




# PROGRAM STRUCTURE





## CLINICAL TRAINING

### Tracks and Major Rotations

The London Clinical Psychology Residency Consortium offers twelve full-time twelve-month predoctoral positions. Residents apply, and are accepted, for a position in one of five Tracks:

- Child/Adolescent (3 positions)
- Adult Mental Health (3 positions)
- Health/Rehabilitation (2 positions)
- Neuropsychology (2 positions)
- Counselling (2 positions)

Within each Track, each resident has a number of potential Major Rotation opportunities from which to choose. In the first six months, each resident will normally work at one site for a Major Rotation for four days per week. In the second six months, residents spend three days per week in their second Major Rotation, and one day a week in a Minor Rotation to ensure breadth of training. In addition, to allow breadth of experience across different training locations, during this second half of the year each resident will spend one or both of the Major and Minor rotations at a different training site than their first six months. Throughout the full year, the fifth day of each week is set aside for non-clinical resident activities.

Within a Major Rotation, depending on the site, a resident may participate in one or more different services during each six-month period. The specific combinations will vary based on the nature of the activities available within the Rotation and the training goals of the resident.

Within all domains of clinical service, collaboration with professionals of diverse disciplines is emphasized through interprofessional teams and consultation-liaison services.

### Minor Rotations

A mandatory Minor Rotation outside the resident's Track is included in the residency to ensure provision of broad-based training (see the **Minor Rotations** section of the brochure for descriptions of those available). They generally involve one supervisor but experiences are diverse and can vary from a general outpatient service to work with a specific patient population to training in a specific assessment or therapeutic modality. Minor Rotations are typically individualized to the resident's background, experience, and training goals (as feasible within the parameters of a one-day-per-week activity). In some cases they may provide a general overview or introduction to an area in which a resident has limited prior knowledge or training. In others, such as when a resident has a greater degree of previous relevant or related experiences, the Minor Rotation may involve more in-depth activities.

As an example, a resident in the Adult Mental Health Track could select a Minor Rotation from any of those available within the Child/Adolescent, Counselling, Health/Rehabilitation, or Neuropsychology Tracks. If the resident had little background in the focus of the Minor, (e.g., working with children or in neuropsychological assessment), their experience may involve more observation/shadowing and eventual increasing depth as appropriate (e.g., administering some familiar or a limited number of new tests). For a Counselling Track Minor, though, that same resident's experience in therapeutic intervention may allow them to engage in activities there more immediately or extensively.

Also, some experiences are only available as Minor Rotations. These include **Cardiac Rehabilitation and Secondary Prevention Program: Research, Population Health Psychology, Positive Psychology and Suicide Prevention Research Program, Psychology and Change Management, Research – Child and Adolescent Mental Health Care Program, and Trauma-Related Disorders Clinical Research Program.**

## Rotation Selection Process

Shortly after residents are matched with our program, they work with their Track Coordinators (primarily) and the Director of Clinical Training to develop and submit a rank-ordered list of potential Major and Minor Rotation experiences. These will be used to begin creation of their individualized year-long training plan. In developing these lists, we strongly encourage incoming residents to speak with current residents and potential supervisors.

Throughout the development of their training plan, residents’ interests and needs are very important influences in the formation of the final schedule. All efforts are made to ensure that their preferences for Major Rotation and Minor Rotation selections are met to the best of the Consortium's abilities.

The Director of Clinical Training and the five Track Coordinators typically meet in April to coordinate individualized schedules for the incoming residents. Along with the rank-ordered lists, many practical factors are taken into consideration during the development and coordination of the individualized schedule including supervisor availability, ensuring that training occurs within more than one organization during the residency year (a Canadian Psychological Association [CPA] accreditation standard for consortia), as well as the funding structure of our Consortium which is as follows:

<b>Positions funded</b>	<b>Site</b>
6	London Health Sciences Centre (University Hospital, Victoria Hospital, Children’s Hospital)
2.5	St. Joseph’s Health Care-London (Parkwood Institute, St. Joseph’s Hospital, Southwest Centre for Forensic Mental Health Care)
2	Mental Health Care, Health and Wellness, Western University
1	Child and Parent Resource Institute
0.5	Vanier Children’s Mental Wellness

*(Please note: 1 position = two 6-month Major Rotations and one 6-month Minor rotation = 12 months of Resident activity)*

Working within this framework, the final schedule is then based primarily on the combination of resident interests/goals, resident background and experience, and our program goals of ensuring all residents receive broad-based clinical experience (i.e., diversity of age groups, theoretical orientations, patient populations, and service experiences). And, as mentioned above, CPA requires all residents to spend some training time in at least two of the partner organizations over the course of their training year through the combination of their Major and Minor rotations.

