with various rare metabolic disorders.
- Multi-site studies of the safety and treatment effects of sapropterine dihydrochloride for treatment of phenylketonuria.
- Cognitive and behavioral outcomes of children with congenital heart disease.
- Infant self-regulation predicts executive functions at preschool age in children born very preterm.
- Pain and distress recovery as early predictors of temperament in toddlers born preterm.
- Neonatal pain-related stress in relation to neurodevelopment and behaviour in children born preterm.
- Understanding the psychosocial needs of youth with concurrent mental health and substance use disorders: Informing evidence-based treatment and management.
- Outcome of manualized treatment approach for children with tics.
- Outcome of cognitive behavioural approach for preschool children with needle phobia.
- Program Evaluation of Twilight Clinic.
- The efficacy of models of support to foster resiliency and reduce burnout in health care providers.

In keeping with the scientist-practitioner model that serves as the basis for residency training, each resident is expected to present a paper at the end of the residency year, applying some theoretical or research model to the practical setting. Research is defined in its broadest terms and includes everything from creating an annotated bibliography of books associated with common hospital situations, to program evaluation. This might involve, for example, completing a literature review and the work leading up to a formal research proposal on some applied, hospital relevant topic. Alternatively, it could also take the form of an in-depth case study tied to how different therapy approaches would predicate different interventions and different therapeutic outcomes. Designated time is available for this project.

## **STAFF**

In total, there are approximately 35-45 psychologists working across the sites, who are involved in the training program. All are doctoral-level, fully registered members of the College of Psychologists of B.C. or are in the process of obtaining registration in British Columbia and have extensive experience in the health care field gathered over a number of years. Please see the attached staff description lists for further details.

As would be expected with a large group, approaches to assessment and therapy are extremely varied. As such, no one specific school of psychology or therapeutic perspective prevails. Consequently, emphasis for the residents is on developing their own therapeutic

style and in acquiring a broad base of skills that can be applied in a range of settings. The opportunity to observe and work with psychologists with unique expertise in various health and mental health areas is one of the main assets of the program.

## **RESIDENCY PHILOSOPHY & GOALS**

### **MISSION STATEMENT**

The mission of our residency program is to provide exceptional clinical, ethical and professional training to enable residents to become highly competent, caring clinical psychologists, able to function in complex, interdisciplinary health and mental health settings.

### **PHILOSOPHY AND OBJECTIVES**

In keeping with our commitment to the scientist practitioner model of our residency, we are committed to training exemplary clinical psychologists. That is, we are training psychologists who base their practice on knowledge and research, and who provide care that is respectful and appropriate to the needs of the patient (i.e. taking into account such things as their developmental level, age, gender, cultural background and other characteristics). Their practice as psychologists is based on clinical judgment drawn from direct experience and expertise with a number of different assessment and therapy techniques. We are committed to training psychologists who will meet or exceed the national and provincial standards of practice for professional psychologists. Our training model is broad based and experiential and we are committed to the belief that this is an opportunity for the trainees to get exposure to, and training in, a wide range of skills and in working with a very diverse population. It is a *training* year where the emphasis is on learning rather than on simply increasing clinical productivity.

These values are in concert with those developed for BC Children's Hospital as an "academic patient and family centred health sciences centre focused on the best health outcomes for children and youth today and in the future." (BC Children's 2015 PDF, Website).

In addition, the hospital has a strong commitment to treatment, teaching and research in child health. Advancing knowledge has been identified as a specific aspect of the strategic plan, through "access, safety, value and innovation." (BC Children's 2015 PDF, Website).

Following directly from our philosophy and values are a number of specific goals and objectives for our residency program.

## **GOALS**

Based on Fouad et al (2009). Competency benchmarks: A developmental model for understanding and measuring competence in professional psychology. Training and Education in Professional Psychology. Vol 3 (4, Suppl), S5-S26.

- Goal 1: Competence in Professionalism**
- Goal 2: Competence in Reflective Practice, Self-Awareness, and Self-Care**
- Goal 3: Competence in Scientific Knowledge and Methods**
- Goal 4: Competence in Relationships**
- Goal 5: Competence in Individual and Cultural Diversity**
- Goal 6: Competence in Ethical-Legal Standards and Policy**
- Goal 7: Competence in Interdisciplinary Systems**
- Goal 8: Competence in Assessment**
- Goal 9: Competence in Intervention**
- Goal 10: Competence in Consultation**
- Goal 11: Competence in Research/Evaluation**
- Goal 12: Competence in Supervision**
- Goal 13: Competence in Teaching**
- Goal 14: Competence in Management/Administration**
- Goal 15: Competence in Advocacy**

# PROFESSIONAL AND EDUCATIONAL PROGRAMS

## CASE CONSULTATION

Psychologists on staff meet weekly on an informal basis to talk about particular cases that they find difficult or puzzling. The emphasis is on a supportive, problem solving approach to what are often very complex cases. Ethical issues and issues of psychologists working in a medical setting are frequently discussed in the context of particular cases.

## PSYCHOLOGY AND CLINICAL ROUNDS

Over the last academic year, the Psychology Department organized weekly rounds. These rounds are divided into two target audiences, on alternating weeks. One set of rounds (Psychology Rounds) is organized as a closed presentation for the Department of Psychology. Usually one member of the department is responsible for each session and may include a staff presenter and/or speakers from the community. Particularly interesting or difficult cases may also be presented. Sessions focus on discussions of recent research and/or theoretical or ethical issues which might be relevant to members of the department. The resident is required to present at least once during their time in the department. The other set of rounds (Clinical Rounds) is open to benefit any hospital personnel or interested individuals from the community.

