# PRE-DOCTORAL RESIDENCY IN PEDIATRIC & CHILD CLINICAL PSYCHOLOGY
# ALBERTA CHILDREN'S HOSPITAL

# 2021-2022 TRAINING YEAR


The Residency offers training with a wide variety of diverse and complex clinical problems, populations, and professional roles in the areas of pediatric and child clinical psychology. It is a multi-site Residency program anchored by pediatric rotations at the **Alberta Children's Hospital** and complemented by child clinical rotations at two core sites: the **Child Development Centre** and the **Richmond Road Diagnostic and Treatment Centre**. The coordinated programs based in these sites are managed within Child Health, Child Development and Child and Adolescent Mental Health, Calgary Zone, and administered overall through the Provincial mandate of Alberta Health Services (AHS).

# *ALBERTA CHILDREN'S HOSPITAL*

The Alberta Children's Hospital (ACH) is the major pediatric health care centre serving southern Alberta, eastern British Columbia and western Saskatchewan. It is a university-affiliated teaching hospital and a comprehensive facility integrating health care through a continuum of inpatient, outpatient, day treatment, educational and outreach services. Established in 1922, ACH developed ambulatory and day treatment, outreach, and acute inpatient care from 1960-1980. In the 1990s Child and Adolescent Health Services were consolidated. A new ACH, which opened in September 2006, was the first free-standing paediatric facility to be built in Canada in more than 20 years.

The mandate of ACH is to meet the healthcare needs of children in its catchment area. It is the hospital's position that active programs of training, research and scholarly activity promote and enhance clinical excellence among its staff and thereby facilitate achievement of our mandate. Consequently, the mission of ACH is to provide excellent client care, to educate and train students in medicine, nursing and the allied health professions, and to conduct research.

Emergency, acute care and rehabilitative services are geared to the spectrum of childhood health and developmental problems and are delivered through multidisciplinary teams. The hospital's philosophy of "Family Centred Care" is focused on wellness and recognizes that the child and family's foundations (biological, psychological, sociological and spiritual) play an interactive role in illness and health. In this context there is a broad array of psychosocial expertise at ACH in which the Psychology Discipline plays an important role. The hospital has a community and educational orientation and shares consultative relationships with many community caregivers and agencies. As a teaching hospital, it has major affiliations with the undergraduate, graduate and medical school programs at the University of Calgary. In addition to ongoing research projects within the service delivery systems, the Behavioural Research Unit (Child Development Centre) specializes in research on developmental and behavioural problems.

# *CHILD DEVELOPMENT CENTRE*

The Child Development Centre (CDC) opened in September 2007 and is located adjacent to ACH on the University of Calgary campus. Through partnerships within AHS, Calgary Zone and university and community-based programs, the mandate of the CDC is to provide best practice integrated services for children and families, and leadership in the areas of education, research and clinical services in the fields of child development and inter-professional collaboration. Child Development Services within the CDC consist of eleven specialized clinics staffed by inter-disciplinary teams that offer different combinations of assessment, intervention and consultation for children up to 18 years with a variety of developmental, paediatric and/or trauma-related concerns. Psychologists are involved in many of these services, with examples including the Child Abuse Service, Cumulative Risk Clinic, Neonatal Follow-up Service and Autism Spectrum Disorder Diagnostic Clinic and Consultative Diagnostic Clinic. In addition to Psychology, contributing disciplines include paediatrics, psychiatry, social work, education, occupational therapy, speech language pathology, nursing, and physiotherapy.

## *RICHMOND ROAD DIAGNOSTIC AND TREATMENT CENTRE*

The Richmond Road Diagnostic and Treatment Centre (RRDTC) houses the Mental Health Specialized Services, which is a component of the Calgary Zone, Child & Adolescent Addictions and Mental Health and Psychiatry Programs (CAAMHPP). RRDTC is located approximately 15 minutes by car from ACH and CDC. CAAMHPP Specialized Services provides outpatient services to support children and adolescents in the community.

The service utilizes a multidisciplinary and multimodal approach to provide purposeful, integrated and comprehensive short-term, episodic and customized intervention. In addition to psychology, the multidisciplinary team includes psychiatry, pediatrics, nursing, social work, speech-language pathology, occupational therapy, and clerical support. Multimodal intervention includes assessment, individual, family, and group therapy and consultation. Three specialized clinics serve children and adolescents with multiple, tertiary, and complex mental health presentations: 1) Mood, Anxiety and Psychosis Service (MAPS) for children and adolescents with moderate to severe mood and anxiety disorders or a childhood-onset psychotic illness; 2) Complex ADHD Treatment Team (CATT) for children and adolescents with treatment resistant and/or highly comorbid Attention-Deficit/Hyperactivity Disorder; and 3) the Neuropsychiatry Service (NPS) for children and adolescents with comorbid medical and mental health issues. The Neuropsychiatry Service (NPS) is primarily a consultative model with collaboration from involved community agencies and medical care providers. Although these clinics are under the auspices of the Child and Adolescent Addictions and Mental Health and Psychiatry Program, treatment in the specialized services is not focussed on providing addiction treatment and referrals are made to other CAAMHPP or AHS, Calgary Zone agencies for assessment and treatment of addiction issues.

## *THE DISCIPLINE OF PSYCHOLOGY*

The Discipline of Psychology is a contributing profession within Child Health, Child Development and Child and Adolescent Mental Health and serves as the organizational hub for the clinical supervision and professional development of its 35 psychologists based in the three core sites that comprise the residency program. It provides a professional home base for psychologists integrated into the matrix of multidisciplinary programs. The Discipline, through its Discipline Leader, actively collaborates with the clinics and programs in the recruitment, hiring, and assignment of staff. The Discipline is accountable for the standards of clinical practice, ethical conduct and quality assurance related to the spectrum of its activities. Additionally, it provides specialized pediatric, child development and mental health services, and is responsible for research, education, and training in Psychology, including the Residency. For the purposes of defining the scopes of practice within the Residency, two broad domains comprise the rotational choices: Child Clinical and Pediatric Psychology.

Assessment services include evaluation of the cognitive, interpersonal, emotional, behavioural and adaptive functioning of children and/or families. Treatment services include individual, group, parent and family therapy.

## *VISION STATEMENT OF THE RESIDENCY*

**Child Clinical and Pediatric Psychology will be an integral component of children's health and mental health care through the development of new knowledge, transfer of knowledge and translation of knowledge into practice.**

## *MISSION STATEMENT OF THE RESIDENCY*

**To provide excellence in the education and training of Child Clinical and Pediatric Psychologists who will meet the current and future health needs of children, families and communities.**

## *PHILOSOPHY AND VALUES OF THE RESIDENCY*

We offer a clinical residency where we provide training in clinical practice and promote a scholarly and scientific approach to professional psychology. We believe that sound psychological practice is based on the science of psychology and practice informs science**.** We have a strong commitment to Family Centered Care while meeting our duty to assure the safety, security and well-being of children, and to respect their developing autonomy**.** Furthermore, while we recognize the multifaceted and complex roles professional psychologists currently play in service delivery and will play in the future, we also acknowledge that we cannot prepare residents for every possible role they might undertake in their future careers. Consequently, residents must be able to think critically about clinical and professional activities and to access and use research and the scholarly literature to prepare themselves for new roles. As well, clinicians are not only informed consumers of the research and scholarly literature, but are an essential resource for generating meaningful questions and answering them. We believe that both practice and science must operate within the highest ethical and professional standards.

We promote a respect for the contributions of other health care professionals and seek to assist residents in developing positive and productive relationships with these individuals, consistent with Alberta Health Services' collaborative approach to health care. We also enable residents to establish and maintain such relationships with caregivers and professionals from our larger community. The professions represented within Child Health, Child Development and Child and Adolescent Mental Health are recognized for the different skill sets, expertise and perspectives they bring to clinical practice. While multidisciplinary cooperation and collaboration are strongly valued and promoted, we recognize the particular skill sets (e.g. psychometric assessment,

empirically supported interventions, research training) which distinguish Psychology Residents' training from the training experiences of other allied health care professionals.

We are committed to respect for, and understanding of, cultural and individual diversity, consistent with Alberta Health Services' respect for the diversity of individuals and the dignity accorded to staff and clients alike. This not only includes a theoretical understanding of diversity but the ability to translate this understanding into culturally competent practice and respectful collegial interaction.

## *TRAINING MODEL*

In keeping with our philosophy, the Residency offers exposure to a wide variety of diverse and complex clinical problems, populations, and professional roles within the area of child clinical and pediatric psychology, rather than restricting activities to a narrow field. The training staff comprises psychologists whose backgrounds span the range of clinical, counselling, educational, developmental, neuropsychology and health psychology and who are able to offer residents a broad range of theoretical orientations and practical approaches. Each resident develops a training plan in conjunction with his or her primary supervisor that includes clinical areas that will be pursued with particular depth and focus.

The primary training method is experiential (i.e., direct service delivery) and supervision plays a central role in the learning process. Supervision is augmented by didactic seminars, observation of staff conducting clinical services, guided reading, and consultative support. Professional psychologists Registered in the Province of Alberta carry out major supervisory responsibilities, although residents might receive some supplementary training and consultation by non-psychologist health care professionals (e.g., medical specialists or social workers). The training is sequential and cumulative, with the resident typically assuming greater responsibility for clinical work and activities as the residency year progresses. Evaluation is viewed as an essential part of the Residency and occurs as a continuous process. Formal evaluations of the resident's progress occur at the mid-point and at the end of each of the two major rotations, as well as at the end of the Residency. A defined set of core competencies form the framework for training, resident progress, evaluation of residents and supervisors, and successful completion of the Residency.

Training considerations take precedence over the demands of service delivery. Caseloads are chosen for their educational opportunities in light of the resident's articulated training goals and objectives and appropriateness for each resident's level of expertise and skills. In addition to the emphasis on the acquisition of clinical knowledge and skills, considerable attention is directed to the application of ethical and professional standards to everyday practice and the development of a professional identity. Developing and maintaining cooperative and collaborative relationships with other hospital and community caregivers and accessing the scientific and scholarly literature to guide clinical practice are emphasized as enduring functions of successful professional life.