Many Major Rotations have a range of training opportunities and supervisors available. The Track Coordinator will work with the resident in the spring to discuss which opportunities at the sites are best matched with their training needs and interests to focus their clinical training over the residency year.

In general, residents are encouraged to select up to a maximum of two distinct services within a Major Rotation in which to train, recognizing that selecting more services within a Major Rotation may lessen the depth of training available with any experience. This is of particular significance in the second six months when the Major Rotation consists of three days per week (compared to four days per week in the first half of the year).

Although we are fortunate to have a large number of sites, staff, and clinical services involved with the Consortium, we are unable to guarantee that all of the services listed in the brochure will be available during the entire predoctoral residency year (ending August 31, 2022). We do, however, inform applicants of any known changes in our Consortium offerings prior to the submission of their ranking lists to the National Matching Service.

### **Predoctoral Residency Components and Respective Time Allocations**

- Major Rotations: 4 days/week in the first 6 months; 3 days/week in the second 6 months
- Minor Rotation: 1 day/week in the second 6 months
- Non-Clinical Activities: 1 day/week for 12 months

#### Sample Combinations of Major and Minor Rotation Schedules

<b>Track</b>	<b>1st Six Months Major – 4 days/week</b>	<b>2nd Six Months Major – 3 days/week</b>	<b>Minor – 1 day/week</b>
Child / Adolescent	Residential/Intensive Services; Mood Disorders Clinic (2 days each service) (CPRI)	Child & Adolescent Mental Health Care (LHSC)	Assessment & Treatment with a University Student Population (Mental Health Care, Health & Wellness at Western University)
Adult Mental Health	Operational Stress Injury Clinic (4 days) (SJHC)	Adult Inpatient Psychiatry/ Concurrent Disorders (SJHC)	Child/Adolescent Mood and Anxiety Disorders (LHSC)
Health / Rehabilitation	Behavioural Medicine (4 days) (LHSC)	Cardiac Rehabilitation & Secondary Prevention (SJHC)	Child & Adolescent Assessment (CPRI)
Neuropsychology	Adult Neurology/ Neurosurgery; Adult Epilepsy (2 days each service) (LHSC)	Neuropsychological Diagnostic Assessment (LHSC)	Concurrent Disorders Service (SJHC)
Counselling	Integrative/CBT Interventions; Crisis & Urgent Intervention (4 days) (Mental Health Care, Health & Wellness at Western University)	Third Wave/Advanced (Mental Health Care, Health & Wellness at Western University)	Community Children's Mental Health (Vanier)

## **Supervision and Evaluation**

As noted previously in the Goals description, all psychology residents are provided with regularly scheduled supervision (a minimum of four hours per week on average; minimum three 'individual' and one 'group' as per current CPA Accreditation Standards, CPA 2011), sensitive to residents' emerging development as independent practitioners. Supervision can take many forms and often includes a variety of experiences such as case discussions, live observation, co-leading therapy (individual and/or group), audio recordings reviews, and/or video recordings reviews.

Attention is directed toward maintaining residents' caseloads at a level that allows for sufficient time to integrate theory and practice. Individual goals and objectives are set through mutual consultation, with regular feedback and evaluations designed to facilitate growth and positive identification with the profession of psychology.

In addition, residents have individual quarterly meetings with their Track Coordinator and with the Director of Clinical Training.

Each rotation supervisor has his or her own set of required readings and minimum required clinical activities. At the beginning of the rotation, residents also work with their supervisor(s) to develop additional or more specific training and development goals they would like to pursue in that time period. These could include (but are not limited to) identifying certain client populations, particular presenting problems, specific experiences (e.g., groups) or skills (e.g., type of intervention, particular test), and so on. These goals are shared with the resident's Track Coordinator, Site Coordinator for that rotation, and the Director of Clinical Training. As well, in order to facilitate clear communication with residents about their training, supervisors often will discuss a resident's progress with one another on an informal basis.

Feedback is provided to residents informally, through discussions during supervision sessions, as well as with formal written evaluation forms completed at the mid-point and end of each rotation by the resident's supervisors based on a set of various clinical competencies. These forms are consistent across the Consortium for all Tracks, and reflect a broad range of clinical and professional areas. Feedback is also communicated to each resident's university Director of Training twice over the year (once after the first six months, and again after the end of the residency).

As input from the residents is valued highly in our training program, residents are asked to formally evaluate their rotations and supervisors at the end of each rotation. To ensure that this feedback is as open as possible, policies are in effect that do not allow those being evaluated by residents to be aware of the feedback until all supervisor evaluations of the residents have been submitted.

