

## TRACKS AND MAJOR ROTATIONS

### CHILD/ADOLESCENT TRACK

**COORDINATORS: Dr. Sabrina Chiarella and Dr. Vanessa Huyder**

*NMS Code Number: 181513*

Three (3) Resident Positions are available.

Number of applications in 2019: 59

The Child/Adolescent Track is designed to prepare residents for future post-doctoral supervised practice focused on children and adolescents and their families. Patients range in age from infancy to age 18. Training stresses three factors: developmental issues, family involvement, and liaison with interprofessional team members, physicians, community agencies, and schools. Competence in assessment and intervention skills are emphasized, integrating theoretical, ethical, research, and professional perspectives. Interprofessional teams are prevalent in all settings, and residents are provided the opportunity to work with professionals from a variety of disciplines.

Residents have the opportunity to choose Major Rotations in community mental health facilities as well as academic teaching hospitals. Across the two Major Rotation experiences, residents receive exposure to children and adolescents in inpatient or residential care settings as well as outpatient and community services. Training can include opportunities to work with children and adolescents in areas including paediatric health psychology, eating disorders, community and rural mental health services, day treatment, inpatient units, trauma and attachment, impulse control problems, mood disorders, anxiety disorders, developmental disabilities, and externalizing behaviours.

Within each rotation, supervisors will provide opportunities for individualized training experiences that meet the specific needs of the resident. Supervisors assure well-rounded experiences by assigning cases to residents that reflect client diversity in terms of ethnicity, socio-economic status, and other individual differences. Supervision styles and preferred therapeutic modalities vary across supervisors.

*To be considered for the Child/Adolescent Track, in addition to the core minimum requirements on pages 25-26, applicants must also have the following credentials by the time of application:*

- Coursework at the graduate and/or undergraduate level in (a) child or lifespan development (or both), and (b) child psychopathology, assessment, and intervention;
- Coursework and practica at the graduate level reflecting that children and/or adolescents are a population of key interest;
- A minimum of 75 face-to-face hours of child and/or adolescent therapeutic experience. This includes individual therapy with adolescent, school-aged, and pre-school aged children, group counselling for adolescents and/or children, career counselling for adolescents, family therapy, and time spent in school counselling interventions, and;
- A minimum of five child and/or adolescent integrated psychological reports.

**In order to facilitate our review of your application, we strongly encourage you to clarify how you have met these requirements in the contents of your cover letter.**

Major Rotations available:

London Health Sciences Centre: Paediatric Health Psychology

London Health Sciences Centre: Child and Adolescent Mental Health Care Program

Child and Parent Resource Institute (CPRI)

Vanier Children's Mental Wellness

***London Health Sciences Centre: Paediatric Health Psychology***

Psychologists in the Paediatric Health Psychology service of the Children's Hospital provide inpatient and outpatient services to children and families coping with acute and chronic medical conditions through a number of health focused clinics and interprofessional teams. Issues commonly addressed include coping with illness, medical compliance, chronic pain, and school adjustment.

Paediatric Health Psychology offers the following training experiences.

*Inpatient:*

Residents will become experienced in consultation-liaison and treatment services offered to a wide variety of inpatient medical services at the Children's Hospital (e.g., critical care, oncology, neurology, acquired brain injury, gastroenterology, and respirology). Services are provided for both children and their families for a number of different presenting problems such as treatment compliance, coping with prolonged hospitalization, and palliative care. Cognitive, emotional, and behavioural strategies are employed to assist in managing distressing physical (e.g., acute or chronic pain) and psychological (e.g., depression, anxiety, somatization) symptoms. The resident will attend relevant rounds (e.g., Oncology, Critical Care, General Medicine) and consult with medical team members.

*Outpatient:*

Work with outpatients will include assessment, therapy, as well as consultation within the hospital and occasionally with schools. Some flexibility in the amount and scope of outpatient work is possible. There are a number of opportunities for outpatient work on this rotation including the following:

Residents may work with patients originally seen in the hospital (e.g., cancer patients in late effects clinic, school reintegration program for cancer patients) or with their family members (e.g., sibling bereavement group therapy).

Residents may work with outpatient children, adolescents, and their families who have either a medical problem that affects their psychological adjustment, or psychological problems that affect their health or adjustment to a medical condition. Issues may include management of recurrent or chronic pain such as headaches or abdominal pain, anxiety and/or depression contributing or related to living with a medical condition, adjustment to a diagnosis, or adherence to treatment regimes. Residents may see some of these patients in an interprofessional paediatric chronic pain clinic that focuses on a biopsychosocial model of pain assessment and treatment.