# *GOALS OF THE RESIDENCY*

The overall goal of the Residency is to prepare the resident to enter a career as a professional psychologist. The following goals of the Residency are intended as a guide to the resident's development in the required competency categories. They are as follows:

**1.** To conduct his or her practice with professional maturity, and to engage in constructive relationships with clients, families, and other professionals. **(Interpersonal Relationships-Professional Conduct).**

**2.** To achieve competency in psychological assessment, including diagnostic interviewing and psychodiagnostic evaluation. **(Assessment-Diagnostic Interviewing and Psychodiagnostic Evaluation)**

**3.** To achieve competency in intervention. **(Intervention)**

**4.** To conduct his or her practice with a respect for and understanding of cultural and individual diversity, and culturally competent skill. **(Cultural and Individual Diversity)**

**5.** To achieve competency in providing consultation to other professionals regarding the abilities and needs of clients. **(Consultation)**

**6.** To understand the interplay of science and practice and to foster a commitment to lifelong learning. **(Scholarly/Scientific Inquiry and Commitment of Learning)**

**7.** To demonstrate a working knowledge of ethical principles and practice standards in clinical activities so that the resident will aspire to the highest ethical and professional standards in future professional roles. **(Ethics and Standards)**

**8.** To demonstrate a beginning knowledge and competence in providing supervision. **(Provision of Supervision)**

**9.** To achieve competency in his or her response to supervision. **(Response to Supervision)**

# *EDUCATION AND TRAINING OBJECTIVES OF THE RESIDENCY AND STATEMENT OF EXPECTED COMPETENCIES*

In order to meet these goals, we have developed the following education and training objectives in terms of the competencies expected of our graduates. These competencies are consistent with the Residency's philosophy and training model previously described. Specific items in the Resident Evaluation Report are anchored to these competencies.

**Goal 1:** **Interpersonal Relationships – Professional Conduct:**
To conduct his or her practice with professional maturity, and to engage in constructive relationships with clients, families and other professionals.

*Objectives for Goal 1:*

1. The resident can demonstrate a capacity to participate positively in a multidisciplinary or multidisciplinary model of care.
2. The resident can demonstrate an ability to organize his or her activities effectively and can dependably carry out assignments.

**Goal 2:** **Assessment – Diagnostic Interviewing and Psychodiagnostic Evaluation**
To achieve competency in psychological assessment, including diagnostic interviewing and psychodiagnostic evaluation.

*Objectives for Goal 2:*

1. The resident will be able to competently conduct diagnostic interviews with children and families.
2. The resident will be able to administer and interpret a range of psychological assessment measures, including psychometric instruments.
3. The resident will have the capacity to communicate, both verbally and in written form, a formulation of the problems and recommendations about intervention to the child, family and professional colleagues.

**Goal 3:** **Intervention**
To achieve competency in intervention.

*Objectives for Goal 3:*

1. The resident understands the basis of treatment formulation, including empirically supported intervention, development of treatment goals, and psychotherapeutic strategies.
2. The resident demonstrates competency in a range of therapeutic techniques with children.
3. The resident demonstrates an understanding of process issues related to intervention.

**Goal 4: Cultural and Individual Diversity**

To conduct his or her practice with a respect for and understanding of cultural and individual diversity, and culturally competent skills.

*Objectives for Goal 4:*

1. The resident exhibits awareness of and sensitivity to cultural diversity and individual differences in clinical work.
2. The resident is able to demonstrate the skills and ability to provide culturally competent clinical care.

**Goal 5: Consultation**

To achieve competency in providing consultation to other professionals regarding the abilities and needs of clients.

*Objective for Goal 5:*

1. The resident demonstrates effective consultation in sharing knowledge with other professionals regarding the client.

**Goal 6: Scholarly/Scientific Inquiry and Commitment of Learning**

To understand the interplay of science and practice and to foster a commitment to lifelong learning.

*Objectives for Goal 6:*

1. The resident demonstrates an ability to apply a scholarly approach to clinical practice.
2. Where applicable, the resident demonstrates the ability to initiate and conduct an appropriate research project and/or program evaluation.

**Goal 7: Ethics and Standards**

To demonstrate a working knowledge of ethical principles and practice standards in clinical activities so that the resident will aspire to the highest ethical and professional standards in future professional roles.

*Objective for Goal 7:*

1. The resident demonstrates a comprehensive knowledge and a keen sensitivity to professional ethics in terms of ethical standards, codes of conduct, legislation relating to psychology, and obligations under the law.

**Goal 8**: **Provision of Supervision**

To demonstrate a beginning knowledge and competence in providing supervision.

*Objective for Goal 8:*

1. The resident demonstrates a beginning knowledge and experience with the theories and models for the provision of supervision.

**Goal 9: Response to Supervision**
To achieve competency in his or her response to supervision.

*Objective for Goal 9:*
1. The resident demonstrates the effective use of supervision and the capacity and skills for constructive criticism and self-evaluation.

## *RESIDENCY STRUCTURE*

| Clinical and Professional Orientation | Rotation I Major/Minor | Inter-Session | Rotation II Major/Minor | Wrap-Up |
|---|---|---|---|---|
| 2 weeks | Mid Sep - Feb | 2 weeks | March – mid Aug | 2 weeks |

The training year has been divided into two five-month clinical rotations plus three shorter periods designated for: initial orientation (two weeks); transition between rotations (two weeks); and final wrap-up (two weeks). Although residents are entitled to three weeks' vacation, their attendance for the full duration of the Orientation, Inter-Session and the Wrap-up period is mandatory.

The structure of the Residency fosters both the depth and breadth of training in the applied areas of service, which the Discipline of Psychology offers within Child Health, Child Development and Child and Adolescent Mental Health. In addition, minor rotations allow for broad exposure to many facets of the health care network.

Through this overall structure there is provision for long-term therapy involvement with supervisory continuity, assessment experiences with multiple populations, and involvement in several program/clinic environments. In addition, a weekly half day of professional development is built in to accommodate resident attendance at seminars, Training Committee meetings and meetings with the Director of Training, and ensure opportunities for residents to interact and share residency experiences.

## *ORIENTATION*

The initial two-week Orientation period has been designed to orient new residents to the ACH, CDC and RRDTC environments and to the clinical activities and professional issues that are central to these pediatric and child clinical facilities, as well as to AHS, Calgary Zone. The Orientation period is intended to help residents understand their training in the context of the whole health care setting, to become familiar with logistical supports, demands and relevant policies of the Discipline, Services, Hospital and Residency, and to begin developing their plan for the Residency year. Orientation modules provide residents with observational, didactic, and

interactive experiences in services where psychological assessment, treatment and consultation take place. During the Orientation period, each resident is provided access to the Psychology Residency Orientation Manual which includes descriptive information about ACH, CDC, RRDTC, the Discipline of Psychology and the Residency, copies of relevant policies, and descriptions of programs and procedures.

## *ROTATION SELECTION*

The Discipline of Psychology offers clinical training in two broad domains: the Child Clinical Domain and the Pediatric Psychology Domain. To ensure that the Residents experience breadth and depth of training, some basic guidelines for rotation selection have been established. Each Resident will select a Major Rotation and Minor Rotation within each five-month block of time. A Major Rotation will represent a commitment of at least 3 days per week; a Minor Rotation will involve 1 to 1.5 days per week. Two Minor Rotations may be combined for shorter durations within the five-month block of time. Over the course of the year, residents are required to select a five-month major rotation from the following rotations in the Child Clinical Domain: Mental Health Rotation, Child Abuse Rotation, and Developmental Rotation. Residents also must select a major rotation for the other five months from a wide variety of options (which in some cases can be combined) in the Pediatric Psychology Domain (Medical Psychology or Neuropsychology). The onus is on the resident to demonstrate that he or she has already received significant training in either of these domains in order to modify these guidelines.

Rotational assignments depend upon the resident's interest as well as supervisor availability and the number of residents interested in a particular rotation. After the two-week Intersession, the second Major Rotation will commence. As part of the overall Residency Plan, the resident will be able to choose Minor Rotations from areas not selected as Major Rotations. The intent of these Minor Rotations is to round out the resident's experience.

Residency applicants are asked to identify in a cover letter the rotations in which they have preferences. In the case of Pediatric Psychology, applicants are asked to specify the medical clinic in which they are interested. This information is used to designate a primary supervisor for the resident prior to beginning the Residency year. The primary supervisor usually is chosen from those training staff affiliated with the resident's first rotational choice. As well as assuming supervisory duties in the first rotation, the primary supervisor often supervises the resident's long-term cases and, in collaboration with the resident, develops the year long training plan for the resident. Participation of the resident is integral to the development of this plan.

During the Orientation period, residents become more familiar with the different rotations and they begin to develop their yearlong training plan. The resident, under the guidance of the primary supervisor, articulates specific training goals and identifies the specific sequence of Major and Minor rotations and other training experiences (e.g. group therapy) to achieve these goals. The Director of Training coordinates the overall training year by ensuring, for example, that all three residents will not be identically placed in the same rotational domain at the same time, and approves each resident's plan. Each plan is presented to the Training Committee for its input and confirmation. A copy of the resident's training plan is sent in October to his or her

university Director of Training, along with a copy of the evaluation form used to assess the resident's progress. University Directors of Training are invited to contact the Director of Training at ACH if they have any questions about the Residency training plan and are invited to personally visit ACH at any time during the Residency year.