### **Selected Topics from Psychology and Clinical Rounds**

<b>Presenters</b>	<b>Topics</b>
Dr. Liz Stanford	Paediatric Sleep- Apps, Naps and Everything in Between
Dr. Jennifer Engle	Cognitive/Developmental Assessment with Children who have Severe Cognitive or Neuromotor Impairments.
Dr. Katherine McKenney	OCD Camp OH SEE DEE: An Intensive Tx Program for Paediatric OCD
Dr. Andrea Kowaz	Update from the BC College of Psychologists

In addition to the above professional and educational programs, the student is free to attend any of the various Medical or Allied Health Professional rounds presented at either of the hospital sites.

## SEMINARS

### **I. ETHICAL ISSUES**

This seminar has been offered as either a full day workshop for residents, staff, and psychologists in the community or as a series of in-house seminars for residents and staff. More recently, several separate seminars have been offered to our residents, throughout the year, through our Child and Adolescent Subspecialty Training Program.

Our hospital ethicist provided multiple stimulating ethical discussions, pertaining to the disciplines of psychology and psychiatry in addition to hospital wide issues such as informed consent to treatment, etc.. These seminars have provided the opportunity for engaging multi-disciplinary awareness and discussion. The general focus has pertained to ethical issues in working with children and youth.. There are also opportunities to attend ethics workshops hosted by the British Columbia Psychological Association, the College of Psychologists of British Columbia, and other institutions.

**COORDINATORS/INSTRUCTORS:** Dr. Andrea Chapman, psychiatrist, Dr. Emily Piper, Dr. Liz Stanford, Dr. Sue Bennett

Sample Topics:

- Informed Consent & Confidentiality
- Models of Ethical Decision Making
- Provincial and National Codes of Ethics/Standards of Practice
- Balancing Professional, Regulatory, and Institutional Policies
- Ethics & Supervision
- Ethics around the use of Social Media and Social Networking

## **II. PLAY THERAPY**

This seminar consists of an intensive didactic training (16 hours) coupled with a therapy case to ensure experiential training with associated group and individual supervision. The Play Therapy seminars are jointly offered as an Interprofessional Educational opportunity with psychology and psychiatry residents participating.

**COORDINATORS/INSTRUCTORS:** Dr. Amrit Dhariwal, Dr. Sarina Kot, & Dr. Emily Piper

Sample Topics:

- Four Theoretical Approaches and their Implications for Practice
- Developmental Issues
- Therapeutic Responses
- Experiential
- Case Examples and Videos
- Interdisciplinary Collaboration

## **III. ASSESSMENT**

**COORDINATOR:** Dr. Emily Piper

**INSTRUCTORS:** Staff at Sunny Hill and BC Children's

Sample Topics:

- Eligibility for Provincial Services with the Ministry of Education and Community Living Services
- Assessing Children with Prenatal Substance Exposure

- Assessing Children on the Autism Spectrum
- Panel Discussion: Nonverbal Assessment Tools
- New Measures for Cognitive Assessment in Young Children:
- Infant and Preschool Assessment
- Personality Assessment: Interpreting Objective and Projective Measures

#### **IV. DIVERSITY**

COORDINATOR/INSTRUCTOR: Dr. Tina Wang and Dr. Pam Narang

##### Sample Topics:

- Diversity, Self-Awareness, and Self-Assessment
- Awareness of Client Worldview
- Skill Development, Consolidation and Application to Clinical Practice
- Culturally Competent Health Care
- Indigenous Advocacy
- Key Considerations in Cross-Cultural Mental Health

#### **V. SUPERVISION**

COORDINATOR: Dr. Emily Piper

INSTRUCTOR: Dr. Ingrid Sochting, Dr. Liz Stanford, Dr. Emily Piper

##### Sample Topics:

- Theories and Methods of Clinical Supervision
- Competency Benchmarks
- The Process of Supervision & Supervisory Relationships
- Supervision Contracts and Paperwork
- Evaluation of Trainees
- Ethical and Legal Issues in Supervision

#### **VI. PSYCHOSIS**

COORDINATOR: Dr. Emily Piper

INSTRUCTOR: Drs. Audrey Wexler and Leah Burgess

This has been an additional seminar offered to our residents and senior practicum students, over the last two years. Drs. Wexler and Burgess provided an intimate and captivating half day seminar on the presentation of psychosis in children and youth, inclusive of reviewing assessment and treatment approaches, as well as a review of community services specializing in psychosis intervention.

## VII. PSYCHOPHARMACOLOGY

COORDINATOR: Dr. Emily Piper

INSTRUCTOR: Mr. Dean Elbe, Pharmacist

This is an additional seminar offered to our residents and senior practicum students, over the last year. Mr. Elbe provided an overview of general psychopharmacological practice and principles, most specific to mental health patients.

When available, residents may also participate in any co-sponsored workshops (BC Children's Hospital, Vancouver Coastal Health and Providence Health). In 2008, we had Dr. Carol Falender as the keynote speaker, who presented a full-day workshop on "Enhancing Competencies in Clinical Supervision". In 2009, we participated in a joint session sponsored by the BC Psychological Association and the College of Psychologists to hear the APA Director of Ethics Dr. Steven Behnke present ethical dilemmas with interpretations from both the American and Canadian Codes of Ethics. For 2012, we co-hosted along with Vancouver General Psychology Department, an all day seminar offered by Dr. Elizabeth Church to consider Canadian aspects of Supervision. In 2015 we hosted Dr. Rene Weideman, Clinical Clinical Lead at Simon Fraser University, who spoke to common issues within supervision. During the spring of 2016, we hosted Dr. Phillip Kendal, to address CBT for anxiety in children, which was open to all surrounding hospital and community mental health professionals. During the spring of 2017, we hosted Dr. Lisa Damour, author of *Untangled*, and NYT columnist, who spoke to the development of adolescent girls.