In addition, at the end of the year, residents complete a general evaluation form pertaining to the entire Consortium. As with the evaluation of supervisors by residents, policies ensure that the resident is able to provide as open feedback as possible without it having an impact on their final evaluation to their university by the Director of Clinical Training.

Residents are also assigned an individual Psychology Staff Ombudsperson with whom they may discuss any concerns that might arise during their predoctoral residency year. The Ombudsperson is a staff psychologist at one of the Consortium Sites who is not one of the resident's supervisors or Track Coordinator. Formal policies and procedures are in place to resolve conflicts between residents and supervisors in the event that they might occur.

## Non-Clinical Activities

Wednesdays are dedicated to non-clinical activities. The mornings are set aside for reading or other individual professional activities while on-site. In the second six months of the residency, this time can be used for continuing clinical care of patients from the first six months ('carry-over' cases) and the supervision of those cases. Afternoons are reserved for group activities including 90-minute scientist-practitioner/research-individual differences seminars scheduled in the early afternoon (typically twice per month), as well as weekly two-hour clinical/professional seminars. In addition, residents have group meetings with the Director of Clinical Training once per month following afternoon seminars.

The seminars are presented by Consortium Site Psychology Staff and a number of guest speakers from the community. A wide variety of topics are presented during the residency year. Listed below are samples of topics presented last year (please note that this is not an exhaustive list).

- *Psychology Ethics*
- *Zero Suicide Assessment and Intervening*
- *Supervision Ethics and Standards*
- *Eating Disorders in Adults*
- *Models of Supervision*
- *The McMaster Model of Family Functioning*
- *ASD and Differential Autism Diagnosis*
- *Putting Care Back Into Health Care: How to Care for Yourself and Others*
- *Geropsychology*
- *Paediatric Psychology and Chronic Pain*
- *Job Search in Psychology*
- *Clinical and Organizational Ethics*
- *Developmental Trauma and Disturbances of Attachment*
- *Psychology and Religion*
- *Psychopharmacology*
- *Partnering with Interpreters to Deliver Clinical Care*
- *Capacity Assessment*
- *Psychology's Role on an Interprofessional Team*
- *Sleep Disorders*
- *Beyond PTSD: Understanding, Assessing and Treating Operational Stress Injury*
- *Working with Homeless Clients*
- *CPA Advocacy*
- *Introduction to LGBTQ2SQ Emotional and Mental Health*
- *Consultation and Outreach with Referral Sources*
- *Psychology Services in a Police Setting*
- *Registration as a Psychologist in Ontario*
- *Private Practice*
- *Single Session Therapy*
- *Indigenous People*
- *The Psychology of Adoption: Clinical Challenges*
- *Sex Therapy*

## **Presentations and Meetings**

In addition to their clinical work and the seminar series, all residents attend the following presentations and meetings:

- Weekly resident meeting (Wednesdays; 1 to 2 hours)
- Monthly group meetings with the Director of Clinical Training (1 hour)
- Individual meetings with Director of Clinical Training (1 hour 4 times per year)
- Meeting with Track Coordinator – (4 times per year)
- Committee meetings (2 hours per month – only while acting as resident representative on the London Clinical Psychology Residency Consortium Committee)
- Yearly resident case presentations (2 half-day sessions)

As listed above, in addition to the monthly group meetings with the Director of Clinical Training, residents meet individually with the Director four times throughout the year to discuss the resident's activities, experiences, and goals (both during the residency and beyond), as well as any other issues of interest. Residents also have scheduled meetings with their Track Coordinator four times over the year. Additional meetings may be arranged at any time if needed.

In the spring of each residency year, each resident gives a formal 30-minute case presentation open to all Psychology Staff from the Consortium Sites.

Attendance at other meetings and at research or case presentations may also be required depending on the residents' specific rotations and Track. For example, residents in the Neuropsychology Track attend, and occasionally present at, monthly Neuropsychology rounds during the course of the program.

On Wednesday afternoons, residents meet as a group (on-site or off-site) when no other meetings are scheduled, following the clinical/professional seminars. This protected time is set aside for informal discussion and peer support. The format is flexible but topics discussed in the past have included: i) clinical cases; ii) professional issues; iii) areas of clinical practice (e.g., hospital versus private practice); iv) employment issues (e.g., interviews, positions available, navigating the process); v) College registration (e.g., EPPP, licensing process, declaring competencies, supervised practice); vi) general residency/rotation experience; vii) issues related to transitioning from graduate student to professional role; and viii) personal adjustment and life in London. Generally it is a relaxed and collegial atmosphere where residents have the opportunity to get to know one another, debrief, and both receive and provide support. Because of the nature of the Consortium, residents spend most of their time in programs located across the city. Residents have routinely commented on the value of these Wednesday afternoon meetings as an opportunity to maintain regular contact with their peers.