Supervisors: Dr. Danielle Cataudella  
Dr. Jennifer Crotogino  
Ms. Ann Klinck  
Dr. Cathy Maan

**London Health Sciences Centre:  
Child and Adolescent Mental Health Care Program**

At the Victoria Hospital site of LHSC, the Child and Adolescent Mental Health Care Program provides integrated inpatient, day treatment, and outpatient services to children and their families with potential experiences for a resident with Outpatients, Inpatients, Day Treatment, and Eating Disorders services.

Residents who choose this Major Rotation will be asked to select one area within which to focus their training.

The Child and Adolescent Outpatient Services provide assessment and treatment to children and their families through an interprofessional team. Presenting problems are generally of an internalizing nature such as depression, anxiety, trauma, emerging personality disorders, etc. with significant comorbidity. A range of services is offered including diagnostic assessments, individual and group therapy (with family component), community liaison, and so on.

Residents will have the opportunity to gain experience in both assessment and treatment of internalizing disorders. Types of assessments include psychodiagnostic and psychoeducational assessments. Cognitive behavioural therapy is the primary therapeutic approach, with opportunities to integrate other treatment approaches, including motivational interviewing, dialectical behavioural therapy, and interpersonal psychotherapy.

Supervisors: Dr. Julie Eichstedt  
Dr. Jo-Ann Birt

Child and Adolescent Eating Disorders is an interprofessional team specializing in the assessment and treatment of eating disorders in children and adolescents until the age of 18. It has inpatient, day treatment, and outpatient follow-up components. Residents will have exposure to cognitive-behavioural and family-based treatment experiences for patients and their families. This rotation is only available as a Major rotation in the first six months. Theoretical orientation is cognitive-behavioural.

Supervisor: Dr. Debbie Vanderheyden

The Child and Adolescent Inpatient Service specializes in assessment and stabilization of acute mental health crises spanning a wide range of presenting issues. Residents have exposure to daily interprofessional team care planning and consultation. The Inpatients treatment team has extensive expertise in child development, internalizing disorders, and crisis stabilization. The resident may gain exposure to group interventions and conduct clinical assessments, individual psychotherapy, and parental interventions with our patients who typically have very short admissions (i.e., under one week).

Supervisor: Dr. Abirami Kandasamy

### ***Child and Parent Resource Institute (CPRI)***

Residents at CPRI can choose to receive breadth and depth of training at this site during a Major Rotation by working on more than one clinical team, with more than one supervisor. Beyond the supervision from our Psychologists, psychology residents work with Psychiatrists, Developmental Paediatricians, Social Workers, Speech and Language Pathologists, Occupational Therapists, front-line Behaviour Therapists, and teachers.

Note that acceptance into this Major Rotation (any of the services below) is dependent on the successful completion of a police record check with vulnerable sector screen.

Residents should have interests in diagnosing complex, comorbid child and adolescent populations experiencing significant family dysfunction, understanding larger system issues in child and family wellness, and a desire to assist caregivers and teachers in reducing acting out behaviours including aggression. Residents at CPRI may negotiate experiences directly supervised by a psychologist in the following services:

The Mood Disorders Clinic provides opportunities to participate in a multi-step comprehensive assessment of children and adolescents aged 6 to 17.5 years of age with normal intellect. The first step in the assessment process when a child/youth is referred with a query of mood disorders involves a pre-screening evaluation to determine the likelihood of mood disorders. The next step is the completion of a comprehensive evidence based semi-structured instrument (WASHU-KSADS) with the child/adolescent and parents in their home for consideration of possible differential diagnosis. The final stage in this process is a psychiatric consultation with the youth and parents for further evaluation prior to rendering a diagnostic opinion. The opportunity is also available to conduct intellectual and socio-emotional assessments as needed. In addition, the clinic offers short term individual and/or group treatment with the focus on psychoeducation and cognitive behavioural strategies. As well, the clinic provides consultations to community agencies including schools across Ontario.

