

# SickKids<sup>®</sup>

Centre for  
Community  
Mental Health

**Doctoral Internship in Clinical  
Developmental  
Child and Adolescent  
Psychology  
2020-2021**

Toronto,  
Ontario, Canada



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# About SickKids CCMH



SickKids Centre for Community Mental Health (SickKids CCMH) is a multi-professional, not-for-profit, children's mental health centre located in Toronto, Ontario, Canada. SickKids CCMH provides primary prevention, early intervention, and clinical treatment services to infants, children and youth (from birth to 18) and to their families and communities.

The programs offered to families at SickKids CCMH are housed in two main facilities within the city of Toronto, and include prevention/early intervention programs, outpatient programs, day treatment programs and a residential treatment program. Treatment services to clients include assessment, individual therapy, family therapy, group therapy, and parent-child therapy, as well as liaison and consultation with community caregivers (e.g., day care providers, schools, physicians, and other external systems).

Affiliated with the University of Toronto and accredited by the Council on Accreditation for Services to Children and Families, SickKids CCMH is also a member of Children's Mental Health Ontario.

SickKids CCMH has approximately 225 staff members. This includes full-time, part-time and contract staff; consultants; trainees from a variety of disciplines (early childhood education, child and youth care, psychiatry, psychology, social work and art/expressive arts); and volunteers. More detailed information about SickKids CCMH's programs and services are at [www.sickkidscmh.ca](http://www.sickkidscmh.ca).

SickKids CCMH has a rich history of teaching and training interns and practicum students across multiple disciplines including psychology, social work, psychiatry, and art therapy stemming back to when the agency was referred to as The Hincks Dellcrest Centre and even prior. Because of this decades-long pride in student teaching and training, SickKids CCMH tends to attract staff who are highly invested in prioritizing the development and supervision of new and upcoming clinicians. Psychology staff at SickKids CCMH are especially proud of assessment, intervention, and training we do, and we encourage you to explore this brochure carefully and with curiosity. For those of you who attend an interview for an upcoming internship, we will look forward to learning more about you, responding to your questions, and sharing our pride in what we do.

Please, note the internship is based mainly within **SickKids CCMH Outpatient Services** at our 440 Jarvis St. site in downtown Toronto and there are three available positions. There is an opportunity for one or two interns to participate on a training team and in clinical work at our 1645 Sheppard Ave. W. site one day a week.

# Available Doctoral Internships at SickKids CCMH



Three doctoral internships in clinical child and adolescent psychology generally are available each year. Although SickKids CCMH offers several types of treatment services as mentioned above (e.g., residential, day treatment, etc.) the SickKids CCMH internship is based mainly within Outpatient Services at our Jarvis site in downtown Toronto. There is an opportunity for interns to participate on a training team and in clinical work at our Sheppard site one day a week.

Internships are 12-month full-time equivalent positions. The internship begins on the first Wednesday following Labour Day in September and ends on the last working day of August of the following year. Internship full-time equivalency means an intern will complete a *minimum* of 35 hours per week and attain a minimum of 1,600 hours as required by the program. Interns are provided with shared office space at SickKids CCMH's downtown office building.

The stipend for the 2020-21 year is set at C\$30,844.25 paid twice per month. In addition, interns receive the following benefits: 3 weeks (15 days) of vacation, 5 professional development days, sick days and health benefits, plus 10 statutory holidays.

The internship program is a member of the **Association of Psychology Postdoctoral and Internship Centers (APPIC)**. An application for membership to the **Canadian Council of Professional Psychology Programs (CCPPP)** has been submitted and membership is pending. The internship program is managed by a doctoral staff psychologist as Director of Training. We have begun the process of seeking accreditation with the *Canadian Psychological Association* and we anticipate being accredited within the next one-to-two years. Please, note that upon being granted accreditation status, interns from prior years will be able to state that they, too, completed their internship in an accredited setting.