Our residents are also involved in supervision for our Practicum level students who begin their training in the spring. This allows our residents to practice skills learned in the didactic sessions and to develop their own supervision style.

In alternate training years, we offer a graduate course in Child Assessment to students at the University of British Columbia and Simon Fraser University. Our residents are involved as supervisors in the lab component of this course. The course is scheduled to be offered in spring, 2019.

## **SPECIFICS OF ROTATIONS**

During the year, residents will gain experience in both assessment and therapy. Depending on the specific skill set of assessment tools and experience with various populations that the resident brings to the training experience, individual assessment goals will be set at the beginning of the year. In addition, subsets of therapy skills and implementation, such as group work with anxious pre-adolescents or children with OCD, will be identified. These are based on discussion between the Clinical Lead and the student in order to meet our goals of broad based experience as well as to match the student's pre-existing interests. The resident's time commitments for each rotation will be prioritized based on these goals. There is a great deal of flexibility in working out exactly what any one resident's schedule would look like. Thus, for example, if a resident identified working with Eating Disordered clients as a preference, the best plan would likely involve total immersion in their program for a number of months, followed by carrying a case load of this population while gradually adding in other populations or skill sets as the year progressed. Other residents might be better served by being involved in one assessment program for two days a week and then simultaneously also being involved in a therapy program on a different service. Throughout the rotations, residents will observe psychologists in all aspects of their work, including assessment, therapy, consultation, multi-disciplinary team functioning, report writing, and community/school liaison. The focus will be on developing skills leading to increasingly independent practice.

Residents have the opportunity to work with the psychologists on a wide variety of psychology services. Residents will be involved in two major rotations, with selected minor rotations in each. Each six month block (major rotation) includes assessment and therapy as well as inpatients and/or outpatients. Our expectation however, is that residents will obtain at least some exposure to all areas and in particular paediatric (medical) psychology and child and youth mental health.

Within Paediatric Medical Psychology, residents may complete assessments focused on the cognitive impact of premature birth, genetic or metabolic disorders, epilepsy, or medical treatments such as chemotherapy or surgery to remove a tumour. Assessment and therapy may address the social-emotional impact of chronic pain, differences in one's physical appearance related to a medical condition, or dietary and lifestyle changes required by a chronic illness. Residents may also work with family members around grief and coping in relation to a sudden traumatic event or a chronic condition, or with children who have experienced abuse or neglect. Residents may also provide consultation-liaison services to the medical subspecialty teams on the inpatient units.

Within Child and Youth Mental Health Psychology, residents may consult with families and other professionals regarding issues of differential diagnosis and treatment planning for children with ADHD, mood or anxiety disorders, neuro-psychiatric disorders, or concurrent mental health and substance abuse disorders. They may provide intensive treatment in a group milieu for eating disorders. They may specify the contributing factors and differential

diagnoses involved in complex psychiatric conditions or assist with crisis intervention and planning for youth admitted with suicidal or psychotic symptoms.

A detailed list of psychology services at BC Children’s Hospital and SHHC sites are described below. Sample rotations from previous years are also included, but please keep in mind: *there is a great deal of flexibility in working out exactly what any one resident’s schedule/rotations would look like.*

**BCCH, SHHC & BC Women’s Hospital and Health Centre  
PSYCHOLOGY SERVICES: ASSIGNMENTS**

<p><b><u>Inpatient Medical Consultation Service</u></b>          Intensive Care Unit          Transitional Care Unit          Adolescent Care Unit          Cardiac Care          Burns          Surgical Patients          Neurosciences          Pain Management          Multi-organ Transplant          Cochlear Implant</p>	<p><b><u>Mental Health</u></b>          Teaching &amp; Consultation Clinic          Mood &amp; Anxiety Disorders Clinic          Infant Psychiatry          ADHD          Neuropsychiatry          Eating Disorders          Inpatient Adolescent Unit          Inpatient Child Unit          Youth Concurrent Disorders Program          Child &amp; Adolescent Psychiatric          Emergency Unit (CAPE)</p>
<p><b><u>Follow-up Programmes: Infant and Child</u></b>          Neonatal Follow-up Program          Complex -Invasive Paediatric Treatment Follow-up          Cardiac Surgery Follow-ups (TGA’s)</p>	<p><b><u>Neuro Sciences</u></b>          Epilepsy          Meningomyelocele &amp; Spina Bifida          Clinical Non-Epileptic Seizures</p>
<p><b><u>Oncology</u></b>          Inpatient/Outpatient Treatment          Neuropsychological Assessment</p>	<p><b><u>Paediatrics</u></b>          Biochemical Diseases          Child Protection Service Unit          Shapedown Program</p>
<p><b><u>Psychology Assignments for Hospital Wide Services</u></b>          Neuropsychological Service          Outpatient Medical Psychology Service          Complex Pain Management Program</p>	<p><b><u>Medical Psychology Intake</u></b>          The Twilight Clinic; Screening and Phone Intervention, triage and provision and knowledge of community resources</p>
<p><b><u>Developmental Assessments (SHHC)</u></b>          Complex Behavioural and Developmental (e.g. substance exposed, genetic disorders)          Autism Spectrum Disorders          Sensory and Neuromotor Disabilities</p>	<p><b><u>Inpatient Acute Rehabilitation (SHHC)</u></b>          Therapeutic (child and family) intervention for grief, loss, trauma          Consultation to treatment team related to cognitive and behavioural aspects of recovery from brain and/or traumatic injury</p>

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**Sample Resident Year:**

**Major Rotation #1- September to end of February: MENTAL HEALTH**

Major Area of Focus: OCD Clinic- treatment and assessment

Minor Area of Focus #1: ADHD Parenting Groups: Mindfulness and Behaviour Man.