Due to social gathering restrictions in response to the COVID-19 pandemic, after March 2020 all residency seminars and group meetings on Wednesdays were conducted remotely through videoconferencing software. Depending on what physical distancing measures and limitations on group gatherings may still be in place for the 2021-2022 residency year, similar procedures may be followed.



## **Cross-Site Travel**

The Consortium is a multi-organization training program. As a result, residents normally have to travel between sites for some activities (e.g., committee meetings, weekly seminars). The Consortium provides residents with a hospital parking pass that can be used at all hospital sites where paid parking is required (there is no cost for parking at Vanier or CPRI) at no cost to the resident. Counselling Track residents at Western's Mental Health Care, Health and Wellness are also provided with a parking pass for Western University. Additionally, residents using private vehicles may submit an expense claim for travel between Consortium sites. For residents who do not have a car, the Consortium will reimburse the cost of London Transit Commission (LTC) bus passes to the same level as the cost of the multi-hospital parking passes. More information on buses in London is available at the LTC website: [www.ltconline.ca](http://www.ltconline.ca)

It should be noted that it may not be necessary for residents to have a car, and many past residents have not had cars during their training year. However, residents have told us they found it much easier to have a car because of the necessity for cross-site travel. Given the distance between some sites, in some cases bus travel can take a substantive amount of time (i.e., up to 45 minutes). Applicants should also be aware that there is no public transit to the St. Joseph's Health Care London: Southwest Centre for Forensic Mental Health Care. In addition, some rotations may require travel by residents as part of the clinical experiences offered and this information is listed as applicable in the brochure.

## **Salary and Benefits**

The current salary for the training year is \$29,250 (Canadian). All residents are LHSC employees, irrespective of the Consortium Site where they are providing psychological services. As such, they receive the LHSC employee comprehensive benefit package that includes extended health care (e.g., dental plan, drug plan, and semi-private hospital room), sick leave, and the opportunity to purchase group life insurance. As with all LHSC employees, these benefits are available after a three-month waiting period and there is a minimal payroll deduction for them. Residents are also eligible to participate in various LHSC employee wellness and fitness programs.

In addition, residents receive three weeks (fifteen days) vacation, one week (five days) education/ research/ dissertation support leave, and twelve paid statutory holidays. Further, there is a book allowance of up to \$300 available to each resident for the purchase of relevant books or training materials.

All out-of-province residents may apply for Ontario Health Insurance. However, the government requires a three-month waiting period for all non-residents of the province, and residents are responsible for their own health coverage over this period. A resident from another Canadian province is usually covered by the health insurance plan from the province where they previously resided during this waiting period.

## Work Settings of Graduates

The aim of the program is to prepare residents for post-doctoral supervised practice in psychology, particularly within the health care system. However, we also ensure that residents have a broad-based training in clinical psychology, which gives them the opportunity to find employment in a variety of settings. The table below lists the current employment settings of recent graduates of the London Clinical Psychology Residency Consortium.

<b>Setting</b>	<b>Number (2013 - 2019)</b>
Academic Medical Centre	15
Community Hospital/Agency	8
Private Practice	54
Completing Dissertation	6
Academic/Research	5
Post-Doctoral Fellowship	2

## Eligibility for Application

Our Consortium subscribes to the APPIC policies and CPA Accreditation Standards with regard to preparation for the predoctoral residency year. For all Tracks, we consider applicants from doctoral graduate psychology programs that are accredited by the CPA or American Psychological Association (APA), or that are not accredited but have been granted an initial accreditation site visit by the CPA or APA.

For consideration of any of our five Tracks, advanced graduate students are required to meet all of the following *minimum* criteria by the **application deadline of November 1, 2020**.

- completed at least 600 hours total of supervised practicum experience. Preferably this would include at least 300 hours in face-to-face patient/client contact (interviewing, assessing, or intervening 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
- proposed their doctoral thesis
- successfully completed their program's comprehensive/qualifying examinations (if applicable)
- completed their **core, required** graduate level coursework (courses that are not minimally required for graduation can still be underway such as electives, extra practica, and so on. Consult with your program's Training Director if you are unsure)\*

\*In exceptional circumstances, if some core coursework is not completed at the time of application but a student's program Training Director certifies that this course will be completed by December 31, 2020 then the application will still be accepted, considered and reviewed. In those cases, **confirmation of coursework completion must be provided to us no later than January 31, 2021** to consider the applicant for ranking with the National Matching Service.

Applicants are advised to confirm with their graduate program's Training Director if they have completed all core required coursework as described above. Some ongoing coursework may be optional/elective and thus the applicant could still be eligible for our Residency.