## Impact of COVID-19

The impact of COVID-19 on the 2021-2022 internship cycle is unknown at this time. Please, be advised that some of the descriptions in this brochure may be impacted by COVID-19 disruptions and restrictions within SickKids CCMH. At the time of writing this brochure, the COVID-19 pandemic has impacted some of the training opportunities we are able to provide to our current interns. However, we have adjusted their experiences in order to meet their training goals to the best of our ability. From mid-March to July 2020, intern training experiences have taken place remotely through videoconferencing technology. This includes virtual: clinical assessment, individual and family psychotherapy, some play therapy, parent counseling, interviewing, supervision, didactic & seminars, psychology team meetings, and grand rounds.

Described below is the intended program structure and experiences, which may require modification depending on limitations imposed by the COVID-19 pandemic. Should adjustments

be required, potential and actual interns will be notified as soon as information becomes available. Our program has thus far navigated the uncertain landscape with flexibility and creativity, and we will continue to honour our commitment to achieve program competencies in the upcoming academic cycles as well. We cannot predict with any degree of certainty how the pandemic may impact future training cycles, but we can commit to being transparent with information, collaborating with interns to develop disruption contingency plans guided by intern training goals, and to expressly document adjusted goals and expectations (including supervision arrangements). Should disruptions occur in the future, potential and actual interns will be notified as soon as information becomes available. We are confident that we can continue to provide the necessary training experiences to allow our interns to achieve program goals and competencies.

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

Please, see the Application Process section at the end of this brochure for more information about the impact of COVID-19 on training experience.

# Internship philosophy and objectives



The primary orientation of the internship training is on a developmental and theoretically integrated approach to the assessment and treatment of children and families within the context of child & family community mental health. In addition, an interprofessional approach is integral to the clinical practices of SickKids CCMH and provides interns with the opportunity to work with mental health professionals with a broad range of interests, knowledge, and skills.

## A. Training goals:

1. Develop skills in assessment, diagnosis, and formulation that, while including the DSM, focus just as extensively on underlying developmental, psychodynamic, biological, family, and larger system factors that produce vulnerability to symptoms and difficulties in children and youth.
2. Develop and enhance the ability to communicate assessment and diagnostic information clearly and sensitively to clients, families, teams and programs within the agency, and external systems (e.g., school personnel, family physicians) both verbally and in writing.
3. Develop and enhance skills in establishing and maintaining therapeutic rapport with children, youth, and families across different therapeutic modalities.
4. Develop skills in the selection and implementation of appropriate psychotherapeutic interventions with children, youth, and their families. Because of the integrative approach used by psychology staff at SickKids CCMH, interns will learn how to integrate elements of theory and practice from a multitude of theoretical orientations including but not limited to contemporary relational psychodynamic approaches, learning and cognitive theories, third-generation behaviour therapies (e.g., Dialectical Behaviour Therapy, Acceptance and Commitment Therapy), Humanistic-informed experiential approaches (e.g., person-centered, existential, and emotion-focused therapies), post-modern approaches (e.g., solution-focused and narrative therapies), and family systems theories (e.g., structural, attachment-based, emotion-focused).
5. Develop and enhance skills in intervention primarily through individual and family therapy although there may also be possibilities for involvement in various forms of group therapy.
6. Develop and enhance cultural awareness and competence, as well as an appreciation for diversity in its many forms (e.g., socio-economic status, migration, sexuality and sexual orientation, language and educational differences) and the ability to discuss these issues and differences with sensitivity and compassion.
7. Encourage respect for and critical thought regarding research/program evaluation in the area of children's mental health.

8. Develop the skills needed to work collaboratively in an interprofessional and organizational service-delivery environment, including an understanding of and respect for the contributions of various disciplines to children's mental health.
9. Develop skills in applying relevant ethical, legal, and professional standards to clinical work.
10. Participation in didactic seminars to support ongoing training.
11. Active participation in supervision with two registered clinical psychologists.
12. Develop skills in the supervision of junior colleagues.
13. Because every intern may possess additional and/or unique training goals, clinical supervisors are very willing to consider training goals over and above those specified above through discussions with any interns to whom this may apply.