Minor Area of Focus #2: Psychodiagnostic Assessments in Mood and Anxiety Disorder Clinic

Play therapy long term case

4 Sunny Hill Assessments to complete

Child and Adolescent Psychiatry Subspecialty Training

Weekly attendance at Case Consultation, Rounds

Working on Research Project

Weekly Group Supervision with Clinical Lead

**Major Rotation #2- March to end of August: PAEDIATRIC/MED PSYCH.**

Major Area of Focus: Oncology- treatment and assessment

Minor Area of Focus #1: Multi-Organ Transplant/Renal

Minor Area of Focus #2: Needle phobia group with preschoolers, Pain Management Group with Teens

Play therapy long term case

4 Sunny Hill assessments to complete

Twilight Clinic

Weekly attendance at Case Consultation, Rounds

Working on Research Project

Weekly Group Supervision with Clinical Lead

**Both Residents participate in the intensive OCD Camp/CAMP OH SEE DEE in the month of July.**

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At our SHHC site residents are involved in multi-disciplinary assessments with consultation teams, involving paediatric medicine, occupational therapy, physiotherapy, social work, speech/language pathology, and psychology. Residents may be involved in assessments/consultations including psycho-diagnostic testing and interpretation, report writing, presenting results to families and community teams, and follow-up telephone calls. Most cases focus on differential diagnosis of developmental disabilities. However, there is considerable variety in age and presenting problem. For example, typical cases include: determining whether an autism spectrum disorder is present in a preschool-aged child with

developmental delays, and to describe the complex interaction of prenatal alcohol exposure and traumatic life experiences in contributing to the difficulties of a teenager with poor school performance and many risk-taking behaviours. More specialized assessments occur for populations such as children with visual and/or hearing impairments. Our psychologists communicate across disciplines as a multidisciplinary team attempts to integrate information and reach consensus on a diagnosis, and in communicating across systems so that programming in schools and community agencies is well-suited to a child's developmental needs.

Residents have the opportunity for discussion of general professional issues, ongoing research projects, and psychologists' special interests. Residents also have the opportunity for discussion with other professional disciplines and to attend departmental meetings, program meetings, and Health Centre rounds. Discussions with staff psychologists may also focus on resources available to children in systems outside of health care, including education, child protection, and various social service agencies. Over the year, residents will gain knowledge of ethical and practical considerations around sharing of information in order to best support a child

## **RESIDENCY SPECIFICATIONS**

### **DURATION AND COMPENSATION**

There are two fulltime CPA accredited residency positions being offered in any given year. They are for one full year, starting the Tuesday after Labour Day in September. Benefits include: paid sick leave and holiday time (approximately 3 weeks). There is also a comprehensive benefits package which includes extended medical benefits and dental coverage.

The compensation is \$40,846.00 (\$35,705 salary + \$5,141.00 benefits) (CDN).

As part of PHSA, the Psychology residency program is equal opportunity employer with a strong commitment to maintaining a culturally diverse Professional staff and students.

### **PLEASE NOTE:**

***\*\* We were previously a CPA and APA accredited residency. In February 2007, the Council of Representatives of the APA voted to cease accrediting doctoral and internship programmes in Canada. Concurrent CPA/APA accreditation for all programs will cease as of September 2015. As of January 1, 2008, the APA no longer accepts new applications for accreditation of Canadian programmes. Given this situation, we did not apply for APA re-accreditation for the 2012-13 or 2013-14 year. For further information please refer to the Accreditation sections of both the CPA and APA websites.***

## **QUALIFICATION CRITERIA FOR APPLICANTS**

Please note that we have created the following list of criteria in response to questions frequently asked by resident applicants and in order to help clarify our decision making process. However, it is important to note that failure on any one criterion does not necessarily eliminate you as a candidate. Of particular importance in the selection process is the fit between an applicant's interests and goals and our program's model of training. Candidates should refer to the Canadian Council of Professional Psychology Programs' (CCPPP) document "Guiding Principles in the Preparation and Selection of Applicants for Internships" (see [www.ccppp.ca](http://www.ccppp.ca) for a copy), which describes the pre-residency preparation that we believe is optimal for applicants to have. No one candidate is likely to meet all of the required and preferred criteria listed below:

### **General Academics**

- 1) Required: All requirements for the doctoral degree in *Clinical Psychology* except the dissertation must be completed.  
The dissertation proposal must be successfully defended prior to the November application deadline.  
Preferred: Data collection at least begun and ideally completed by the beginning of the residency year in September.
- 2) Required: From a CPA/APA accredited *Clinical Psychology Program*.  
Preferred: Added focus or emphasis on child and adolescent psychology

### **Course Requirements**

In addition to the course outline required by clinical programs generally, the following additional course/training is important:

- 1) Required: Assessment course or equivalent experience.  
Required: Additional child assessment course or equivalent experience.  
Required: Graduate level developmental psychology course.
- 2) Required: Therapy course and or equivalent experience.  
Preferred: Therapy course/experience with children.
- 3) Required: Ethics course.  
Preferred: Broad-based course that includes experience based dilemmas and scenarios.

### **Experience**

- 1) Required: At least 600 total hours and at least 300 hours of direct practicum experience that has been approved by your graduate program.

Trainees should have some experience with both assessment and therapy.

Preferred: Approximately 1000 total hours and 500 direct hours of practicum experience. It has been our experience that any hours more than 1200-1400 hours do not substantially increase your chance of being selected as a resident, nor do they necessarily improve the quality of your residency once you arrive. We value a diversity of practicum experience particularly any that included working with children, youth and families and/or working within hospitals or multidisciplinary treatment centres. We appreciate past experience in a paediatric health care centre.