**In addition, each of our five Tracks has *individualized* minimum application criteria beyond those listed above. Interested applicants should review the Track descriptions for more details of the additional minimal credentials required for those Tracks beyond those described above.**

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. We will take those situations into consideration on a case-by-case basis. However, the minimum requirements described above and for each Track (please see each Track's descriptions in this brochure) will still be in place. As well, for direct patient/client contact activity we will combine telepsychology (telephone contact or virtual video-conference) with hours for face-to-face patient/client contact.

The start date for this predoctoral residency year is **Tuesday, September 1, 2021**.

Please note that due to changes in recent years by the Canadian government to laws regarding employment of non-Canadian Citizens, we are only able to consider applications from individuals who are:

- **Canadian Citizens**, or
- **Canadian Permanent Residents**, or
- **non-Canadians attending a Canadian graduate psychology program (as described above) AND who already have documentation/permits allowing them to work in Canada during the period of the residency (September 1, 2021-August 31, 2022).**

Applicants should consult with their program's Training Director to ensure they meet these criteria.

Although proposal of the doctoral thesis is the minimum requirement, degree of dissertation progress is a factor considered in evaluating all applications. Thus, preference will be given to applicants who have also collected their data by the application deadline. In addition, although not always possible, we typically give further preference to applicants who have analyzed their data, completed a draft of their thesis, or even successfully defended their doctoral thesis prior to beginning the residency year.

In the past our Consortium has matched most often with students from Clinical Ph.D. programs, but we have successfully matched with applicants from doctoral Counselling programs as well. There is also great variability across doctoral programs and applicants from Counselling, Clinical Neuropsychology, or School Psychology Ph.D. programs, and Psy.D. programs may have clinical experiences and training that match well with our program, particularly some of our Tracks. Therefore, we encourage students in such programs who believe their goals and experiences are a match with our training opportunities and program structure to apply.

Given that the primary language spoken by supervisors in the Consortium is English, and the language of training and of most services provided by psychologists within the Consortium is English, residents will be expected to perform clinical services and be supervised in English. As such, applicants should be proficient enough in oral and written English to perform all necessary clinical and training experiences in English. On occasion, some sites or supervisors may see clients whose primary language is not English. Under these circumstances there may be opportunities to conduct clinical work in another language. For this to occur, the resident's supervisor must ensure this is appropriate for the client, the resident must be deemed competent to conduct clinical work in this language (i.e., is a native speaker, or is interviewed by a bilingual staff member or member of the Consortium), and arrangements must be made for appropriate supervision. Proficiency in more than one language, therefore, may be an asset.

Prior to starting the residency, all residents must provide evidence of Professional Liability Insurance to the Director of Clinical Training. Coverage must be in effect by the first day of the program. If your university program does not provide insurance coverage while on residency, information about how to obtain this insurance is available from the Director of Clinical Training.

Because of the highly vulnerable populations at many of the Consortium Sites, final acceptance into the program is dependent on the successful completion of a police records check, and residents completing rotations at Child and Parent Resource Institute; Vanier Children's Mental Wellness will **ALSO** be required to ensure their police records check includes successful completion of a vulnerable persons/sector screen. In addition, LHSC requires all new employees to complete a health review before the start of their training year. We will provide information on both of these processes after the final APPIC Matching process has been completed.

Please also note that the Consortium host agency, LHSC, has a mandatory mask-fit policy that requires **ALL** employees (and thus all residents) to complete a mask fit test as part of their starting employment and to wear one when required. This further requires that during fit testing and any subsequent required occasions users (employees) must be clean shaven where the respirator seals to the skin of the face or neck.

## Diversity and Non-Discrimination Policy

The London Clinical Psychology Residency Consortium is firmly against and condemns racism and oppression impacting individuals and systemically. Consistent with the Canadian Code of Ethics for Psychologists, respect for the dignity of persons and peoples is held in highest regard. In addition, the member sites of the London Clinical Psychology Residency Consortium are committed to employment equity, welcome diversity in the workplace, and encourage applications from all qualified individuals including members of visible minorities, Indigenous persons, and persons with disabilities.

The London Clinical Psychology Residency Consortium endeavours to provide an accessible work place for residents with disabilities. All sites can provide work space, parking, and equipment to meet the needs of residents with disabilities and successful accommodations have been made for residents in the past.

Applicants who have specific questions about access and accommodations available at our setting are encouraged to contact the Director of Clinical Training early in the application process in order that their concerns or needs may be fully addressed, including during the application process.

## Application and Selection Procedures

Application procedures involve submission of each of the following using the AAPI Online:

- Cover letter (that should state to which Track(s) you are applying and why you believe you are a good fit for training provided by that Track or Tracks)
- APPIC Application for Psychology Internship (AAPI)
- APPIC Academic Program's Verification of Internship Eligibility and Readiness
- Curriculum Vitae
- Graduate transcripts
- Three letters of reference (using the current APPIC Standardized Reference Form) – Please note the Consortium may contact referees directly for further information.