## B. Main components

The internship in clinical developmental child and adolescent psychology is comprised of five main components that generally run for the entire duration of the internship.

1. Provision of individual, family, or parent-child dyadic therapy to a caseload of six or seven clients ranging in age from six to eighteen years of age.
2. Completion of four comprehensive psychological assessments throughout the year as a member of the Psychological Assessment Team.
3. Membership on two interprofessional direct service assessment teams one of which must be a Child and Adolescent Assessment Team (CAAT).
4. Participation in didactic seminars
5. Participation in supervision.

Each of these five components is described further below. A sample weekly schedule can be found in Appendix A.

### **1. Direct Client Contact--Therapy**

Although the exact number of hours spent in direct, face-to-face client contact may vary from week to week, on average seven hours are spent providing therapy to clients of diverse ages and presenting problems. This amount of patient contact typically begins following a three-week orientation period and the assignment and review of possible cases. Although interns' training backgrounds and training gaps vary, interns are expected to provide treatment services to a broad range of clients with increasing independence, but always with supervisory support and

oversight. Clients seen are primarily from outpatient services, however, interns may have an opportunity to see children and youth from our intensive services for youth program and latency-aged day treatment program, both of which may have some overlap with our intensive-in-home services team.

As a community mental health agency, SickKids CCMH is focused on removing as many barriers as possible for those children, adolescents, and families seeking clinical services. As such, there is an expectation placed upon all staff, including interns, to be available to see families in the late afternoons and early evenings twice a week. Time can be flexed for those interns wanting to sustain the typical 35-hour work week. However, interns are also encouraged to keep in mind that the internship year is still primarily considered to be one of learning, rather than full-time clinical output and as such, interns are encouraged to keep their training goals in mind and seek whatever opportunities they deem relevant to their training, even if it extends beyond the standard 35-hour work week. Interns will never again have the level of support and supervision that the staff psychologists at SickKids CCMH provide so willingly and, therefore, interns are encouraged to take advantage of many different training opportunities while having the luxury of considerable supervisor support and availability.

## **2. Psychological Assessment Team**

All psychology interns are required to participate in this service and to complete a minimum of four comprehensive psychological assessments during their internship year. This service provides comprehensive assessments to children aged six to eighteen years. Interns are provided with two-and-a-half to three hours per week of group supervision to discuss their cases and to receive guidance on administering, scoring, and interpreting standardized tests (e.g., cognitive, academic) and social-emotional measures (e.g., projective tests, symptom and personality inventories). Clinicians from any SickKids CCMH program/team are free to avail themselves of this service, meaning that interns may have an opportunity to assess children and youth from our intensive services programs (e.g., intensive services for youth program, latency-age day treatment program, or in-home service) as well as outpatient services.

The group supervision includes didactic training and assigned readings. Readings are more general at the beginning of the year and are focused on broader assessment procedures, clinical interviewing, multi-perspective formulation, and providing feedback to children and families. Time is also spent learning assessment tools (e.g., MACI, D-KEFS) as well as projective assessment methods (e.g., TAT, CAT) with which many interns are often less familiar. Furthermore, the *Learning Disability Association of Ontario* standards are reviewed regarding the diagnosis of Learning Disabilities.

## **3. Interprofessional Assessment and Training Teams**

Some of SickKids CCMH's services are delivered through specialized interprofessional assessment teams, all of whom enthusiastically welcome psychology interns and other trainees as members. Psychology interns are required to be a member of one of the Child and Adolescent Assessment Teams (CAAT) [there is one at our Jarvis site and one at our Sheppard site]). In consultation with their supervisor, and as consistent with their individualized training goals, interns must join at least one other interprofessional training team (i.e., Infant and Preschool Assessment & Treatment Team I or II; Trauma Team). Interns are active members of their assessment teams for the duration of the internship year. Teams meet on a weekly basis



where the interns lead social-emotional, clinical psycho-diagnostic assessments and, in the case of the two Infant and Preschool Assessment & Treatment Teams, may also provide treatment. Here are descriptions of the main assessment teams in which interns participate.