### **Citizenship and Language**

- 1) Canadian citizens or those with landed immigrant status will be given preference but Non-Canadian citizens will be considered subject to Immigration Canada requirements. Applicants who are not currently authorized to work in Canada are advised to contact the Clinical Lead, Dr. Emily Piper to discuss immigration considerations prior to making an application. Recent changes to immigration policy and enforcement have prompted several applicants to seek legal advice before embarking on cross-border applications.
- 2) Fluency in English is required.

## **Criminal Records Check**

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

## **APPLICATION INFORMATION**

Application deadline is **NOVEMBER 15, 2018**. Application and acceptance procedures follow the guidelines provided by the Association of Psychology Post-Doctoral and Internship Centres (APPIC). We will notify applicants whether or not they have been selected for an interview on our interview notification date of **DECEMBER 7, 2018**. On-site or telephone interviews are typically arranged from mid-December through the end of January. In order to facilitate travel convenience and cost we will adhere to the Canadian Council of Psychology in Professional Practice's (CCPPP) plan to interview most candidates in the last two weeks of January 2016 while our colleagues in the east will interview in the first two weeks of January. We will take part in APPIC's computerized matching on selection day. You must fill out an application and be registered with APPIC to take part. You can also obtain information about our Residency program on the APPIC website and the CCPPP website ([www.ccpvp.ca](http://www.ccpvp.ca)).

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

**The office of Accreditation for the Canadian Psychological Association is:**

Accreditation Office  
Canadian Psychological Association  
141 Laurier Avenue West, Suite 702  
Ottawa, Ontario K1P 5J3  
1-888-472-0657

**A completed application includes:**

- 1. Completed common APPIC Application for Psychology Internship (AAPI), and the "Academic Program's Verification of Internship Eligibility and Readiness". As of August of 2009, the APPIC application and academic verification process has been available on their website (<http://www.appic.org/>).**

**THE APPLICATION WILL BE COMPLETED AND SUBMITTED ONLINE AT THE APPIC WEBSITE and include:**

- 2. A cover letter indicating student's plans and special interests (e.g. Preferred Rotations) at our site (part of the on-line APPI).**
- 3. Current curriculum vitae (part of the on-line APPI).**
- 4. Three letters of reference, one of which should be from either the Clinical Lead or the dissertation supervisor. Note, the program may contact referees directly to get further information (part of the on-line APPI).**
- 5. Official university transcripts of your graduate record (part of the Supplemental Materials section of the on-line APPI)**

**Deadline**

It is the applicant's responsibility to ensure all of the above documentation is submitted to the APPIC site before the deadline of **November 15, 2018, 11:59 pm PST**.

**Contact Information**

Address all enquiries to:

Dr. Emily Piper, Clinical Lead, Director of Training  
Department of Psychology CSB Room V2-249  
BC Children's Hospital  
950 West 28th Ave  
Vancouver, B.C. V6H 3V4

Phone: (604) 875-2147

Fax: (604) 875-3230

E-mail: [epiper@cw.bc.ca](mailto:epiper@cw.bc.ca)

**BC CHILDREN'S HOSPITAL/SUNNY HILL HEALTH CENTRE  
PSYCHOLOGY DEPARTMENT STAFF LIST  
April 2018**

**BEACH, Barbara, Ph.D. [Simon Fraser University]**

**Mental Health - Eating Disorders Program**

Family-based therapy (Maudsley) and Multi-Family Group Therapy with families with youth with eating disorders, as well as individual psychotherapy with adolescents suffering from anorexia nervosa and/or bulimia nervosa, using Cognitive Behaviour Therapy for Eating Disorders and Acceptance and Commitment Therapy (ACT). Research interests include the importance of body image to self esteem and the motivation to change eating disordered behaviour.

**BENNETT, Susan, Ph.D. [University of British Columbia]**

**Medical Psychology - Complex Pain Service**

**Adjunct Professor, Psychology, University of British Columbia**

Psychologist on the Complex Pain Service, an interdisciplinary team providing assessment and treatment of children and youth with severe and disabling chronic pain syndromes. Research interests include: evaluation of “costs” of chronic pain, treatment outcome evaluation, and developmental factors involved in coping with pain. Founder and co-ordinator of group therapy intervention Pain 101.

**BOUDREAU, Ainsley, Ph.D. [Dalhousie University]**

Outpatient assessment and treatment of children and adolescents with obsessive compulsive disorder. Consultation and teaching to trainees, as well as hospital and community professionals on the treatment of OCD in youth. In collaboration with other team members, conduct research to better understand paediatric treatment of OCD.

**BURGESS, Leah, Ph.D. [Lakehead University]**

**Mental – Health Inpatient Child and Adolescent Psychiatry Units**

**Child & Adolescent Psychiatric Emergency Unit (CAPE)**

Comprehensive assessments and brief consultations to inpatient children, adolescents, and families presenting with complex mental health and/or behaviour concerns. Emphasis is on differential diagnosis, psychological functioning, and treatment planning while in hospital, and recommendations for community based follow-up. Research interests include assessment of personality/disorders, suicide risk, and cognition.

**CATCHPOLE, Rosalind, Ph.D. [Simon Fraser University]**

**Mental Health - Mood and Anxiety Disorders Clinic and**

**Provincial Youth Concurrent Disorders Program**

**Mood and Anxiety Disorders Clinic:** Outpatient assessment and individual and group treatment of children and adolescent with mood and anxiety disorders. Consultation and

teaching to trainees and hospital and community professionals on mood and anxiety disorders in youth. **Provincial Youth Concurrent Disorders Program:** Conducts research to better understand the psychosocial characteristics among youth with concurrent substance use and mental health disorders. Research interests include the intersection between attachment, trauma, and problematic functioning among young people.