As per APPIC requirements, all letters of reference are to use the current **APPIC Standardized Reference Form**. This form includes a review of the applicant's current professional and personal skills and strengths with regard to areas of competencies, as well as the opportunity to comment on areas for potential growth and development. This Standardized Reference Form required by APPIC can be accessed at: [www.appic.org/Portals/0/SRF-Revised-3-31-16.doc](http://www.appic.org/Portals/0/SRF-Revised-3-31-16.doc). Please note that we require *no supplemental material* to be sent with the application.

We welcome applications to more than one Track from the same applicant, provided the individualized minimum criteria are met for each Track. Only one application and one cover letter are necessary if applying to multiple Tracks. We ask applicants to indicate clearly in their cover letter all Tracks to which they are applying, and why they believe they are a good fit for the training provided by those Tracks.

The application deadline for all material to be submitted using the AAPI online is **November 1, 2020** by the end of the day (in the applicant's time zone). We will email applicants if their application is incomplete by the end of the day on November 6, 2020. Applicants do not need to contact us before then to check on the status of their applications. If their application is complete and we have no questions, we will not contact applicants until we notify them of their interview status.

A subset of applicants will be chosen for interviews to take place in January 2021. Each Track has its own team of interviewers. **The interview notification date is set for Friday, December 4, 2020** (the final date by which all applicants can expect to be notified of their interview status by email). As per a recent agreement by CCPPP members, the **interview booking date is set for Monday, December 7, 2020 starting at 11:00 am EST**. Arrangements for interviews will only be made starting on that date and time, so we ask invited applicants to please email us at or after 11:00 am EST on December 7, 2020. **Please note that all interviews will take place remotely – through videoconference and/or telephone. There will be no in-person interviews for any applicants in 2021.**

All applications are carefully reviewed and rated by supervisory staff within the applicant's Track. Applicant rankings are based on many factors, including (in no particular order): progress toward completion of dissertation; quality, breadth, and depth of assessment and intervention experience (particularly in areas related to the training offered in our Consortium); relevant didactic training (e.g., coursework, workshops attended); academic accomplishments; letters of reference; faculty's impressions from the applicant interviews; research experience; quality of writing samples (e.g., responses to essays on the AAPI); goals of training; and other information from the application materials.

Note that applicants are **not** ranked based on the raw number of practicum hours reported in the AAPI, as long as the minimum required hours for the Consortium in general and for their specific Track(s) of interest have been completed. Students should strive to have practica experience with cases varying in complexity, in different service delivery settings, and with a variety of populations, presenting questions, assessment and therapeutic models and methods, case conferences, and supervisors to acquire the competencies for readiness for a successful predoctoral residency year. This is more important than the raw number of hours recorded.

## **Interview Process**

All interviews will take place remotely through videoconference and/or telephone. We recognize that face-to-face interviews allow potential residents to meet the staff and become familiar with the setting. However, following recommendations by the CCPPP and APPIC, and in consideration of the expense and potential travel challenges for many applicants, we will not hold any in-person interviews or visits as part of the formal interview process.

Interviews typically follow a three-part format. The core will be a videoconference/call with the interview team, which includes representative supervisors from the Track. This approximately one-hour interview is the primary evaluative portion of the interview process. While it is evaluative, we also give applicants the opportunity to ask questions about our predoctoral residency during that time. Two additional interviews are offered so that applicants can learn more about our residency program. Applicants speak with the Director of Clinical Training, often in a group with other applicants, where they are provided with an overview of the Consortium and can have their general questions about the program answered. Applicants also speak with a current resident or residents about their experiences as a resident in our program. Neither the Director of Clinical Training nor the current residents are part of the formal evaluative process although, in rare circumstances, the Director of Clinical Training may comment on an applicant to their Track's interview team. As well,

any contact an applicant has with other Consortium staff - with the exception of the arranged discussions with current residents - can become part of their application file. To the best of our abilities, we will try to arrange these three activities - videoconferences or telephone calls with the interview team, Director of Clinical Training, and current resident(s) - on the same date.

Applicants who have been offered an interview are also welcome to speak with potential supervisors outside the scheduled interview to discuss details of training opportunities in their rotations. When an offer is made for an interview with our Consortium, applicants can request to arrange separate additional videoconferences/telephone calls with specific potential supervisors. We ask interview applicants interested in such contact to please request this when arranging their interview date. These may be able to be arranged on the same date as the formal interview, but due to the schedules of some potential supervisors, they may need to be arranged for another date.