- a. **Infant and Preschool Team Assessment & Treatment Team (IPS):** There are two *IPS Teams* both of which are interprofessional, specializing in the outpatient assessment and treatment of young children ages birth to six years of age. The team begins with an in-depth assessment of the child which typically includes semi-structured family, parent, and individual interviews, the completion of standardized questionnaires, play assessments, observing and considering family dynamics, and consultation with collateral systems. This assessment is followed by a feedback meeting to discuss the formulation and recommendations with the family. All team members participate in arriving at the formulation and understanding of the child and family. The team follows an attachment-focused, relational approach to assessment, formulation and treatment. If treatment is recommended, the family continues with the team and trainees can observe, learn, and apply evidence-based treatments for young children and their families including but not limited to *Watch, Wait, and Wonder* and *Reflective Family Play*.
- b. **Child and Adolescent Assessment Team (CAAT-Jarvis or CAAT-Sheppard):** Both interprofessional CAAT teams engage in the comprehensive assessment of children and adolescents aged six to eighteen. There are two primary objectives associated with both assessment teams: First, participating families will receive a comprehensive assessment which will involve semi-structured family and individual interviews, the completion of standardized questionnaires, play assessments when appropriate, observing and considering family enactments, and consultation with collateral systems. Upon completion of the assessment process families will receive feedback from the team including a comprehensive and interdisciplinary formulation, diagnoses where appropriate, and recommendations to be considered by treating therapists, caregivers, and school personnel. Second, the training component of these teams focuses on teaching and supporting interns and other students with respect to engaging families in an assessment process and functioning as direct assessors. Feedback will be shared amongst team members to enhance assessment skills and students' comfort working with families within this comprehensive, intensive, and diagnostically/theoretically rich context.
- c. The **trauma team** is a live team focusing on assessment and treatment with children and families who have lived through potentially traumatizing experiences, including physical and sexual abuse, witnessing domestic violence or community violence, long-term neglect, or apprehension from families. The team adopts an attachment-focused, relational approach to treatment, following the Attachment, Regulation and Competency (ARC) model, and uses tools from Trauma-Focused Cognitive-Behavioural Therapy, Narrative Therapy, and body-based therapeutic models, among others.

#### 4. Didactics/Seminars

All psychology interns are required to participate in the seminar on Integrative Individual Psychotherapy with Children. As noted previously, all interns are also required to participate in the weekly seminar associated with the Psychological Assessment Service. Any interns involved with the IPS teams are required to take the Assessment and Treatment with Infancy and Preschool Children Seminar. Interns who have not received significant training/experience in family therapy are encouraged to consider attending the weekly seminar on family therapy. In

consultation with their supervisor, and as consistent with their individualized training goals, interns also may choose various other weekly seminars which typically run from late-September to April, and in some cases, even into June or July. Some of the more popular seminars (including the two which are required) are highlighted below:

- a. **Psychological Assessment Team:** The Psychology Assessment Team conducts comprehensive psychological assessments with SickKids CCMH clients. A child or youth may be referred to this service when their clinician has concerns about their cognitive/academic functioning, social-emotional functioning and/or view of themselves and others. Psychology interns are expected to complete four comprehensive assessments during the year. Clinical assessment / testing, report writing, and feedback is completed by the intern. Case formulation, potential diagnoses, recommendations, and intervention plans are generated by the interns and seminar leader collaboratively.