Supervisor: Dr. Gani Braimoh

The Brake Shop is an interdisciplinary clinic providing service to children and adolescents who present with complex combinations of neurodevelopmental disorders including Tourette Syndrome and Obsessive-Compulsive Disorder or other anxiety disorders, Attention-Deficit/Hyperactivity Disorder, sensory processing dysfunctions, body-focused repetitive behaviours (Trichotillomania or Excoriation Disorder) or significant behavioural issues including Intermittent Explosive Disorder ('rage'). A wide selection of services for Brake Shop patients, their families, and community teams translates into substantial opportunity for residents to tailor and vary their experiences. Options include semi-structured diagnostic assessment, co-facilitation of various treatment groups (primarily cognitive-behavioural and narrative in orientation), individual therapy, internet therapy (e.g., virtual Exposure and Response Prevention [ERP]), consultations (client or programming based), and knowledge translation/transfer activities such as community presentations or school assemblies. Attendance at interprofessional rounds, conducting literature reviews, student supervision, or program development/evaluation are additional opportunities. For detailed treatment videos, parent and child treatment handouts and other information please explore our many webpages at [www.leakybrakes.ca](http://www.leakybrakes.ca)

Supervisor: Dr. Dr. Magali Segers

The Dual Diagnosis: Behaviour and Anxiety Clinic (DD:BAC) is one of the outpatient programs for children and adolescents with developmental disabilities at CPRI. The DD:BAC team provides assessment, consultation, and treatment for children and youth with developmental disabilities and behaviour, anxiety or mood disorders. The resident could be involved with any aspect of service of the Dual Diagnosis Behaviour and Anxiety clinic, including interdisciplinary diagnostic assessments, psychological assessment (Cognitive, academic and adaptive assessment; Assessment for mental health and behaviour disorders), functional assessment of behaviour, co-therapist for parent groups, as well as providing consultation to families, schools and others supporting children/youth in the community. This clinic also offers residents the unique experience of providing modified cognitive behaviour therapy for anxiety on an individual basis with clients with intellectual disabilities.

Supervisor: Dr. Karin Gleason

One of the outpatient rotations available at CPRI that provides opportunities to work with clients with a neurodevelopmental disorder is the Interdisciplinary Autism Services (IAS). The clinic works with children and youth aged 3-to-18 for whom there is a question or diagnosis of Autism. Like the other outpatient services at CPRI, IAS provides three levels service intensity, all of which may be appropriate for a resident. At the lowest level of intensity are agency-to-agency collaborations. Based primarily on file reviews, these collaborations involve interaction with community partners, usually via videoconference, about behavioural concerns. As part of the team, the resident could have opportunities to share information from the Psychologist-perspective, and/or to participate in meeting leadership. The next level of intensity in the clinic emphasizes diagnostic clarification and assessment. Typically, the resident would support the diagnostic review undertaken by a Physician through the completion of standardized assessment of cognitive, adaptive, and/or academic domains. An emphasis on observation and assessment of social deficits associated with Autism is included. At the highest level of intensity, the resident would be part of an interdisciplinary team involving a Speech and Language Pathologist, Occupational Therapist, Board Certified Behaviour Analyst and Social Worker; a Psychiatrist may also be involved as needed. Referrals at this level of service begin with a team meeting with the community to develop an assessment and service plan. Assessments for Psychology are multi-faceted and provide opportunities to work with a population and tools that are not commonly encountered in traditional training (e.g., Stanford-Binet 5, ADOS-2). The culmination of this level of service is the development of an interdisciplinary report and sharing/discussion with the referring community. Through this process, the resident will have the opportunity to engage in (complex) differential diagnosis involving information from multiple clinical disciplines.

Supervisor: Dr. Craig Ross

A Selective Mutism service is available where direct assessment and school consultation is provided by a psychologist and speech and language pathologist to support children who do not speak at school due to social anxiety.

Supervisor: Dr. Jeff St. Pierre

Residential/Intensive Services are also provided to children and youth, 6 to 18 years, with a primary mental health condition. Youth are admitted due to severe psychiatric disturbance and family and school placement breakdown. Psychologists on our residences and in-house school provide cognitive/learning, social, emotional assessment, behaviour programming, individual parenting interventions, consultation, individual cognitive behavioural therapy, and staff training and support. Interest in complex, comorbid child and youth populations with diverse family trauma is required. Evidence-based, trauma-informed care is offered in these services. As with the dual diagnosis intensive programs, residents will gain experience in working with multiple systems, matching strengths, needs and supports, and planning and implementation at a multi-agency team level.