## **APPIC Policies**

All selection procedures follow the Association of Psychology Postdoctoral and Internship Centers (APPIC) guidelines. This Consortium agrees to abide by the APPIC policy that no person at these training facilities will solicit, accept, or use any ranking-related information from any applicant. The twelve positions will be offered to applicants in order of their ranking within the Tracks through the National Matching Service. All ranking and offers will be in accordance with APPIC Match policies.

APPIC regulations make it clear that acceptance of a position is binding. We therefore ask that applicants and their Directors of Training or Department Heads carefully review their program's requirements for releasing the student to go on residency/internship, to ensure that students who are applying for positions in our Consortium will indeed be allowed to begin their training experiences on **Tuesday, September 1, 2021**.

The deadline for submissions by both residents and by programs of their Rank Order Lists to the National Matching Service for Phase I has been set by APPIC for February 5, 2021, and Phase I Match Day has been set by APPIC for February 19, 2021. If any of our residency positions remain unfilled after Phase I of the match, we will follow APPIC guidelines for participation in Match Phase II. As with our Phase I process, all interviews will take place remotely through videoconference and/or telephone contact.

## **Policy on Handling Your Personal Information**

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act – <http://laws-lois.justice.gc.ca/eng/acts/P-8.6/>), you should be aware that we are committed to collecting only the information in your application that is required to process your application. This information is secured within Psychological Services at LHSC and is shared only with those individuals involved in the evaluation of your application. If you are not matched with our Consortium, your personal information is destroyed one year after Phase II Match Day.

If you are matched with our Consortium, your AAPI will be available only to those directly involved in your supervision and training including your rotation supervisors, your Track Coordinator, the Director of Clinical Training, and relevant administrative support staff. We will place an electronic copy of this material on a secured section of the relevant Consortium Site networks that will only be made available to those individuals directly involved in your supervision and training.

## Information on Accreditation

The London Clinical Psychology Residency Consortium was initially formed by a partnership of the London Health Sciences Centre, St. Joseph's Health Care (London), Child and Parent Resource Institute (CPRI), and Vanier Children's Mental Wellness. That residency program had its first cohort of residents begin in 2008. The program expanded to include a new partnership with the Mental Health Care, Health and Wellness at Western University, and the first cohort of residents from this new five-member consortium began in September 2012.

The London Clinical Psychology Residency Consortium was first accredited as a Doctoral Internship Program in Clinical Psychology by the Canadian Psychological Association in 2009, and after our site visit in 2014 it was re-accredited for a 7-year term, from 2013-14 to 2020-21. The next accreditation site visit is due in 2020-21.

Information on accreditation by the Canadian Psychological Association is available by contacting the following office:

Accreditation Office  
Canadian Psychological Association  
141 Laurier Avenue West, Suite 702, Ottawa, ON, K1P 5J3  
Telephone: 613-237-2144 x 328 or 1-888-472-0657 x 328  
E-mail: [accreditationoffice@cpa.ca](mailto:accreditationoffice@cpa.ca)

Our program's Canadian Psychological Association Public Disclosure Table including summary information on past applicants and matched residents appears on a subsequent page.

## For More Information

For further information regarding the London Clinical Psychology Residency Consortium, please contact:

Dr. Brent Hayman-Abello, C. Psych.  
Director of Clinical Training, Psychological Services  
London Health Sciences Centre  
339 Windermere Road  
London, Ontario, Canada, N6A 5A5  
Telephone: 519-663-3466  
Fax: 519-663-3176  
E-mail: [brent.haymanabello@lhsc.on.ca](mailto:brent.haymanabello@lhsc.on.ca)  
Web: [www.londoninternshipconsortium.ca](http://www.londoninternshipconsortium.ca)



## Canadian Psychological Association Accreditation Public Disclosure Table

Incoming Residents to the London Clinical Psychology Residency Consortium over the past 7 years (note that although CPA's table indicates "stipend" our program pays a salary as all Residents are full-time temporary employees of our host agency, London Health Sciences Centre):

### CPA ACCREDITATION - INTERNSHIP PROGRAMMES

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

Programme London Clinical Psychology Residency Consortium

Academic Year/Cohort	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Positions	14	14	14	12	12	12	12	12
Applications	164	175	180	174	193	154	168	184
Interviewed/Short-Listed	66	77	73	78	83	81	74	77
Ranked	65	73	82	68	77	68	68	68
Matched	14	14	14	12	12	12	12	12
Matched as % Applications (Automatically Calculated)	9%	8%	8%	7%	6%	8%	7%	7%
<i>Of those who Matched:</i>								
Males	4	1	2	1	0	1	1	3
Self-Identify as Diverse (ie, minority, disability, LGBTQ)	6	5	2	1	2	7	1	4
From Outside of Province	9	6	3	4	8	7	5	6
From Outside of Canada	1	0	1	0	1	0	0	1
Mean Practicum Hours on AAPI -->Assessment & Intervention	644	611	616	602	684	732	626	671
-->Supervision	379	353	361	299	391	409	319	349
-->Support/Indirect	931	843	877	1,087	978	1,098	951	911
Mean Total Hours (Automatic)	1,954	1,807	1,854	1,988	2,053	2,239	1,896	1,931
Internship Stipend	\$28,000	\$28,000	\$28,000	\$28,000	\$28,000	\$29,250	\$29,250	\$29,250