Assessments typically involve:

- i. psychological testing with standardized cognitive and academic measures and/or projective measures,
  - ii. self-report questionnaire completion by youth and relevant informants,
  - iii. clinical interviewing with youth and relevant informants, and
  - iv. review of previous reports and records.
- b. **Assessment & Treatment with Infancy and Preschool Children Seminar:** This weekly seminar will introduce participants to assessment, intervention and psychotherapy with young children (0 - 6) and their families through readings, discussion and videotaped material. This seminar is meant to complement and enhance the clinical work that trainees will undertake on infant and preschool assessment and treatment teams. Working with young children and their families often necessitates the use of methods and theory to which trainees, typically, have not been exposed. As presenting problems of young children are often developmental and/or relational in nature, interventions need to be designed specifically with these aspects in mind. Since the young child's primary means of relating is non-verbal, emphasis will be on understanding the use and theory of observation, play, attachment theory, development and experiential components of intervention, especially those that more fully include the young child as a participant.
  - c. **Integrative Individual Psychotherapy with Children and Adolescent Seminar:** This course will provide an introduction to psychotherapy with children. The seminar conceptually integrates contemporary relational psychoanalytic approaches with those of cognitive science and behaviour therapy. The intent is to provide students with a beginning ability to understand clinical material from these multiple, integrated perspectives in order to mitigate disabling presenting problems and the underlying structures which produce them as well as to facilitate a therapeutic process.
  - d. **Seminar in Therapeutic Process:** This is a group reflection opportunity offered to practicum students and interns in psychology. Although this is not a mandatory seminar, the expectation is that those who choose to attend, will do so weekly. Seminar content will be generated by the students every week. The objective of this seminar is for students to consider session content and, also, to begin focusing on everything else that is occurring in the therapy room, including affect, non-verbal behaviours, relational dynamics among dyads and families, transference, countertransference, resistance, and the therapist's own

experiences in his/her work with clients and in his/her life. Unpacking and discussing students' strengths and challenges as developing therapists will be at the core of this seminar. The hope is that students will learn that "what to do" in therapy is rarely a case of right or wrong, and that the therapist themselves as a person can provide meaningful and powerful interventions.

- e. **Family Therapy Seminar:** Reflective practices are a central component of clinical work. This seminar combines theory with practice, with a special emphasis on how theory shapes and influences the way a clinician views, engages and intervenes within the therapeutic relationship. This seminar will be both interactive and experiential. Although different models of family therapy will be highlighted, this course will not be 'model specific'. Instead, students will be encouraged to contemplate, as well as practice, the clinical skills necessary for working effectively with families. Weekly readings will supplement theoretical discussions.

In addition, interns are required to attend:

- a. **SickKids CCMH Monthly Rounds:** These are held on the first Friday of every month at noon. Recent topics have included: *ASD and children's mental health: Working with domestic violence, Dialectical Behaviour Therapy with individuals and families, Understanding cannabis and health, and Signs and Symptoms of Suicide in Teens.*
- b. **The Greater Toronto Area (GTA) Psychology Seminars:** SickKids CCMH belongs to a Greater Toronto Area psychology training committee whose goal is provide didactic and networking opportunities to interns across the GTA as they move into their early professional careers. There are five three-hour seminars per internship year. Topics include: *Tricky ethical issues; Supervision; Early careers; The registration process and year of supervised practice; Program evaluation and Clinical practice with LGBTQ clients.*
- c. **Monthly Psychology Trainee Meetings:** These one-hour-long meetings are held on the first Wednesday of every month and are mandatory for Psychology Interns. Psychology Practicum Students are also required to attend. These informal meetings led by the staff psychologists provide an opportunity to discuss issues related to practice such as privacy and confidentiality, record keeping, matters related to the internship, and updates from the College of Psychologists of Ontario.

## 5. Supervision and performance evaluation

Supervision is provided in both an individual format as well as in a small group format (the Psychology Assessment Team and live supervision through participation on the various clinical assessment teams such as IPS and CAAT-J/CAAT-S). Throughout their internship, interns report to two doctoral registered psychologists who guide their internship experience as their primary and secondary supervisors. Interns meet with each of their supervisors weekly for a minimum of one hour, often 1 ½ hours. The only difference between the two supervisors is that the primary supervisor is responsible to compiling information for the intern's mid-term and final evaluation and delivering this feedback personally.

Supervision received by interns is focused on the psychological services rendered directly by the intern, as well as on their ongoing professional development and identity as an emerging

psychologist. Through their membership on various assessment teams, interns receive team-specific supervision from members of other disciplines (e.g., psychiatry, social work) above and beyond their allocated supervision time with their primary and secondary supervisors.