**CHUNG, Joanna, Ph.D. [University of Guelph]**

**Medical Psychology -Inpatient & Outpatient (Haematology/Oncology/Bone Marrow Transplant)**

Clinical work involves inpatient and outpatient medical psychology services with a focus on assessment and intervention for children and their families coping with the diagnosis and treatment of various types of childhood cancers and hematology disorders. Collaboration with and consultation to the health care team and community supports are completed. . Interests include adjustment, coping and post-traumatic stress symptoms for children on- and post-treatment for cancer or other hematology conditions and their families; group therapy for siblings of children with cancer; social skills groups for survivors of brain tumours; and educational planning for children with cancer.

**CLARK, Sandra, Ph.D. [Memorial University]**

**Mental Health - Mood and Anxiety Disorders Clinic**

Provision of assessment and intervention to children with psychiatric (primarily mood and anxiety disorders), cognitive, behavioural, and emotional issues. Co-facilitation of therapeutic groups for anxious preadolescents. Research interests include treatment interventions for anxious, obsessive, perfectionistic children and anxiety and language functioning in children with selective mutism. Currently Dr. Clark is the Chair of the CPA Accreditation Panel.

**COELHO, Jennifer, Ph.D., [University of Toronto]**

**Mental Health - Eating Disorders Program**

Provision of treatment services in the Outpatient, Day Treatment, and Inpatient areas of the Eating Disorders Program. Individual cognitive-behavioural therapy for youth with an eating disorder and other co-occurring conditions, including anxiety, obsessive-compulsive and/or mood disorders. Research interests include cognitive distortions, overlapping thought processes in eating disorders and obsessive-compulsive disorder, and treatment outcome in eating disorders.

**DHARIWAL, Amrit, Ph.D. [York University]**

**Mental Health -Teaching and Consultation Clinic**

Assessment and treatment of children and youth in outpatient psychiatry presenting with a range of social, emotional, and behavioural concerns. Consultation and teaching to trainees, as well as hospital and community professionals. Current research initiatives involve developing and evaluating a family-based treatment program for children and youth presenting with somatic symptom disorders.

**DOKIS, Daphne, Ph.D. [University of Victoria]**

Conducts diagnostic assessments for ADHD, in addition to providing short-term patient consultation and group-based parent training. Involved in research for clinic database.

**ENGLE, Jennifer, Ph.D. [University of Victoria]**

**Neuropsychology**

Assessment and treatment of children and youth through the neuropsychology service.

**GRUNAU, Ruth Eckstein, Ph.D. [University of British Columbia]**

**BC Women's Hospital & Health Care Centre - Newborn Care; Neonatal Follow-up Programme**

**Senior Scientist in Developmental Neurosciences and Child Health, Child and Family Research Institute.**

Multidisciplinary research on stress and pain in neonatal intensive care, and effects of neonatal pain-related stress on bio-behavioural regulation, cognitive and behavioural development in preterm infants and children, funded by the National Institutes for Health (NIH, USA), and the Canadian Institutes for Health Research (CIHR). Clinical interests in the neurodevelopment of children born extremely premature or with major medical complications in the neonatal period.

**JUKES, Tara, Ph.D. [University of Western Ontario]**

**Medical Psychology and Neuropsychiatry Clinic**

Provides assessment, treatment and consultation for both inpatient and outpatient populations with a range of pediatric medical concerns and associated psychological challenges. Presenting concerns include pain management, needle phobia, coping with illness, and medication adherence. In the Neuropsychiatry Clinic, Dr. Jukes holds a clinical research position primarily focused on the delivery and evaluation of a group-based intervention for children with tics.

**KLAR, Sandy, Ph.D. [Central Michigan University]**

**Medical Psychology -Centre for Healthy Weights: Shape Down BC**

Co-ordinates psychological assessment and treatment services for children and youth striving for healthy weight. Works closely with a multidisciplinary team to deliver a family and individual based intervention.

**KOROL, Christine, Ph.D. [University of Ottawa]**

Psychological assessment and consultation for the neonatal follow up program.

**KOT, Sarina, Ph.D. [University of North Texas]**

**Medical Psychology - Child Protection Service Unit**

Assessment of children and adolescents referred to the Child Protection Service Unit. Research interests include play therapy as a treatment modality for abused and neglected children and child witnesses of domestic violence.

**LESSARD, Jocelyne, Ph.D. [Simon Fraser University]**

**Medical Psychology -Oncology Service**

Service includes in- and out-patient assessment and treatment of children with cancer and their families. Consultation and collaboration with health care team members and with community service providers is also regularly provided. Special interests include the impact of attachment relationships on coping and adjustment, especially with respect to managing grief, loss, and trauma. A related clinical focus is helping parents understand their child's development as well as the role of temperament in responding to their children.

**McBRIDE, Lindsay, Ph.D. [West Virginia University]**

Medical psychology- inpatient consultation liaison, and outpatient therapy.  
Provincial Specialized Eating Disorder Service- outpatient family-based therapy.

**McCONNELL, Dina, Ph.D. [York University]**

**Medical Psychology -Haematology/Oncology/Bone Marrow Transplant-  
Neuropsychology Service**

Neuropsychological assessments of children with cancer, primarily leukaemia and brain tumours. Evaluations include assessment of learning disabilities, developmental disabilities, and the late effects of treatment (e.g. Chemotherapy and Radiation). Research interests include neurocognitive sequelae of radiation in very young children.