## LOCATING CONSORTIUM SITES

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### London Health Sciences Centre, University Hospital



A map of the site can be found at:

[www.lhsc.on.ca/About Us/LHSC/Maps Directions/UH Site Map.pdf](http://www.lhsc.on.ca/About%20Us/LHSC/Maps%20Directions/UH%20Site%20Map.pdf)

Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes

Psychological Services – 3rd Floor University Hospital  
339 Windermere Road, PO Box 5339  
London, ON, Canada, N6A 5A5  
Telephone: 519-663-3466

### London Health Sciences Centre, Children’s Hospital / Victoria Hospital

A map of the site can be found at:

[www.lhsc.on.ca/About Us/LHSC/Maps Directions/VH SiteMap.pdf](http://www.lhsc.on.ca/About%20Us/LHSC/Maps%20Directions/VH%20SiteMap.pdf)

Estimated Driving Time from Wellington Street and Dundas Street: 10 minutes

Psychology Services - Zone E - 1st Floor Victoria Hospital  
800 Commissioners Road East, PO Box 5010  
London, ON, Canada, N6A 5W9

### London Health Sciences Centre, Riverview

Adult Eating Disorders Services  
54 Riverview Avenue, London, ON, Canada, N6J 1A2

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### St. Joseph’s Health Care London



A map of the site can be found at:

[www.sjhc.london.on.ca/sites/default/files/pdf/stjosephs\\_floorplan.pdf](http://www.sjhc.london.on.ca/sites/default/files/pdf/stjosephs_floorplan.pdf)

Estimated Driving Time from Wellington Street and Dundas Street: 5 minutes

268 Grosvenor Street, London, ON, Canada, N6A 4V2

### Parkwood Institute

A map of the site can be found at:

[www.sjhc.london.on.ca/sites/default/files/pdf/parkwood\\_institute\\_site\\_map.pdf](http://www.sjhc.london.on.ca/sites/default/files/pdf/parkwood_institute_site_map.pdf)

More detailed maps of the Main and Mental Health Care Buildings can be found at:

[www.sjhc.london.on.ca/sites/default/files/pdf/parkwoodinstitute\\_main\\_building\\_site\\_map.pdf](http://www.sjhc.london.on.ca/sites/default/files/pdf/parkwoodinstitute_main_building_site_map.pdf)

[www.sjhc.london.on.ca/sites/default/files/pdf/parkwoodinstitute\\_mental\\_health\\_care\\_building\\_map.pdf](http://www.sjhc.london.on.ca/sites/default/files/pdf/parkwoodinstitute_mental_health_care_building_map.pdf)

Estimated Driving Time from Wellington Street and Dundas Street: 10 minutes  
550 Wellington Road, London, ON, Canada, N6C 0A7

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## Southwest Centre for Forensic Mental Health Care

A map of the site can be found at:

[www.sjhc.london.on.ca/sites/default/files/pdf/southwest\\_floorplan.pdf](http://www.sjhc.london.on.ca/sites/default/files/pdf/southwest_floorplan.pdf)

Estimated Driving Time from Wellington Street and Dundas Street: 40 minutes  
401 Sunset Drive, St. Thomas, ON, Canada, N5R 3C6

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## Child and Parent Resource Institute (CPRI)



A map of the site can be found at:

[www.cpri.ca/contact-us](http://www.cpri.ca/contact-us)

Estimated Driving Time from Wellington Street and Dundas Street: 15 minutes  
600 Sanatorium Road, London, ON, Canada, N6H 3W7

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## Vanier Children's Mental Wellness



[www.vanier.com](http://www.vanier.com)

Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes  
871 Trafalgar Street, London, ON, Canada, N5Z 1E6

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## Mental Health Care, Health and Wellness, Western University



A map of the site can be found at:

<http://geography.uwo.ca/campusmaps/>

Estimated Driving Time from Wellington Street and Dundas Street: 7 minutes  
Western Student Services Building, Western University, 1151 Richmond St, London, ON, Canada, N6A 3K7

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*A general map of London that provides approximate locations of all sites is provided on the next page.*

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