Interns may also choose to provide some clinical supervision to junior colleagues and, in fact, are encouraged to do so as their internship progresses. This takes the form of watching other students' performance on assessment teams from behind a one-way mirror, delivering feedback in real time, as well as through debriefing once the assessment session has ended. The opportunity to provide supervision to junior colleagues can also occur through the intern supervising a practicum student's work with one client with a doctoral psychologist present. The supervising psychologist oversees the case more generally while also teaching the intern various skills and approaches in the delivery of supervision.

Formal performance evaluations are completed at the end of January and again at the end of August each year, using both the relevant university's evaluation form and a Centre Performance Review form. Both evaluations are filed in the intern's personnel record. The intern's primary supervisor provides the link between SickKids CCMH and the intern's university, ensuring that specific university internship expectations are met with regard to training objectives, experience, supervision, and performance evaluation. All interns are asked to complete SickKids CCMH's "Student/Trainee Exit Interview" upon completion of their internship and an evaluation of the internship program and its components.

## C. Program evaluation

The emphasis in the clinical developmental child and adolescent psychology internship program is on clinical practice rather than research or program evaluation. However, a goal of the program is to provide a training for interns which facilitates interns' integration of research and best practices into their professional roles. Most didactic seminars involve readings and discussion from current literature and interns are encouraged to evaluate practice-related research and integrate readings and research findings into clinical practice. They are expected to base decisions about their work (assessment, intervention, consultation) with clients on current findings and discussions with their supervisors.

Interns are required to develop or participate in a program evaluation project to be presented at one of the psychology trainees' meetings towards the end of the year. A short, two-page summary will be required in addition to the presentation.

Any involvement of SickKids CCMH clients or personnel in an intern's doctoral research must be approved by SickKids CCMH's Research Review and Ethics Committee, and there must be proof of approval by the intern's university REB. Although some internship training programs allocate some time during the week wherein an intern can either complete research or focus on completing their dissertation, the internship experience at SickKids CCMH is one that prioritizes clinical work and expects that all of the intern's time will be spent delivering clinical services either directly or indirectly. Interns are given five educational days during the internship year and may choose to use this time for their research and dissertation work.

## D. Policies and procedures

SickKids CCMH's Policies and Operational Procedures apply to all personnel associated with SickKids CCMH, including psychology interns. As part of the contracting process, interns receive copies of, and are required to sign an acknowledgment of having read SickKids CCMH policies, including the following: Personnel Code of Ethics; Client Privacy and Confidentiality; and Use of Technology and other relevant policies. Advance copies of these policies will be provided on request. Interns receive orientation regarding centre policies and operational procedures at the beginning of their placement, which also includes working with human resources policies/operational procedures (e.g., Personnel Code of Ethics, Workplace Harassment Prevention, Supervision, Performance Management, Conflict Resolution, Disciplinary Action, Use of Technology). **Any offer for an internship position at SickKids CCMH is contingent upon the applicant providing a *Vulnerable Sector Screen* and *Criminal Reference* and/or background check satisfactory to SickKids CCMH.**

## E. Complaints and performance concerns

Responses to interns' concerns about their supervisor or about their internship experience, and supervisors' concerns about psychology intern performance, are guided by the principles of fairness, transparency, and due process, and by SickKids CCMH policies and procedures related to Supervision, Performance Management, and Conflict Resolution. In addition, SickKids CCMH has written Trainee Rights and Responsibilities, Evaluation, Due Process Procedures and Grievance Procedures that are discussed and distributed to each Intern at their first orientation session in September. While complaints related to supervisor or intern performance are rare occurrences, it is important for interns to know that SickKids CCMH staff endeavour to address any performance issues as opportunities for further growth and development rather than for blame and criticism. Any complaints will be handled with the utmost respect for all involved. Moreover, interns should be mindful that psychologist supervisors will certainly be tracking interns' progress as soon as the internship begins and any issues observed will be discussed clearly and respectfully with the intern as soon as they become evident, with the initiation of a formal complaints procedure being the last resort, after other attempts to support and intervene have proven unsuccessful. SickKids CCMH also familiarizes itself with and respects the specific requirements of interns' universities with regard to dealing with such matters, including involvement of the university's internship field supervisor/training director when warranted.