Supervisors (various possible): Dr. Patricia Jordan (inpatient girls' unit)  
Dr. Niki Rielly (inpatient young child unit)  
Dr. Jeff St. Pierre (inpatient adolescent boys' unit)

## ***Vanier Children's Mental Wellness***

Vanier is a community-based children's mental health centre which accepts referrals for children and youth with emotional and behavioural problems up to their 14th birthday. Vanier clients typically present with complex needs, usually including a combination of behavioural problems and mood or anxiety problems, cognitive processing concerns, and family issues (such as parental mental health problems, abuse, neglect, domestic violence, and separation and divorce). A variety of services are currently provided, including prevention/outreach, assessment, family and group therapy, day treatment, Intensive Family Services (IFS; in home), and out-of-home (group and foster) treatment. Services at Vanier focus on improving relationships, increasing regulation, and building resilience.

At Vanier, residents can expect to conduct assessments on some of the most complex clients in the children's mental health system, as well as provide staff consultation, treatment interventions, or both, and may choose to assist with program development and evaluation. Residents will gain experience in comprehensive assessment, diagnosis and clinical formulation, and consultation to interprofessional teams, as well as individual therapy, family therapy, or both. Additional training opportunities may include ongoing research, program evaluation, and quality improvement initiatives. Residents will gain these experiences through participation in one or two specific programs at Vanier, depending on their training goals and supervisor availability. Depending on client needs, residents might have the opportunity to provide services for clients with complex special needs through the long-term residential treatment program for clients with complex trauma histories, or the long-term therapeutic foster care program. Other experiences might include group work, crisis work, or both. Program-level consultation to other agencies within London Middlesex might also be an option.

Psychological services to **Community-Based Services** clients (age birth to 14 years) focus on assessment of individual children who are receiving other services, and consultation to staff. Community-Based Services clients are referred to psychology while receiving other services, such as family therapy or IFS. Residents will also have opportunities to provide individual therapy, family therapy, or both. Residents might also gain experience in consultation regarding Early Years clients (age birth to six years) at other agencies.

**Intensive Services** include both live-in and IFS, as well as the therapeutic foster program. Residents typically provide assessment and consultation services within the live-in programs, primarily in the short-term (typically about 4 months in residence) and medium-term (typically 6-12 months in residence) programs. IFS is an alternative to residential treatment in which a Child and Youth Counselor works with the family in their own home. Psychology's primary role in IFS is to provide clinical support to the Child and Youth Counselor, including assessments with a view toward treatment recommendations.

Further information about Programs at Vanier can be found at [www.vanier.com](http://www.vanier.com)

Acceptance into this Major Rotation is dependent on the successful completion of a police record check with vulnerable sector screen and medical clearance. Same-day travel within the region may be required.

Supervisors: Dr. Sabrina Chiarella  
Dr. Tomoko Arimura  
Dr. Vanessa Huyder

London Clinical Psychology Residency Consortium 2021-2022

<b>TRACK</b>	Child / Adolescent (see p. 39)		
<b>ORGANIZATION and SITE</b>	<b>LHSC: Victoria &amp; Children's Hospital</b> (see p. 40-41)	<b>Child and Parent Resource Institute (CPRI)</b> (see p. 42)	<b>Vanier Children's Mental Wellness</b> (see p. 45)
<b>MAJOR ROTATION/ SERVICE</b> *See list of Minor Rotation options (p. 77- 86)  <b>Note:</b> Paediatric Health is 4 days a week in the first six months only.  For others, residents normally work in a maximum of 2 Services within one Site.	<ul style="list-style-type: none"> <li>- Paediatric Health Psychology                             <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul> </li> <li>- Child &amp; Adolescent Mental Health Care Program                             <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Inpatient</li> <li>• Eating Disorders Treatment (Inpatient, Day Treatment, Outpatient)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Mood Disorders Clinic</li> <li>- Brake Shop</li> <li>- Interdisciplinary Autism Services (IAS)</li> <li>- The Dual Diagnosis: Behaviour and Anxiety Clinic</li> <li>- Residential/Intensive Services</li> <li>- Selective Mutism</li> </ul>	<ul style="list-style-type: none"> <li>- Community – Based Services</li> <li>- Intensive Services</li> </ul>

**Sample Combination of Major and Minor Rotation Schedules:**

Track	1st Six Months		2nd Six Months	
	Major – 4 days/week		Major – 3 days/week	Minor – 1 day/week
Child / Adolescent	Residential/Intensive Services; Mood Disorders Clinic (2 days each service) (CPRI)		Child and Adolescent Mental Health Care Outpatient Services (LHSC)	Assessment and Treatment with a University Student Population (Western University)