**McCONNELL, Melanie, Ph.D. [University of Vermont]**

**Mental Health - Neuropsychiatry Clinic**

Psychological assessment and consultation for children with neurodevelopmental conditions (e.g., autism spectrum disorders, fetal alcohol spectrum disorders, intellectual disability and co-morbid mental health concerns, tics/Tourette syndrome). Behavioural intervention for tics/Tourette syndrome. Cognitive-behavioural therapy for anxiety in children with autism spectrum disorders. Research interests: assessment and treatment of anxiety in children with neurodevelopmental conditions. Also involved with training psychology and psychiatry trainees.

**McFEE, Kristen, Ph.D. [York University]**

**Mental Health Neuropsychiatry Clinic [On leave until November 2015]**

Clinical duties include psychological assessment, treatment, and consultation for children with neurodevelopmental conditions and co-occurring mental health and/or behavioural concerns. Populations include autism spectrum disorders, fetal alcohol spectrum disorders, intellectual disability, and tics/Tourette syndrome. Treatments provided: modified cognitive-behavioural therapy for anxiety in children with ASD and other

neurodevelopmental disorders, and behavioural intervention for tics/Tourette syndrome. Research interests: program evaluation, assessment and treatment of anxiety in children with ASD.

**MCKENNEY, Katherine, Ph.D. [York University]**

**Mental Health - OCD Clinic**

Outpatient assessment and treatment of children and adolescents with obsessive compulsive disorder. Consultation and teaching to trainees, as well as hospital and community professionals on the treatment of OCD in youth. In collaboration with other team members, conduct research to better understand the biological underpinnings of OCD, as well as the psychosocial sequelae of the disorder. Research interests include clinical and neural functioning outcomes following cognitive behavioural treatment for pediatric OCD.

**MAK, Leanne, Ph.D. [University of Manitoba]**

Inpatient Child Psychiatry- providing assessment and treatment to children who have been admitted to the 10 bed inpatient child psychiatry program.

**MAH, Janet, Ph.D. [University of British Columbia]**

**Mental Health - Provincial ADHD Program**

**BC Mental Health and Addictions Research Institute**

Clinical responsibilities include diagnostic assessment of children and adolescents with attention problems and/or difficulties with hyperactivity/impulsivity. Interventions include group cognitive-behavioural therapy for parents of children and youth with ADHD, and community psychoeducational workshops for parents and teachers. Research interests and ongoing studies involve enhancing engagement and adherence to parenting interventions, including among cultural groups.

**MOON, Erin, Ph.D. [Dalhousie]**

**Medical Psychology - Multi-organ Transplant and Renal**

Clinical duties include pain and symptom management for a variety of medical outpatient referrals. Research interest in pain and symptom management.

**MURRAY, Candice, Ph.D. [University of British Columbia]**

**Mental Health - Provincial ADHD Program**

**Co-Director of the Provincial ADHD Program**

**Clinical Instructor, Department of Psychiatry, UBC**

Clinical responsibilities include diagnostic assessments of children and adolescents with attention problems and/or difficulties with hyperactivity/impulsivity; group cognitive-behavioural therapy for parents of children with ADHD; community-based educational workshops on ADHD for parents and teachers; teaching and supervision of psychology and psychiatry residents. Research activities include evaluation of parenting interventions for parents of children with ADHD and program evaluation.

**NARANG, Pam, Psy.D. [Illinois School of Professional Psychology]**

**Mental Health - Inpatient Child Psychiatry**

Clinical duties include cognitive, emotional, behavioural and interpersonal diagnosis, consultation and assessment of school-aged children admitted to the inpatient psychiatric unit because of substantive functional and mental health concerns. Additional clinical duties include program development and evaluation.

**NEWLOVE, Theresa, Ph.D. [University of British Columbia]**

**Head of Psychology**

**Medical Psychology**

Inpatient psychology services, including working with children, adolescents, and their families coping with a child with an acute neurological condition, trauma or chronic conditions. Outpatient differential diagnosis, assessment and treatment services to children and adolescents coping with chronic physical symptoms from stress and/or illness. Research interests include conversion disorders, non-epileptic seizures and pain management.

**NIRMAL, Rashmeen, Ph.D. [University of British Columbia]**

**Sunny Hill Health Centre**

Provision of services at the British Columbia Autism Assessment Network (BCAAN) at Sunny Hill Health Centre for Children. Clinical Instructor in the Department of Pediatrics at UBC. Clinical focus is on the assessment and treatment of children, teens, and young adults with neurodevelopmental disabilities, with a specialization in autism spectrum disorder (ASD). Certified UCLA PEERS provider and is active in research examining postsecondary supports for young adults with ASD, executive functioning in the workplace for individuals with ASD, and social supports for teens and young adults with ASD.

**PENNER, Erika, Ph.D. [Simon Fraser University]**

**Medical Psychology - Multi-organ Transplant and Renal**

Clinical duties include pain and symptom management for a variety of medical outpatient referrals.

**PETRAUSKAS, Vilija, Ph.D. [University of Windsor]**

Neuropsychological assessment of children and adolescents with neurological conditions (e.g. epilepsy, genetic conditions, autoimmune conditions, encephalitis, cardiac conditions, post solid organ transplant). Consultation to neurologists and other health care professionals regarding cognitive, developmental, and psychosocial factors associated with neurological conditions of childhood.

**PIPER, Emily, Psy.D. [The California School of Professional Psychology]  
Clinical Lead/ Director of Training**

**Mental Health - Child Psychiatry Teaching and Consultation Clinic**

Clinical duties include assessment, consultation and treatment to children and youth experiencing severe behavioural problems and psychiatric disorders. Additional clinical duties are specific to the teaching and supervision of Psychiatry and Psychology Residents. Current research interests include child psychotherapy and play therapy. Clinical Associate professor at the University of British Columbia, Faculty of Medicine, Department of Psychiatry. Oversees the training program within the Department of Psychology.