# Eligibility and application process



Applicants must be enrolled in a doctoral program in psychology accredited by the Canadian and/or American Psychological Associations. By the time of application, students should have completed a master's degree (or equivalent), all compulsory doctoral course work, comprehensive examinations, at least 600 hours of supervised practica, and their dissertation proposal must be approved.

Preferably, this would include, at least, 300 hours in face-to-face patient/client contact (interviewing, assessing, or intervention with clients directly) and at least 150 hours of supervision. *However*, given the COVID-19 pandemic, some flexibility in the composition of those hours will be considered as long as there is a minimum total of 600 hours in direct contact, supervision, and support activities combined.

Applicants with academic and practical experience in child assessment and treatment are stronger candidates. Although applicants from a predominantly adult clinical program may apply, they should only consider doing so if they have accumulated experiences in assessment and intervention with children, adolescents, and families through coursework and practica. Moreover, those applicants who are further along in their dissertation are also considered stronger candidates. Prospective interns who are in the earlier stages of their dissertation (e.g., data collection or preliminary data analysis) are encouraged to apply with the awareness that time to complete their dissertation during the 35-hour work week will not be allocated. A broad range of exposure and experience is preferred. In accordance with Canadian immigration requirements, preference is given to applicants who are Canadian citizens or permanent residents of Canada. Applicants should have considerable interest in a rigorous, theoretically integrated, and developmental approach to assessment and treatment of children and families, as this is the predominant orientation of SickKids CCMH.

As a participant in the APPIC Match program, SickKids CCMH requires that all applicants use the APPIC standard application form available on the APPIC website ([www.appic.org](http://www.appic.org)).

**Any offer from SickKids CCMH is contingent upon the applicant providing a *Vulnerable Sector Screen* and *Criminal Reference* and/or background check satisfactory to SickKids CCMH.**

## Required supporting materials include:

- A cover letter outlining the applicant's interest in the SickKids CCMH internship program and their training goals
- A current curriculum vitae

- Graduate transcripts (one copy from each institution within which graduate work was completed)
- Three letters of reference from professionals who can address academic and applied psychology qualifications. One of these must be from either the graduate program Director of Training or the applicant's dissertation supervisor. CCPPP format for reference letters is preferred but not required. These guidelines can be obtained from <http://www.ccpdp.ca/en/letters-guidelines.html>.

**\*\*\* If you had placements and / or requirements that were negatively impacted by the COVID-19 pandemic, please, request that your Director of Clinical Training highlight the nature of this impact in their portion of the APPIC application. If you had placements that were cancelled or prematurely terminated, please describe the training and hours that were anticipated in your cover letter. The COVID-19 context will be taken into consideration.**

**Deadline for submission of applications is 11:59 p.m., EST on November 1 each year**, that is, ten months prior to when the internship would begin (September 1 the following year).

In accordance with APPIC guidelines, applicants will be contacted by December 15 and informed as to whether they will be invited for an interview. Interviews are scheduled in early- to mid-January. Typically, personal interviews are desirable, and the applicant is responsible for all travel expenses. *However*, due to the COVID-19 pandemic, the *Canadian Council of Professional Psychology Programs* has strongly recommended that internship sites offer exclusively virtual interview for the 202-21 application cycle. **SickKids CCMH will be following this recommendation and all interviews will be conducted virtually.**

As an APPIC member, SickKids CCMH offers all its internship positions through the APPIC Match and all participants shall abide by their agreements with APPIC for participation in the APPIC Match. It is essential that all applicants to our program register for the matching process in order to be eligible. 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 intern applicant. Applicants may register for the Match at [www.natmatch.com/psychint](http://www.natmatch.com/psychint). Results of the match will be communicated to applicants and training directors on match day.