## *OVERVIEW OF MAJOR, MINOR & EXPOSURE ROTATIONS*

(x = possible option for rotation in clinic/service area)

| **Pediatric Psychology (Medical Psychology and Neuropsychology)** | | | |
|---|---|---|---|
| **Clinic /Service Area** | **Major** | **Minor** | **Exposure** |
| Diabetes/Endocrine | x | x | x |
| Gastroenterology | x | x | x |
| Feeding and Sensory | x | x | x |
| Haematology, Oncology and Blood and Bone Marrow Transplant | x | x | x |
| Cardiorespiratory:<br>Asthma<br>Cardiology | x | x | x |
| Sleep | | x | x |
| Musculoskeletal:<br>Orthopedics/Juvenile Amputee<br>Rheumatology | x | x | x |
| Neurosciences | x | x | x |
| Neuropsychology | x | | |
| Nephrology Clinic | x | x | x |
| Vi Riddell Pain/Rehab Centre/Burn Team | x | x | x |
| Pediatric Centre for Health and Weight | x | x | x |

| **Child Clinical (Mental Health, Child Abuse, Developmental)** | | | |
|---|---|---|---|
| **Clinic/Service Area** | **Major** | **Minor** | **Exposure** |
| Adolescent Inpatient* | x | x | x |
| Addiction Centre Adolescent Program* | x | x | x |
| Children's Day Treatment Program (CDTP) | x | x | x |
| Forensic Adolescent Program (FAP)* | x | x | |
| Mood Anxiety and Psychosis Service (MAPS) | x | x | x |
| Northwest Community Clinic | x | x | |
| Neonatal Follow-up Service | | x | x |
| Neuropsychiatry Service | x | x | x |
| MAPS OCD Clinic | | x | x |
| Complex ADHD Treatment Team (CATT) | x | x | |
| Early Childhood and Perinatal Program | x | x | x |
| Child Abuse Service | x | x | x |
| Autism Spectrum Disorder Diagnostic Clinic + Consultative Diagnostic Clinic | x | x | x |
| Cumulative Risk Diagnostic Clinic | | x | x |

## *DESCRIPTIONS OF THE MAJOR ROTATIONS*

# I. CHILD CLINICAL DOMAIN

**MENTAL HEALTH ROTATION:** Child and adolescent mental health services are offered at the outpatient and day patient levels of care across multiple sites, with links to other services in AHS, Calgary Zone, under the umbrella of the Child and Adolescent Addiction, Mental Health & Psychiatry Program (CAAMHPP). Although these clinics are under the auspices of the Child and Adolescent Addictions and Mental Health & Psychiatry Programs, treatment in the specialized services is not focussed on providing addiction treatment and referrals are made to other CAAMHPP agencies or AHS, Calgary Zone for follow-up.

The available opportunities include: 1) Day Patient Services, located in the Children's Day Treatment Program (CDTP) at Alberta Children's Hospital, 2) Mental Health Specialized Services (Mood, Anxiety and Psychosis Service (MAPS), Complex ADHD Treatment Team (CATT), and Neuropsychiatry) located at the Richmond Road Diagnostic and Treatment Centre and MAPS Obsessive Compulsive Disorder (OCD) program located at Alberta Children's Hospital, 3) Early Childhood and Perinatal Program (ECAP) located at the East Calgary Health Centre and 4) Northwest Community Clinic located at the Foothills Professional Building 5) the Adolescent Inpatient and Adolescent Addiction Programs located at Foothills Medical Centre and Forensic Adolescent Program located at Sunridge Professional Centre (subject to availability-see details below). In combination, these form the basis of the Mental Health Rotation. The service areas are generally considered to be tertiary level interventions as the children and families have complex problems characterized by high acuity, severity, chronicity and/or are resistant to treatment. Often, the child and family present with many of these aspects. These mental health services link to other agencies in CAAMHPP or the broader AHS, Calgary Zone.

The mandate of the program is to see children from the ages of 0 to 18. The great majority of the work is conducted with school aged children and young adolescents. The Children's Day Treatment Program only treats children up to the age of 13 years. The Adolescent Addictions Inpatient and Forensic programs focus on adolescent youth.

Multidisciplinary teams deliver all care within the Mental Health Services. Most of these services offer the opportunity to work with social workers, occupational therapists, speech and language pathologists, educational consultants, nursing and psychiatry. There is a strong family centered approach to the programs. The nature of the psychologist's role varies across the different clinics and services.

### 1. Children's Day Treatment Program (Location: ACH)

The Children's Day Treatment Program (CDTP) consists of a 12 desk day-patient unit service for children in grades 2 to 7 who present with a wide range of mental health disorders (e.g., Neurodevelopmental Disorders, Depressive Disorders, Anxiety Disorders, and Disruptive, Impulse-Control, and Conduct Disorders). The multi-disciplinary team includes Psychology, Psychiatry, Family Therapy, Occupational Therapy, Speech Language Pathology, Social Work,

and Nursing. There are two mental health classrooms that are a partnership between AHS and the Calgary Board of Education and Residents will also have the opportunity to work collaboratively with teachers and mental health assistants who work in the classroom. Children and their families are admitted to CDTP on an elective basis because the children either cannot be maintained in the community or because the nature of their problems requires more intensive observation, assessment, and intervention. Each admission is 10 weeks long and includes 1 week of transition support. In all admissions, the first four weeks are primarily focused on comprehensive assessment of the child and of the family system. This information is used to guide intervention during the remainder of the admission and following discharge. The Children's Day Treatment Program adheres to an Attachment-based treatment philosophy and incorporates cognitive-behavioral, trauma-informed, collaborative problem solving, and behavioural interventions into individual care plans and within the milieu and classrooms more generally. Children are treated within the context of their family/caregiving system and parents/caregivers are expected to attend weekly family therapy sessions throughout a child's admission.

Residents will have the opportunity to complete comprehensive diagnostic and psychoeducational assessments for children with a wide range of presenting problems and complex symptom presentations. In addition, residents will interpret assessment results, and in consultation with the team, develop a detailed case conceptualization. Psychology then takes the lead in the delivering the case conceptualization to children's parents, teachers, and relevant community agencies. Residents will also have the opportunity to plan, develop, and assist with the implementation of individualized treatment plans for children both in the milieu and classrooms settings. In addition, residents will have opportunities to provide individual and group therapy to children on a weekly basis. Lastly, residents will have the opportunity to provide extensive consultation to the larger treatment team.

**2. Mental Health Specialized Services (Location: Richmond Road Diagnostic & Treatment Centre & Alberta Children's Hospital)**

The specialized outpatient clinics and the Neuropsychiatry Service offer the resident the opportunity to be part of a multidisciplinary team providing diagnostic assessment, consultation, and treatment for the complex and comorbid needs of school-aged children and adolescents. Groups for resident participation may be available in the areas of coping with anxiety, parenting strategies/attachment, and children's social skills. Multidisciplinary team case reviews and parent and school feedback sessions are a routine part of service as well as liaising with a variety of community agencies. Children seen on an outpatient basis through the four Specialized Clinics typically have multiple problems in many domains of functioning and prior attempts to diagnose and/or treat, usually through schools or community programs, have been unsuccessful. Residents choose a rotation in one of the below mental health specialty outpatient clinics.

**Mood, Anxiety and Psychosis Service (MAPS)** provides services for children and adolescents with moderate to severe mood and/or anxiety disorders and OCD as well as for youth with a confirmed diagnosis of a primary psychotic disorder. The clinic's overarching objective has been to mitigate and prevent the negative effects of mood and anxiety disorders on child and family well-being through the use of evidence based - multimodal interventions, while empowering children and families to better cope with the mental health struggles they face. The opportunity

for Psychology Residents on MAPS would be to provide individual and group Cognitive Behavioural Therapy and/or mindfulness-based treatments for children and adolescents diagnosed with mood and anxiety disorders as well as OCD. Dialectical Behaviour Therapy (DBT) skills, Acceptance and Commitment Therapy (ACT), Trauma Focused CBT and EMDR are additional treatment modalities that are offered to clients at this clinic. Parent coaching and integrated team intervention with family therapy and psychiatry is also a standard part of the training experience. Opportunities to be involved in diagnostic assessments, therapy and group intervention are also offered in the MAPS-OCD program located at Alberta Children's Hospital. The MAPS psychosis stream serves youth age 15 years and under who have a confirmed diagnosis of a primary psychotic disorder. The primary objective is to provide early intervention and support to the child and their family through medication management/monitoring, psycho-education, psychosocial interventions, family support, school support and relapse prevention planning. Service delivery is tailored to each individual/family's needs. Resident involvement with the psychosis stream would be limited to an exposure as it could not sustain a minor rotation.

**Complex ADHD Treatment Team (CATT)** provides services for children and adolescents with treatment resistant and/or highly co morbid Attention-Deficit/Hyperactivity Disorder. The primary objective of this clinic is to significantly reduce the morbidity effects of this disorder among this complex population. The opportunity for Psychology Residents on the CATT include: 1) involvement in multidisciplinary assessments (including Psychiatry, Social Work/Family Therapy, Nursing, Speech-Language Pathology, and Occupational Therapy), 2) conducting Psychological Assessments regarding conditions that are commonly co morbid with ADHD (including learning disorders, mood and anxiety disorders, and autism spectrum disorders), and 3) to provide individual therapy using a Cognitive Behavioural Therapy model to address mood or anxiety disorders, anger/emotional dysregulation, etc. Typical assessments include psychoeducational, socioemotional assessments, as well as assessments for autism spectrum disorders. Residents would then have the opportunity to participate in multidisciplinary conferences, providing feedback to families as well as consulting with the school. Opportunities may also be available for observing family therapy addressing behavioural concerns, mood or anxiety issues, or attachment issues related to parent-child functioning.

**The Neuropsychiatry Service** is for children and adolescents with co morbid medical and mental health issues. The Neuropsychiatry Service (NPS) is a multidisciplinary team (including Psychiatry, Social Work/Family Therapy, Nursing, Speech-Language Pathology, and Occupational Therapy) that provides consultation and collaboration with involved community agencies, schools, and medical care providers. The opportunity for Psychology Residents would be to provide treatment and assessment of the co morbid anxiety, mood, ADHD, LD, adaptive and executive functioning issues.

**3. The Early Childhood and Perinatal (ECAP)** program (**Location East Calgary Health Centre)** provides 1) consultation and therapeutic intervention services to families of children between birth and kindergarten entry as well as, 2) consulting to ECAP colleagues and professionals in the community. Common referral concerns include: problems with behavioural regulation (e.g., excessive anger, tantrums, self-injurious behaviours); anxiety (separation

problems, selective mutism, withdrawal behaviours); other regulatory challenges (i.e., eating, sleeping, toileting); parent-child relationship problems; emerging developmental concerns (e.g., ASD, ADHD); and exploring the impact of parental mental health, substance use, domestic violence, neglect and/or trauma on a child's development.