**PETRIE THOMAS, Julianne, Ph.D. [University of British Columbia]  
BC Women's Hospital and Health Centre - Infant and Early Childhood Educational  
& Developmental Consultant  
Neonatal Follow-up Program**

Member of multidisciplinary team that assesses children born extremely prematurely as well as children born with medical conditions and/or who undergo intensive interventions that increase their risk for problems in neurodevelopment. Research interests include maternal interaction style as a regulator of infant attention and physiology and subsequent development of behaviour, cognition and executive functions in children born extremely prematurely. Other interests include parent stress, family factors and early development of children born with congenital heart abnormalities.

**RAE-SEEBACH, Raazhan, Ph.D. [Palo Alto University]  
Sunny Hill Health Centre- Complex Developmental Behavioural Conditions**

Background involving specialized neuropsychological assessment with children and adults, with experience in the U.S., Toronto, Vancouver, Whitehorse, China, Hong Kong and Qatar. Areas of interest include parent-child attachment based relational therapy, and assessment of complex neurodevelopmental and behavioural concerns with children.

**SCHMIDT, Sarah, Ph.D. [University of Guelph]  
Shapedown Clinic**

Involved with assessment and treatment of youth in the Shapedown Clinic.

**SLAVEC, Janine, Ph.D. [University of Maine]  
OCD Clinic; Inpatient Neurosciences and Surgery, ICU; Outpatient Medical  
Psychology Program**

In Medical Psychology, responsible for providing assessment, consultation, and treatment to inpatients and outpatients presenting with a range of medical conditions and associated psychological concerns. Presenting concerns include sleep, pain, somatic symptom disorders, anxiety, mood, trauma, adjustment, and treatment compliance. In the OCD clinic, responsibilities include outpatient assessment, consultation, and group treatment of children and adolescents. Additional consultation and training to hospital and community professionals on the treatment of OCD and related disorders in youth. Particular interests in behavioural pediatrics, somatization, and novel treatment methods in OCD.

**SNEDDON, Penny, Ph.D. [Utah State University]  
Medical Psychology - Cardiac Science Program and Inpatient General Paediatrics;  
Outpatient Medical Psychology Program; ICU**

Responsible for providing clinical consultation, assessment, and treatment to inpatients and outpatients with a variety of general paediatric medical conditions. Assessment and treatment is primarily focused on pain, anxiety management, and patient/family psychological adjustment issues. Research interests include the impact and adjustment to serious illness on the child and family unit, children's coping and resiliency, and treatment compliance.

**SOLTYS, Michelle, Ph.D. [La Trobe University, Melbourne, Australia]  
Inpatient Rehabilitation Unit**

Inpatient support and intervention for children in longer-term care in the Rehabilitation unit. Developmental Disabilities

**STANFORD, Elizabeth, Ph.D. [University of British Columbia]  
Associate Head of Psychology  
Medical Psychology**

Involved in research, treatment and assessment of inpatients. As Associate Head, supports the Head of Psychology, with a variety of clinical and administrative duties.

**STEWART, Laura-Lynn [University of Toronto]  
Medical Psychology - Child Protection Service Unit, Cochlear Implant Services**

Clinical work includes assessment of children and adolescents referred for abuse, neglect, and complex issues related to suspected maltreatment. Related areas of research interests include parenting, trauma, and family violence. Within the cochlear implant team, clinical work includes consultation and assessment services for children experiencing cognitive, learning and socio-emotional difficulties related to hearing loss.

**WANG, Tina, Ph.D. [University of British Columbia]**

**Mental Health - Child Protection Unit**

Diagnosis, assessment, and treatment of school-aged children who have had some history of abuse. The Child Protection Services Unit is a provincial centre, supporting children who have experienced significant trauma.

**WEXLER, Audrey, F., Ph.D. [University of Ottawa]**

**Mental Health - Inpatient Adolescent Psychiatry**

Clinical duties include cognitive and socio-emotional assessments, consultations, group therapy, and individual therapy with adolescents (aged 12 to 19 years) admitted to a psychiatric inpatient unit because of severe functional and mental health concerns. Interests include developmental sequelae to early childhood trauma and attachment disruption, sexual aggression, and domestic violence.

**WALPOLE, Beverly, Ph.D. [University of Guelph]**

**Medical Psychology**

Trained at the Toronto Centre for Addiction and Mental Health, the Hospital for Sick Children in Toronto, and the Upper Grand District School Board. Oversees the Twilight Clinic, pain groups, and provides treatment to inpatient and outpatient medical psychology patients.

## **DIVERSITY AND CULTURAL HUMILITY**

Our program is committed to ensuring that diversity awareness and cultural humility are upheld throughout every aspect of training. Each resident is expected to complete an online, interactive course, specific to cultural competency, at the onset of their residency, in addition to attending a didactic seminar. Beyond these, the residents are also expected to approach clinical work from a standpoint of cultural humility at all times.

## **OMBUDSPERSON POSITION**

This position is given to an experienced psychologist, who is decidedly (for this reason or another) not going to be involved in resident supervision or training for one residency year, and who is not on the Training Committee. This position is held for one academic year and can be renewed for the next, if appropriate. This person is identified to residents after the orientation period in September. The Ombudsperson is primarily utilized for consultation and support on matters that are not egregious and that would not normally require the DoT or the Head of Psychology to intervene. This person is an alternative to consultation with the DoT, regarding general matters.

If something of an egregious nature arises from consultation with the Ombudsperson, the Ombudsperson informs the DoT or PPL/HOP as appropriate, and the routine grievance procedure would take place as directed by Department and/or hospital policy.

The Ombudsperson can advocate for the resident if there are conflicts of interest that exist within the program.