**SickKids Centre for Community Mental Health (SickKids CCMH) Program Code number for the APPIC Match is 185411.**

**Any offer from SickKids CCMH is contingent upon the applicant providing a *Vulnerable Sector Screen* and *Criminal Reference* and/or background check satisfactory to SickKids CCMH.**

## Selection process:

Applications are reviewed in a two-stage process.

Firstly, the Director of Training completes an initial screening of applications to ensure the minimum criteria are met. Secondly, two to three Ph.D. level psychologists who serve as clinical supervisors review the online application of each candidate and rate it according to a predetermined set of criteria. Based on these ratings, approximately 18 to 20 candidates are invited to an interview. Our interviews are almost all held in the second and third weeks of January, the dates set in accordance with the informal agreement amongst Canadian internship programs (CCPPP). Secondly, each candidate is interviewed by two to three psychologists. Each interviewee is offered the opportunity to have a confidential meeting with a current or past intern (no information about this meeting is solicited or accepted by the Internship Training Committee).

**As stated, in accordance with APPIC guidelines, we do not solicit or accept any information from candidates about their ranking choices.** In order to ensure adherence with this APPIC directive, we do not contact candidates following their interview. However, the Director of Training remains willing to respond to any additional questions from candidates about the training program.



# Psychology personnel



The following registered clinical psychologists are assigned to provide direct supervision to one or more psychology interns each year.

**Susan Yabsley**, Ph.D., C. Psych. Anna Freud Centre; University College London.

Psychology Director of Training; Director, Specialized Services and Academic Leadership;  
Psychology Intern Supervisor and Psychology Practicum Supervisor

**Dina Lafoyiannis**, Ph.D., C. Psych. York University.

Psychologist, Psychology Intern and Psychology Practicum Supervisor

**Lorne Sugar**, Ph.D., C. Psych. York University.

Psychologist, Psychology Intern and Psychology Practicum Supervisor

**Leah Litwin, PhD, C.Psych.** (Supervised Practice). York University.

Psychologist (Supervised Practice), Intensive Services for Youth and Outpatient Services;  
Psychology Practicum Supervisor.

**Elyse Reim, PhD, C. Psych.** Guelph University.

Psychologist, In-Home and Day Treatment and Outpatient Services; Psychology Practicum Supervisor

# Appendix A: Sample weekly schedule for Doctoral Psychology Interns



Time	Monday	Tuesday	Wednesday	Thursday	Friday
9 – 10 am	Preparation of material for psychological assessment and review of data obtained to date	Infancy and Preschool Assessment and Treatment Team	Child and Adolescent Assessment Team-Jarvis (CAAT-J)	Monthly Psychology Trainees Meeting/Flex time	Integrative Individual Psychotherapy Seminar (8:45 – 10:00 am)
10 – 11 am	Psychological Assessment— Testing Session			Flex Time	Family Therapy Seminar
11 – 12 am	Psychological Assessment— Testing Session			Individual Supervision	
Noon – 1 pm	Lunch Break	Lunch Break	IPS Seminar (noon until 1:30)	Lunch Break	Lunch Break/Rounds
1 – 2 pm	Psychological Assessment Team	IPS Team Continued	Lunch (1:30 – 2pm)	Report Writing	Paperwork
2 – 3 pm			Seminar in Therapeutic Process	Report Writing	
3 – 4 pm	Paperwork		Individual Therapy Session (Play Therapy)	Report Writing	

4 – 5 pm	Individual Therapy Session	Individual Supervision	Paperwork	Report Writing/ Outstanding Paperwork	Individual Therapy Session
5 – 6 pm	Individual Therapy Session (Play Therapy)		Supervision of practicum student (5:00-5:30)		
6 -7 pm	Completion of Clinical Notes and Paperwork		Family Therapy Session (5:30-6:30)	Individual Therapy session (6:00 – 7:00)	
7-8 pm			Individual Therapy Session (6:30 – 7:30)		