In the ECAP program, the opportunity exists for residents to participate in Family Consults, Focused Consults, and Psychology Consults. Depending on the resident's background and experiences with children under five, parent-child relationship/attachment challenges, and relationship based therapies, there may also be opportunities to be involved as a co-therapist in therapy cases. All families entering the ECAP program are triaged through a Family Consult, a 90 minute screening session used to identify the program component that will best meet their needs. Residents would have an opportunity to participate as the parent therapist (interviewing parent about concerns), the child therapist (interacting with the child and informally screening development), and the observer/recorder (typing parent information, child observations, impressions, and recommendations into a summary provided to parents at end of session). Focused Consults allow a more intensive "in-depth" exploration of concerns and are designed to assist the family (and referral source) in better understanding the developmental, social-emotional, and/or relational needs of the child. Psychology Consults focus on a particular question (e.g., query ASD, parent-child relationship challenges, impact of trauma) or specific social-emotional or behavioural issue (e.g., tantrums, oppositional behaviour, aggression, separation anxiety) in order to clarify concerns, provide recommendations and strategies, and support accessing funding. Psychology Consults often co-occur with a therapy caseworker and support the ECAP therapist in better understanding and meeting child and family needs.

### 4. Northwest Community Clinic

The **Northwest Community Clinic (Location Foothills Professional Building**) is an outpatient mental health clinic providing evidence-based treatment to children, adolescents, and their families, with moderate to severe mental health problems. Our clinic provides care to youths experiencing a wide range of mental health problems, allowing for diversity of skill and enhancing breadth of experience. This rotation will provide opportunities for building skills in a variety of therapeutic modalities, including individual, parent, family, and group therapy. Therapeutic modalities emphasized vary based on the presenting problem, but typically include cognitive behavioural therapy, dialectical behaviour therapy, mindfulness, and trauma- and attachment-informed interventions. Additionally, residents will be involved with completing psychodiagnostic intake assessments for each family, and may be involved with consultation and program evaluation.

### 5. Adolescent Rotations*

The **Adolescent Inpatient Rotation* (Location Foothills Medical Centre**) is designed to develop skills in both psychological assessment and therapy to prepare residents for professional practice with adolescents and their families. Residents receive in-depth training with complex patients on mental health inpatient units, including training in psycho-diagnostic assessments, consultation, individual therapy, and group therapy. Cognitive-behavioural therapy and trauma-

and attachment-informed care are emphasized. Aspects of other therapy modalities (e.g., dialectical behavioural therapy and collaborative problem solving) are integrated into therapy. The resident will gain extensive experience working on a multi-disciplinary team in an acute hospital setting. Opportunities to conduct research may be available.

The **Addiction Centre Adolescent Program* (Location Foothills Medical Centre**) is a multidisciplinary outpatient program providing services to adolescents (13-18+ years) with a substance abuse and psychiatric or medical disorder (i.e., concurrent disorders) and their families. Residents will gain experience in diagnostic assessments with this population utilizing a bio-psychosocial model and will be trained in and gain experience in motivational interviewing, cognitive behavioural therapy, family therapy and case management. Common disorders in addition to substance abuse include conduct and oppositional disorders, attention deficit hyperactivity disorder, mood disorders, anxiety disorders, and psychotic disorders. While every resident's experience will be unique based on their caseload, it is likely that the resident will have an opportunity to work with several of these disorders. The rotation will also involve some psychological assessment experience with adolescents and adults. Other adult group and therapy experiences may be incorporated into a resident's experiences, as well as options for providing supervision to practicum students. The adolescent program is involved in ongoing research and evaluation. Interested residents may be able to get involved in research activities.

**Forensic Adolescent Program* (FAP)** (**Location Sunridge Professional Centre)**: FAP provides assessment and consultation for youth between the ages of 12 and 18 years who are in conflict with the law and are thought to have mental health problems. The majority of clients are mandated to attend by the courts. Intensive assessment is provided by an interdisciplinary team comprised of psychologists, psychiatrists, nurses, social workers, recreation therapists, and outreach therapists. Treatment is delivered in individual and group formats and is intended to address both relapse prevention and management of mental health issues. Under supervision of a psychologist, the resident's main focus is to conduct comprehensive psychological assessments (including clinical interviews, tests and gathering information from families and other collateral sources) which offer opinions regarding issues such as risk for future offending (both violent and non-violent), risk to self and the community, treatment need and likely responses to treatment.

Consultation with other members of the interdisciplinary team and community agencies may also be part of the resident role. A major rotation is primarily assessment focused but the resident may have the opportunity to provide individual therapy to youth who have committed sexual offenses. A minor rotation may be available that focusses on individual therapy for youth that have committed sexual offenses and does not have an assessment focus.

***The above Adolescent rotations at Foothills Medical Centre and Sunridge Professional Centre are part of the Calgary Clinical (Adult) Residency Program. Residents from the Calgary Clinical Psychology Residency Program have priority for these rotations and ACH residents will have access to these rotations subject to availability.**

**CHILD ABUSE SERVICE ROTATION (Location: Child Development Centre):** The Child Abuse Service is a major community resource for children and youth who have experienced abuse and their caregivers. Key areas of service include medical assessments, assessments for impact of abuse/trauma on psychosocial and family functioning, therapeutic interventions to alleviate trauma and behavioural symptoms, guidance and support for caregivers, consultation to AHS clinics and community agencies, and community education. With the opening of the Calgary and Area Child Advocacy Centre (located in the same building as the Child Development Centre), in March 2013, the Child Abuse Service, as the Alberta Health Services partner, joined with the Calgary Police Service, RCMP, Calgary Region Child and Family Services, and Alberta Justice Calgary Crown Prosecutors, to provide comprehensive and coordinated services to victims of abuse under the age of 18.

Children and youth assisted through the Child Abuse Service present with a wide array of psychological and behavioural problems, including posttraumatic stress disorder, mood and anxiety disorders, physical aggression, sexual behaviour problems, developmental delays and learning difficulties. Many have experienced multiple forms of abuse and/or complex developmental trauma, along with disruptions in caregiver relationships and home environments. Residents have opportunities to complete comprehensive psychological assessments of the impact of abuse on children's functioning, implement individual child and caregiver therapeutic interventions, provide group interventions for children and caregivers, and provide consultation to Child Advocacy Centre partners, school personnel, Child and Family Services caseworkers and other community based professionals. Evidence-based interventions include Trauma-Focused Cognitive Behavioral Therapy, Modified Parent-Child Interaction Therapy, Circle of Security Parent Training, CONNECT Parent Group, and Problematic Sexual Behavior Group Treatment for Children and Caregivers.

**DEVELOPMENTAL ROTATIONS (Location: Child Development Centre):** These rotations offer the resident the opportunity to provide diagnostic assessment, and consultation for children with complex developmental, learning, adaptive and behavioural difficulties. Over the course of the rotation, residents are expected to become members of multi-disciplinary teams by performing assessments, participating in case conferences, and liaising with community resources.

The **Autism Spectrum Disorder Diagnostic Clinic** is a multi-disciplinary clinic that serves children aged 0-18 with complex developmental delays/difficulties in the area of communication, social, behavioural, motor, cognitive, adaptive, attention and emotional functioning, with queries of Autism Spectrum Disorder (ASD). The **Consultative Diagnostic Clinic** receives referrals for children suspected of having other complex developmental, learning, adaptive and behavioural challenges, such as intellectual disabilities, language disorders, learning disorders, and ADHD.

The primary role of the Psychologist on the Autism Spectrum Disorder Diagnostic Clinic and Consultative Diagnostic Clinic is to provide tertiary level diagnostic assessment and consultation (e.g., program planning) using a family-centered approach in which parents, school personnel, and other professionals involved in the child's care (e.g., Speech-Language Pathologists) are important members of the team.

**Cumulative Risk Diagnostic Clinic (CRDC)** is a multidisciplinary team that assists in the identification and diagnosis of children who have been either affected prenatally by alcohol and or have experienced multiple risks and negative prenatal and postnatal exposures in the context of presenting with learning and developmental difficulties. This clinic follows the Canadian Guidelines for Diagnosis of Fetal Alcohol Spectrum Disorder (2004, 2015) when evaluating children for an FASD diagnostic question. The team assumes a cumulative risk approach when conceptualizing the presentation of each patient and functional profiles of a child's/youth's abilities is outlined. Standardized psychometric tools, including neuropsychological tests, are utilized by the psychologist on this team, who also assists in developing management plans for the child/youth and provides follow-up consultation to, patients, caregivers and schools/programs and community partners.

The **Neonatal Follow-up Clinic** (location Child Development Centre) provides assessment, intervention, consultation and early referral for infants and young children at risk of neurodevelopmental difficulties secondary to extreme prematurity, extremely low birth weight and/or early complex medical/surgical interventions. Multidisciplinary evaluations are scheduled at key ages from birth to age 5. The Psychologist conducts cognitive, developmental, and behavioural assessments and consults with other providers in a collaborative family centred approach. Opportunities for residents may include developing assessment skills with infants and preschoolers, participating in research, and working with families on developmental and behavioural issues.

## II. PEDIATRIC PSYCHOLOGY DOMAIN

Pediatric psychology is one of the core areas of service provided by psychologists at ACH, and psychologists are currently involved with the majority of medical clinics. Along with the Child Clinical Domain, the Pediatric Psychology Domain forms one of the cornerstones of training for psychology residents. Rotations in pediatric psychology provide residents with training in assessment, treatment, program development, and planning for children and families presenting with a wide range of clinical concerns. Psychologists and residents participate in multi-disciplinary healthcare teams in a collaborative model of care for the child patient and his/her family. Throughout their rotation, residents will gain experience in the multitude of roles performed by pediatric psychologists, including consultation to the teams and multi-disciplinary healthcare treatment planning, as well as more traditional individual and family clinical psychological services.

All clinics are composed of multidisciplinary teams consisting of medical specialists, nurse clinicians, psychologists, social workers and other allied health staff as needed.

The team psychologist typically assesses and treats those children who struggle with the following challenges:

- Non-adherence with medical treatments resulting in substantial risk to the patient.

- Biopsychosocial factors causing acute exacerbation of medical condition or impacting illness presentation.
- Medical conditions resulting in psychological problems that have a major impact on other areas of functioning.
- Preparation for invasive procedures and surgery.
- Pain management.
- Medical anxiety and trauma.
- Somatic Symptom Disorders.

The most frequently employed treatment modalities are cognitive behavioural strategies such as relaxation and guided imagery training, systematic desensitization, medical hypnosis, motivational interviewing and acceptance and commitment therapy. Individual child/adolescent, parent and family psycho-educational counselling, and group therapy are offered.

**MEDICAL PSYCHOLOGY ROTATION (Location: ACH)** A major rotation in Medical Psychology typically is focused in one clinic area complemented by training opportunities in other medical clinics, depending upon a resident's interests and availability of supervisors.
Options include:

- **Burn Team:** The psychologist's role is mainly in relation to pain management (e.g. debridements), disability adjustment (e.g. scars), medical compliance (e.g. wearing garments), and reactions to accidents (e.g. fear of fires). The Burn Team meets once weekly, and most referrals come via the physiotherapist/Coordinator of the Team. Psychology is involved in both inpatient and outpatient care. Residents can become directly involved in cases of disability adjustment and reactions of children who have been burned, including pain management. The base rate of referrals is highly variable and often the children are very young, age 2 to 3 years.

- The **Cardiology** psychologist assesses and treats children and adolescents living with a variety of heart conditions such as congenital malformations, heart transplants, and rhythm disorders (e.g., Long QT Syndrome). Residents will likely be exposed to more acute and serious medical presentations in this rotation. Medical trauma (e.g., cardiac arrest), life sustaining treatment adherence (e.g., transplant rejection medication), somatic symptoms (e.g., chest pain, dizziness), and adjustment to chronic illness (e.g., dealing with scars after open heart surgery), are the primary presenting concerns of Cardiology patients.

- The **Diabetes/Endocrine Clinic** psychologists address the needs of children and adolescents with Type 1 and Type 2 diabetes as well a variety of Endocrine disorders (e.g. Turner syndrome, hypothyroidism, growth hormone insufficiency, precocious puberty). The most common presenting problems referred to psychology are adjustment to diagnoses, adherence to treatment regimen, needle phobia and learning concerns related to an Endocrine condition. Treatment modalities include both individual and group therapy using cognitive behavioral, behavioral and motivational interviewing approaches.

- The **Gastrointestinal Clinic** team at ACH is comprised of gastroenterologists, registered nurses, pharmacy, registered dieticians, psychology, social work, and child life. The psychologist on the team provides assessment, treatment and consultation to children and adolescents with a diverse range of chronic and acute gastrointestinal disorders (e.g. functional abdominal pain, inflammatory bowel disease, irritable bowel syndrome, dysphagia, eosinophilic esophagitis, rumination syndrome, encopresis, cyclic vomiting syndrome, etc.) and diseases of the liver (including pediatric patients who have undergone liver transplant). The GI Clinic psychologist also provides psychological services to pediatric patients with intestinal failure who are followed by the *Children's Hospital Intestinal Rehabilitation Program (CHIRP)* at ACH. Residents completing a rotation within the GI Clinic will enhance their general knowledge and skills in pediatric/medical psychology as well as receive clinical supervision in the specialized practice of psychogastroenterology (i.e., the application of psychological science and practice to gastrointestinal health and illness). Clinical work includes the assessment and treatment of psychosocial factors (e.g., anxiety, mood, interpersonal difficulties, trauma) that may be influencing symptom presentation via the brain-gut axis, supporting adjustment to diagnosis and coping with chronic illness, addressing medical anxiety/phobias that are impairing medical treatment, and providing non-pharmacological management of impairing physical symptoms (e.g., pain, nausea, vomiting). Residents completing rotations within the GI Clinic will be expected to complete assigned readings within psychogastroenterology for discussion in supervision and to support their clinical training. Although the psychologist primarily provides outpatient services, some inpatient work does occur and can be arranged if this is of interest to the resident. Theoretical orientations/approaches to psychological treatment utilized in the GI Clinic include cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT), narrative therapy, motivational interviewing, gut-directed medical hypnosis, and attachment-informed interventions.

- **The Haematology, Oncology, and Blood and Bone Marrow Transplant (HOT) Program** addresses the needs of children and adolescents with chronic blood diseases (e.g., aplastic anemia, sickle cell disease), cancer (e.g., leukemia, brain tumors), and medical conditions that may require a blood or bone marrow transplant. Children and adolescents seen in this program are followed from diagnosis through to their long-term survivorship. Areas of practice include adjustment to illness, management of subsequent mood and anxiety symptomatology, management of the physical consequences of disease (e.g., nausea, pain) and monitoring for late effects of treatment including cognitive and psychosocial difficulties. The psychologists are involved in inpatient and outpatient care and also engage in clinical research within the program.

- The **Nephrology/Urology Clinic** psychologist supports the needs of children and adolescents with kidney disease and/or failure as well as bladder and voiding problems. Common reasons for referral include adjustment (e.g., to diagnosis or treatment), preparation for kidney transplantation and other surgical interventions (e.g., bladder augmentation), medical anxiety (e.g., needle phobia), pill swallowing, adherence to treatment regimen, behavioural treatment for voiding challenges, as well as assessment of cognitive and learning challenges associated with chronic kidney disease.

- The **Neurosciences Clinics** serve children and adolescents with a wide range of neurological disorders, including epilepsy, neuromotor and neuromuscular disorders (e.g., cerebral palsy, spina bifida), traumatic brain injury, chronic headache/migraine, and functional (conversion) disorders. The Neurology team includes pediatric neurologists, nurse specialists, neurophysiology technicians, speech/language pathologists, occupational therapists, physiotherapists, social workers, pharmacists, dieticians, and clinical psychologists. Reasons for referral to Psychology are wide-ranging, and include supporting adjustment to neurological condition, improving medical treatment adherence, supporting pain management and functional restoration, treating somatic and functional neurological symptoms, processing medical-related trauma, and assessing and treating other mental health concerns that have developed within the context of the patient's medical journey. Patients and their families present diverse, interesting, and often complex and challenging psychological and social issues. A psychology resident in this clinic has the opportunity to provide individual and workshop-based interventions using various theoretical orientations, including cognitive behavior therapy, acceptance and commitment therapy, behavior therapy, attachment-based intervention, relaxation- and mindfulness-based strategies, etc. The ACH also has one of the only pediatric biofeedback labs in Canada, which is for psychophysiological assessment and treatment of a variety of conditions including chronic headache, pain, dysautonomias, and functional neurological disorders.

- **Orthopedics/Juvenile Amputee Clinic:** The psychologist's role on the Orthopedic and Amputee Clinics spans a variety of adjustment issues in relation to medical procedures, rehabilitation, surgery and injury/amputation. This might include assessing the child's and the families' readiness for procedures (e.g., Ilizarov) and facilitating adaptive coping with pain and medical challenges over the course of treatment. Enhancing medical adherence, managing pain, and overcoming medical fears/trauma are frequent therapeutic objectives. The opportunity exists for residents to learn about the impact of invasive medical procedures or trauma injuries on children, and to assist in their adjustment with pain, coping, and disability.

- **The Pediatric Centre for Weight and Health (PCWH)** is part of Alberta Health Services' provincial Pediatric Weight Management initiative, a comprehensive approach to preventing and managing pediatric obesity and related medical comorbidities. The PCWH at Alberta Children's Hospital is a multidisciplinary, family-focused clinic that serves children and adolescents who have a body mass index (BMI) greater than or equal to the 85th percentile and/or medical comorbidities that could benefit from healthy lifestyle management. The psychologist's role in the PCWH clinic includes assessment, treatment, and consultation. Assessments are family-centered and focus on identifying readiness for healthy lifestyle change (e.g., motivation, confidence, available support, strengths/barriers/maintaining factors) as well as assessing for the presence and extent of associated social-emotional issues (e.g., poor self-esteem, negative body image, symptoms of anxiety/mood disorders, social stigma and distress related to weight, disordered eating patterns, etc.). Treatment (individual or group) may include motivational interviewing, behaviour modification, cognitive behavioural therapy, mindfulness strategies, and/or parenting education and training. The psychologist works closely with other team members within the PCWH (pediatricians, nurse, social worker, dieticians, and exercise specialist).

- **Pediatric Eating, Feeding, and Swallowing Service**: offers a multidisciplinary approach for the evaluation and treatment of infants, children and adolescents with a variety of feeding problems. The team consists of a clinical psychologist, dietitians, occupational therapists and speech language pathologists. Children/adolescents may have a primary feeding problem without any other diagnosis or may have comorbid diagnoses such as an Autistic Spectrum Disorder or Intellectual Disability. Feeding problems may be associated with premature birth or other medical conditions which may have interfered with the development of eating skills. The psychologist works closely with other team member, initial assessments are often jointly conducted. Psychological treatment may take the form of parent counselling or individual work with children and adolescents.

- The **Respiratory Clinic** follows children and adolescents with a variety of lung diseases (e.g., Cystic Fibrosis (CF), and Asthma). The most common psychology referrals include respiratory somatic symptom disorders (e.g., habit cough, vocal cord dysfunction), adjustment to life-limiting illness (e.g., CF), challenges with complex treatment adherence, and medical anxiety/trauma. There is potential for both inpatient and outpatient training in this rotation as children who have a CF diagnosis often require two week hospital admissions for illness management. Within the Respiratory Clinic, the psychologist is also part of a specialized service that uses a multidisciplinary approach to manage severe and difficult to control asthma (i.e., Intensive Management Asthma Clinic: IMAC). Families followed in IMAC represent a diverse population in regards to ethnicity, social economic status and health beliefs/practices.

- **Rheumatology Clinic:** The psychologist's role on the Rheumatology Clinic is to assist children in coping with long-term, and often relapsing medical conditions (e.g. arthritis, uveitis, lupus, etc.). Often, the children are frustrated by the limitations imposed by their illness or by the medical interventions they must undergo, and the focus of Psychology is directed toward helping children find ways to cope with illness. This can include coping with pain or limitations to physical activity; managing anxiety around procedures and needles; managing unpleasant side effects of medications (e.g. nausea, vomiting); or assisting with pill swallowing. The opportunity exists for residents to attend clinic meetings, and to provide counselling to children who have a variety of long-standing medical conditions.\

- **Sensory (Hearing) Clinic:** The psychologist's role on the Sensory Clinic is to help children and families cope with hearing loss and medical procedures. In the case of young children, this often involves helping the child and parents adjust to the use of hearing aids, and preparation/follow-up regarding cochlear implants. With older children the psychologist's role includes helping children with a range of behavioural concerns associated with hearing loss such as social isolation and bullying. The psychologist also conducts cognitive assessments. The clinic team meets on a regular basis through team meetings, clinic conferences, and chart reviews. Residents can also provide individual treatment for children with emotional concerns related to hearing loss. Some activities, such as counseling with signing interpreters, intellectual assessments of children with significant hearing impairment, and surgical preparation may be less appropriate for direct resident involvement, but may provide observational opportunities.

- The **Sleep Clinic:** The Sleep Clinic team psychologist offers behavioural/psychological interventions for infants, toddlers, children, and adolescents suffering from a range of sleep problems secondary to a complex medical presentation (e.g., developmental/neurological disorders; genetic disorders). These sleep difficulties include sleep association problems, limit setting issues, insomnia, night waking, parasomnias (e.g., night terrors, sleep walking, delayed sleep phase, nightmares), and narcolepsy. Parents are often heavily involved in treatment.

- **Vi Riddell Children's Pain and Rehabilitation Centre:** Psychologists within the Vi Riddell Children's Pain and Rehabilitation Centre provide consultation and support to children and adolescents involved in a variety of pain programs including the Headache Clinic, the Complex Pain clinic, and the Intensive Pain and Rehabilitation program. The psychologists provide individual and group treatment to improve youths' abilities to cope with pain and to improve their functioning despite pain. These interventions include: cognitive behavioural approaches, self-hypnosis, acceptance and commitment therapy, relaxation and imagery, graduated behavior rehearsal, reactivation and pacing.

  There are also opportunities to participate in the program's one-day workshop ("The Comfort Ability") focusing on pain management that includes both youth and parent components. The Complex Pain clinic provides opportunity to participate in multidisciplinary team assessments along-side nurses, physiotherapists, family therapists, and anesthesiologists. Whereas the Intensive Pain and Rehabilitation Program provides opportunities to participate in a 3-week day treatment program designed to increase functioning for children and adolescents with persistent pain who have not benefited from outpatient treatment.

## PEDIATRIC NEUROPSYCHOLOGY ROTATION: (LOCATION: ACH)

- **Pediatric Neuropsychology** residents may choose as a major rotation *only*. There are currently five neuropsychologists at Alberta Children's Hospital and our service covers the entire hospital. There are approximately five areas of expertise in pediatric neuropsychology, including brain injury, epilepsy-surgery, oncology, rehabilitation, and/or general neurology/neurosurgery. Residents can indicate which area(s) they have an interest in and can be matched with an available supervisor. Duties would include consultation and assessment, and possible patient/family support. Because of the specialized nature of the neuropsychology rotation, academic preparation and practicum experience within the area of neuropsychology are necessary. We strongly prefer that resident applicants meet the guidelines put forth at the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. **To be considered for the pediatric neuropsychology rotation, applicants must have the following credentials at the time of application (or provide evidence of the following completed by the end of the current practicum):**

  1. 500 hours of formal neuropsychological practicum experiences (with a minimum of 200 hours spent in face-to-face neuropsychological activities, at least 100 of these hours must involve contact with children)

2. at least eight comprehensive neuropsychological assessment reports (ideally involving pediatric patients) completed
3. completion of a graduate-level course in neuropsychological theory/assessment, and child development

Please specifically list each of the following separately in your cover letter:

1. Number of comprehensive neuropsychological assessment reports written (including only cases for which you conducted most of the interview and testing, integrated the test results, and provided a case formulation/interpretation and recommendations)
2. Number of hours completed in neuropsychological practicum
3. Number of hours of face-to-face neuropsychological activity (including interviews, test administration, feedback, and interventions, if applicable)

## *DESCRIPTIONS OF MINOR ROTATIONS*

Minor Rotations offer training in service areas not chosen as Major rotations so that residents can tap the breadth of training opportunities the Discipline of Psychology has to offer. Minor rotations do not have to be within both the Child Clinical and Pediatric domains (e.g. both Minors could be in one of these domains depending on residents' interests).

A Minor Rotation can range from 1 to 1 ½ days per week over a five-month period, or two can be combined for shorter durations. Therefore, residents can expect to have significant exposure in two or more areas beyond their Major Rotations during the year.

In addition to the minor rotations listed in the tables on page 11, we offer a minor rotation training in clinical research or program development:

- **Clinical Research/Program Development:** In order to more fully experience the scientist-practitioner model, this Minor Rotation allows the resident the opportunity for exposure or participation in clinical research or program development or evaluation. The resident can observe and discuss research projects and program development or evaluation projects of clinicians. The resident might also become a temporary member of an ongoing research or program evaluation project, develop a small, time-limited project, or take on the development of a research protocol that would be completed by staff after the resident has completed the Residency, with the resident getting full credit for his or her contribution. Any original research is, of course, subject to approval by the appropriate Research Committee. In order to illustrate the research and scholarly interests of Psychology staff, a listing of representative recent publications is included at the end of this Brochure.

## *INTER-SESSION*

A two-week Inter-Session period follows the end of the first clinical rotation. The intent of this period is to help residents complete work from the first rotation, meet new supervisors and become oriented to the second rotation. Part of the Inter-session may be spent in focused reading and inservice experiences directed at preparing the resident for clinical assessment and treatment of children and families seen in the next rotation.

## *WRAP-UP*

The last two weeks of the Residency are dedicated to completion activities: case closures, final documentation, evaluations and the like. This is often one of the busiest times of the training year with the conclusion of clinical work, year-end review and the granting of Certificates of Successful Completion.

## *EDUCATIONAL ACTIVITIES*

**Psychology Resident Seminar Series.** Residents participate in the monthly Psychology Resident Seminar Series. This will include serial and focused presentations and discussions in the areas of assessment, intervention, and special clinical topics/professional issues. These activities provide opportunities to reflect upon the integration of theory and research with daily clinical practice, including reviews of relevant literature.

Residents are encouraged to take advantage of the wide range of educational opportunities provided through the Discipline of Psychology, the Hospital and various Child Health and Child and Adolescent Mental Health programs and clinics. These include presentations by local experts as well as by nationally and internationally recognized authorities.

**Intern Interhospital Seminar Series.** Attendance at the monthly Intern Interhospital Seminar Series is for the most part optional, although attendance at some presentations is mandatory. These seminars give residents from the ACH residency and interns from the Calgary Clinical (Adult) Residency an opportunity to meet each other and share experiences. They include topics of interest to both child and adult-focused interns/residents and are presented by members of the training staffs of the various Calgary hospitals and other agencies.

**Presentations to Psychology Staff**. Residents present to the psychology staff in the latter part of the training year on a topic of their choice.

**Training in Supervision.** The Discipline offers practicum experiences to graduate students enrolled in the Program in Clinical Psychology at the University of Calgary (CPA Accredited). Residents will participate in the Discipline's training program to gain expertise in clinical supervision. This includes didactic sessions on the ethics of supervision, models of supervision,

and reviews of relevant literature. Resident's supervisory sessions with graduate students are directly supervised.

**Training in Crisis Intervention.** Supervising psychologists within the Residency program assess and treat children and families experiencing life-threatening medical and mental health emergencies (e.g., serious accidents, diagnosis of serious illness, suicidal ideation and gestures, child abuse). Such situations may arise in the course of residents' participation in a particular rotation and afford an opportunity for supervised training in crisis intervention. Residents will be closely supervised by Psychology staff and will collaborate with other professionals.

**Training in Cultural and Individual Diversity.** AHS, Calgary Zone has a strong commitment to multicultural issues. A Multicultural Committee was struck in 1990, and several Psychology staff played key roles in the development of this committee, which now has a broader perspective as a Diversity Committee. The Diversity Committee's goals include: increasing awareness in staff of different cultures and their traditions; facilitating communication and understanding through inservice training, workshops, cultural days and special events; and providing support to children and families from diverse groups, such as accessing trained healthcare interpreters. AHS, Calgary Zone, has an active involvement in innovative approaches to health care for First Nations People including the Aboriginal Liaison Program at ACH.

Consistent with the AHS commitment, the Residency attempts to enhance our residents' exposure to issues of cultural and individual diversity. The Residency requires 40 hours of focused work in the area of cross-cultural psychology. This can be met through a combination of attendance at didactic and educational presentations and direct clinical work with children and families of cultural and individual diversity. Other seminars and presentations will be arranged to meet the particular needs and interests of residents. Cross-cultural issues and topics pertaining to other issues of individual diversity (e.g., counselling LGBTQ clients) are presented in the Psychology Seminar Series and the Intern Interhospital Seminar Series. Apart from these specified educational and training opportunities, residents will have clinical contact with children and families from culturally and individually diverse backgrounds in their rotations.

## *RESIDENT FUNCTIONS, RESPONSIBILITIES AND EXPECTATIONS*

The Residency experience is designed to be an integrated and intensive training experience in child clinical and pediatric psychology. The resident will also have substantial responsibility for major professional functions in the context of appropriate supervisory, administrative and educational support. A careful balance will exist between caseload and training experiences.

Within the "family centered" care model of ACH, the resident will be responsible for the full range of clinical services, including history taking, assessment, diagnosis, treatment, follow-up and consultation. Psychological assessment may include all or part of cognitive, psycho-educational, behavioural, attachment, and familial techniques. The resident may have a preferred clinical intervention model, and refinement of his/her specific approach will be supported. However, the resident is expected to become familiar with other major clinical frameworks and gain exposure to the broader range of approaches employed by psychology staff.

Caseload requirements will be dependent on the area to which the resident is assigned and will take into account the resident's goals for the Residency. Given the multi-disciplinary nature of professional care across the training sites, residents will gain specific training in consultation with other health care professionals and community agencies. Where assigned to a clinic or program, the resident will be expected to be involved in clinic or program functioning. Prerequisite skills (at the Practicum level) in all areas of clinical functioning are expected. In the event of a lack of skill in any area deemed critical to clinical functioning, outside reading and/or compensatory practice may be assigned.

The hours of training will generally average 38.75 hours per week. Psychology may, at times, conduct evening programs; residents may choose to participate, although this is not mandatory. Residents are expected to amass between 1600 and 2000 hours of supervised experience, which is consistent with the expectations of the CPA accreditation program. Residents are expected to work toward a minimum of 12 hours of direct client contact per week, but no more than 15 hours per week. Clinical activities will comprise no more than two thirds of a resident's time, with supervision, didactic seminars, literature reviews, and research options allocated for the remainder of the time. The resident will comply with all AHS and Discipline regulations, including recording of professional time, personnel requirements, confidentiality, and the release of patient information. In addition, residents will be expected to complete Discipline, Hospital, and AHS, Calgary Zone orientations.

The Residency has developed policies and procedures to protect the rights of residents. These are reviewed with the residents in the Orientation period and included in the Orientation Manual.

**Resident Advisor.** At the beginning of the residency year, a staff member from the Discipline of Psychology is appointed by the Director of Training as the Resident Advisor. This individual is chosen from staff members who will not have any direct supervisory duties with the residents for that particular year. Although the role of the Resident Advisor is intended for personal and professional support, it is also a safety valve for any concerns related to dilemmas, disagreements or possible harassment. The Resident Advisor would chair the tribunal should it be necessary to adjudicate a resident's appeal about decisions related to probation or termination.

A **Residency Professional Issues Group** conducted jointly by the residents and the Resident Advisor is offered to each year's residency class at the beginning of the Residency year. The group is intended to provide a forum for sharing professional identity and developmental issues and whatever other content deemed appropriate by the group. The group is collegial and confidential in nature and therefore not evaluative. It is not a therapy group. After residents have had the opportunity to meet on several occasions, they can then decide whether they would like to continue meeting.

## *ADMINISTRATION OF THE RESIDENCY*

The Training Committee plays a central role in the administration and operation of the Residency. The Director of Training chairs the Committee, which consists of the Discipline Leader, primary supervisors, major rotation supervisors, a psychology representative from each of the three major sites (ACH, CDC, RRDTC) and all three residents. As full members of the Training Committee, the active participation of the residents is critical. Rotational supervisors are only required to attend during the period they supervise a resident. Attendance is optional but encouraged for minor supervisors. The Committee usually meets on a monthly basis.

The Committee is charged with the overview of the selection process of new residents, approval of the residents' yearlong plans, and liaison with residents. It advises the Director of Training about the operation of the Residency. Designated members of the Training Committee carry out other activities, such as the revision of residency policies and procedures under the leadership of the Director of Training.

## *SUPERVISION AND EVALUATION*

Residents can expect a minimum of four hours of individual supervision per week from a primary supervisor and/or rotation supervisor. Although evaluation is an ongoing process, formal written evaluations will occur at the mid-point and at the end of each rotation. Evaluation is an interactive process between the resident, the primary and/or rotation supervisor and the Director of Training, and will be communicated to the resident's Director of Clinical Training in summary format. In an effort to maintain quality training, residents must evaluate their supervisors and the rotations.

Two meetings (Program Retreat and Program Review), attended by the residents as an integral part of the Training Committee, are held near the end of each Residency year. These meetings review and address areas such as the accuracy and appropriateness of the brochure, application and selection procedures, orientation to the hospital and Residency, rotational assignments, supervisory assignments and process, seminar program, evaluation, and personal/professional needs and logistical supports. They give residents and staff an opportunity to reflect on what worked well as well as challenges during the year in regards to the residency program. Discussion and plans for philosophical and structural changes to the Residency are encouraged, as well as residents' suggestions about specific modifications to the program. A formal audit of the Residency's success in achieving its goals and objectives is also undertaken when the training year has been completed.

## *FACILITIES*

The Discipline of Psychology is a contributing profession within Child Health, Child Development and Child and Adolescent Mental Health. Psychology staff members have permanently assigned offices within their areas of assignment across the sites, as well as access to interview and therapy rooms with observational and audio-visual capability. A biofeedback room

is located at the ACH site. Residents have access to testing materials and computer scoring programs. The CDC also provides a formally designated Resident's office, test library and interview, assessment, treatment rooms with observational and audio-visual capacity. A Resident workspace within a student office, as well as a test library and assessment and treatment rooms, with observational and audiovisual capabilities, are located in the Child and Adolescent Mental Health Specialized Services at the RRDTC. A resident office or workspace is available in Adolescent rotations.

Within each resident office there is lockable file space, bookshelves, and a phone line with electronic voice mail. Residents can also book appropriate therapy rooms. Residents most often utilize the clinical space allocated to the programs and clinics associated with their major rotation. Each resident office is wired for internet access and provides a computer and linked printer. In addition, there are other computer stations that are accessible to residents. Each resident is given an E-mail account at the beginning of the training year.

The ACH site has an in-house library of current books and periodicals related to child and family health and mental health issues. In addition, the library is integrated into the network of the University of Calgary's general and medical collections and has full on-line card and search capabilities. Each resident is issued hospital library access as part of the Orientation and has full use of these facilities. The library also has an Inter-Library Loan service that residents can access. The small Psychology library contains relevant professional (e.g. copies of Standards and Codes of Ethics) and scholarly scientific literature.

ACH also provides a wide range of recreational facilities for staff and social functions in which residents can choose to participate.

As part of a teaching hospital, the Discipline liaises with the University of Calgary and the Behavioural Research Unit at the CDC. A number of Supervisory staff hold cross appointments at the University and actively teach in Clinical Psychology, Applied Psychology, Psychiatry and Pediatrics.

## *ACCREDITATION*

The 2021-2022 year will be the 36$^{th}$ year the Residency has been in existence. It was accredited by the Canadian Psychological Association for a five-year period in November 1987. It was thereafter re-accredited by both the Canadian and American Psychological Associations for additional 5 year periods in 92-93, 97-98 and 02-03 and a 7-year period in 07-08. During the 15-16 year the Residency was re-accredited by CPA for a six year term. Accreditation by the American Psychological Association voluntarily ended on August 31, 2008 in accordance with the APA Committee on Accreditation decision to stop accrediting programs in Canada.

The CPA Accreditation Panel can be reached at the following address: Canadian Psychological Association, Accreditation Panel, 141 Laurier Ave. West, Suite 702, Ottawa, Ontario K1P 5J3; Phone: (613) 237-2144

As a member of the Association of Psychology Post Doctoral and Internship Centres (APPIC), the Residency conforms to the guidelines and uniform notification and acceptance dates. **The Residency will participate in the APPIC computer-matching program. For details, see Applications, Deadlines and Notification section.**

## *ELIGIBILITY, STIPENDS, AND DATES*

Applicants to the Residency must meet certain eligibility requirements before they are considered. They must have achieved doctoral candidacy and had their dissertation proposal approved by their university within graduate programs in CPA or APA accredited clinical or professional psychology programs prior to the residency application due date. They must have completed supervised practicum training in basic assessment and therapy with a minimum of 600 hours (including direct and non-direct hours). Successful candidates typically have 1000 hours or more, with a significant proportion of work with children and families. We understand that students' practicum experiences and hours may have been impacted by COVID-19 and will consider this when reviewing applications. **Please see additional requirements on page 23-24 for the rotation in Pediatric Neuropsychology**. We received 47 completed applications for three Residency positions for the 2020-2021 training year. **In accordance with Canadian Immigration policy, priority must be given to Canadian citizens and to graduate students attending Canadian Universities who can demonstrate that they are eligible to work in Canada.**

Three pre-doctoral residency positions are offered with a stipend of **$37, 500** each. Residents are eligible for a basic medical benefits package, three weeks' vacation, and 11 statutory holidays. **Completion of a satisfactory Criminal Record Check and Vulnerable Sector Search is required prior to commencing employment.**

As a full time training program, the Residency will commence on September 7, 2021 and finish August 26th, 2022.

## *APPLICATIONS, DEADLINES AND NOTIFICATION*

Enquiries should be directed to:

**Dr. Laura Kaminsky, Director of Training**
**Pre-doctoral Residency in Pediatric and Child Psychology**
**c/o Diabetes and Endocrine Clinic**
**Alberta Children's Hospital**
**2888 Shaganappi Trail NW**
**Calgary, AB T3B 6A8**
**Phone: (403) 955-7032; Fax: (403) 955-7639**
**e-mail:** laura.kaminsky@albertahealthservices.ca

**website: http://www.albertahealthservices.ca/assets/programs/ps-1883-psych-pediatric-residency-brochure.pdf**

**All applications should be made using the APPIC online application process.**

The application consists of two parts:

1. APPIC Application for Psychology Internship (AAPI) for the 2021-2022 year which may be accessed at: http://www.appic.org.

2. Supporting materials required include:
   1) A current curriculum vitae;
   2) Official graduate transcript;
   3) Letters of reference from three professionals, two of whom can attest to your applied psychology experiences. Applicants should be aware that the Residency may directly contact referees who provide letters to obtain further information. Although we will accept letters in any format, we would prefer that referees follow the CCPPP Guidelines for Letters of Reference. These Guidelines are available on the CCPPP website: http:/www.ccppp.ca/en/letters-guidelines.html
   4) A cover letter which describes what you hope to achieve from the Alberta Children's Hospital Residency and **indicates your first choices for major rotations in both domains of Pediatric (please specify preferred medical clinic) and Child Clinical (Mental Health (please specify preferred clinic), Child Abuse or Developmental)**. Please review rotation selection and descriptions in the brochure on pages 10 – 24. Your choices will not affect your eligibility. Applicants whom are requesting a rotation in Pediatric Neuropsychology must include additional information in their cover letter (please see page 23-24)
   5) Please note, typically applicants with a minimum of **10** child integrated reports would be considered for interviews. Please see additional requirements on page 23-24 for applicants requesting a major rotation in Pediatric Neuropsychology. We understand however, that applicants training may have been impacted by COVID-19 and will consider this when reviewing applications.

**Deadline for application is November 16, 2020.** The Residency participates in the APPIC computer-matching program and successful applicants will be notified accordingly. Applicants must obtain an Applicant Agreement Package from National Matching Services Inc. and register for the Matching Program in order to be eligible to match to our program. Applicants can contact NMS through the Matching Program web site at www.natmatch.com/psychint or at National Matching Services Inc., 595 Bay Street, Suite 301, Box 29, Toronto, Ontario M5G 2C2.

Please note our endorsement of the following statement:

*This internship site agrees to abide by the APPIC Policy that no person at this training facility will communicate, solicit, accept or use any ranking-related information from any intern applicant prior to Match Day.*

**Applicants will be notified on December 4, 2020, if they will be offered an interview and interviews will be scheduled on December 7, 2020**. **Interviews will take place January 25-**

**29, 2021 and will be provided via Zoom. In person interviews will not be offered.** Applicants will interview with two members of the training staff via Zoom and have a private Zoom meeting with one of the current residents. The interview and meeting with a resident can take up to 2 ½ hours.

## Impacts of COVID-19

As of the most recent update of this brochure in August, 2020, most clinicians and residents were seeing the majority of patients via virtual platforms (e.g. Zoom) with the exception of inpatients, urgent patients and patients with select in person medical appointments. The hope is for increased in person patient appointments to be offered over the course of the 2020-21 residency year depending on cases of COVID-19 and direction from Alberta Health Services. Residents in the 2020-21 residency class are scheduled to attend residency in person. Assessment oriented rotations have been moved to the second term for residents in the 2020-21 residency year given that those services were suspended at the time that this brochure was updated. Our program strives to ensure that residents are feeling safe and supported and continue to receive a high quality training experience.

## *PRIMARY AND ROTATIONAL SUPERVISORS*

**Dr. Kris Belanger**

Ph.D., 1999, University of Waterloo, Clinical Psychology. Child Abuse Service. Interests include working with caregivers to support maltreated children using a variety of attachment-based intervention models (e.g., parent groups and dyadic therapy) and intervening with families in the peri-traumatic phase.

**Dr. Taryn Bemister**

Ph.D., 2014, University of Calgary, Clinical Psychology. Adolescent Inpatient Rotation Interests include: child and adolescent mental health, psycho-diagnostic assessment, individual and group therapy, trauma- and attachment-informed care, and third-wave CBT (mindfulness, self-compassion, and DBT-based interventions).

**Dr. Andrea Bliss**

Ph.D., 2013, University of New Brunswick, Clinical Psychology. MAPS, Obsessive Compulsive Disorder (OCD) Program. Interests include assessment and treatment of OCD and related disorders in children and youth.

**Dr. Kristina Brache**

Ph.D., 2015, University of Victoria, 2015. Addiction Centre, Adolescent Program. Interests include, assessment and treatment of substance use disorders concurrent with psychiatric disorders and other medical conditions, cognitive-behavioural therapy, family therapy, interpersonal therapy, and group therapy for substance abusers.

**Dr. Brian Brooks**

PhD, 2005, University of Calgary, Clinical Psychology; Fellowship training 2005-2007: BC Mental Health & Addiction Services and NeuroHealth Research & Rehabilitation. Neuropsychology rotation. Clinical work involves neuropsychological assessment of youth with acquired brain injuries (e.g., concussion/traumatic brain injury, stroke, hydrocephalus, hypoxic-ischemic events). His current research focuses on outcome after acquired brain injury, performance validity tests, and test psychometrics.

**Dr. Deborah Brown**

Ph.D. 2003, University of Calgary. Forensic Adolescent Program, Sunridge Professional Centre. Her interests include adolescent forensic psychology, including assessment of risk for violence, criminal recidivism, sexual recidivism and psychopathy. She completes court ordered assessments on individuals who have been charged with a criminal offence under the Youth Criminal Justice Act to provide treatment recommendations and risk of recidivism. She has specific interest in individuals with autism spectrum disorders and youth who have committed a sexual offence. She is a Training Committee Member of the Calgary Clinical (Adult) Psychology Residency.

**Dr. Torie E. Carlson**

Ph.D., 2002, Counselling Psychology, Ball State University. Psychologist in Vi. Riddell Pediatric Pain and Rehabilitation Centre. Clinic interests include: assessment and treatment of acute and complex pain in children and adolescents, burns, medical hypnosis and biofeedback.

**Dr. Ryan C. Day**

Ph.D., 2002, Washington University. Psychologist in the Forensic Adolescent Program, Sunridge Community Health Centre. His interests include adolescent forensic psychology, including assessment of risk for violence, criminal recidivism, sexual recidivism and psychopathy; personality assessment; psychodynamic psychotherapy; sleep disorders.

**Dr. Jennifer Douglas**

Ph.D., 2016, Simon Fraser University, Clinical Psychology. Northwest Community Clinic interests include: child and adolescent mental health, individual therapy, family therapy, group therapy, attachment-based interventions, CBT and third-wave CBT interventions (mindfulness, ACT, DBT).

**Dr. Kelley Drummond**

Ph.D., 2013, University of Toronto, School and Child Clinical Psychology Program. Complex ADHD Treatment Team. Interests include assessment and treatment of neurodevelopmental disorders, including ADHD and autism spectrum disorder, and co-occurring learning, disruptive behaviour, mood and anxiety disorders.

**Dr. Taryn Fay-McClymont**

Ph.D., 2009. The Ohio State University, Clinical Child Psychology. Postdoctoral Fellowship in Pediatric Neuropsychology, 2011, Alberta Children's Hospital. Pediatric Neuropsychologist in the Hematology, Oncology, and Transplant (HOT) and Neurosciences Programs; Adjunct Associate Professor, Dept. of Pediatrics, Cumming School of Medicine, University of Calgary. Interests include neuropsychological and neurobehavioral outcomes of neurological and medical disorders in children and adolescents.

**Dr. Jennifer Ference**

Ph.D., 2018. University of Calgary, Clinical Psychology. Neurosciences and Sleep Clinics. Interests include psychosocial adjustment to complex medical presentations and diagnoses, as well as assessment/treatment of internalizing and externalizing disorders which are related to health and medical care. Interventions used include predominantly CBT and ACT for individual patients, as well as attachment-informed parenting work as it relates to sleep and behavioral issues.

**Dr. Brooke Fletcher**

Ph.D., 2015, University of Toronto, School and Clinical Child Psychology. Gastrointestinal Clinic. Interests include clinical supervision, psychogastroenterology (brain-gut axis, functional gastrointestinal disorders, inflammatory bowel disease, encopresis), somatic symptom disorders, anxiety disorders, and trauma.

**Dr. Cailey Hartwick**

Ph.D. 2012, University of Guelph, Clinical Psychology. Child Abuse Service. Interests include assessment and intervention with maltreated children, sexualized behavior in children and youth and clinical supervision.

**Dr. Lauren Joly**

Ph.D. 2018, York University, Clinical-Developmental Psychology. Child Abuse Service. Interests include assessment and intervention with maltreated adolescents, particularly those presenting with high-risk behaviours (ex. self-harm, suicidality). Primary therapeutic modalities include DBT and TF-CBT.

**Dr. Laura Kaminsky**

Ph.D. 2001, University of Calgary, Clinical Psychology. Diabetes and Endocrine Clinics. Adjunct Assistant Professor, Department of Pediatrics, University of Calgary. Interests include clinical supervision, psychosocial adjustment to childhood health conditions, motivational interviewing and adherence to diabetes care, group therapy for teens with poorly controlled diabetes, needle phobia and learning disabilities in youth with Endocrine disorders (e.g. Turner syndrome).

**Dr. Melanie Khu**

Ph.D., 2016, Clinical Psychology, University of Calgary. Psychologist, Hematology, Oncology, Blood and Marrow Transplant Program. Clinical interests include: psychosocial adjustment to chronic and life-threatening illnesses, inpatient pediatric consultation and liaison, and assessment and treatment of internalizing disorders (including trauma).

**Dr. Laurel Korotana (Wallace)**

Ph.D. 2015, University of Calgary, Clinical Psychology. Neurosciences Clinics. Interests include psychosocial adjustment to chronic illness, somatization, pain management, trauma, and anxiety.

**Dr. Kristin Lalji (Rostad)**

Ph.D., 2012, University of Calgary, Clinical Psychology. Mood, Anxiety and Psychosis Service (MAPS). Interests include early onset psychosis, treatment of anxiety and comorbid disorders as well as assessment for ASD, ADHD, and specific learning disorders.

**Dr. Melanie Loomer**

Ph.D., 1993, University of Waterloo, Clinical Psychology. Sensory and Feeding Clinics. Interests include developmental disabilities, learning difficulties, hearing loss, internalizing disorders, behaviour management, eating and feeding difficulties and adjustment to disability.

**Dr. William S. MacAllister**

Ph.D., 2001. Palo Alto University, Clinical Psychology. APA-Approved Internship Puget Sound VA Healthcare System. APPCN Postdoctoral Fellowship in Neuropsychology, 2003, SUNY at Stony Brook. Pediatric Neuropsychologist in the Neurosciences/Epilepsy Program. Research interests include neuropsychological and neurobehavioral outcomes of neurological and

medical disorders in children and adolescents, particularly Epilepsy and Pediatric Multiple Sclerosis.

**Dr. Kendra MacLeod**

Ph.D., 2009, University of Cincinnati, Clinical Child Psychology. Cardiorespiratory, Orthopedics and Amputation Clinics. Primary clinical focus is on assessment and treatment of biopsychosocial factors impacting illness/symptom presentation and adjustment. Specific interests include: medical trauma/anxiety, somatic symptom disorders, adherence to medical regimens, adjustment to illness/injury/trauma, medical hypnosis, pain and adaptive stress management.

**Dr. Sandra J. Mish**

Ph.D., 2008. University of Victoria, Clinical Psychology, Neuropsychology specialization. Rehabilitation Psychologist/Neuropsychologist in the Neurosciences Program, including the Functional Independence Transition Program as part of Vi Riddell Children's Pain & Rehabilitation Centre, and the Dr. Gordon Townsend School, Rehabilitation and Education Program. Interests include rehabilitation with a focus on skill building and transition planning, driving in youth with cerebral palsy, and consultation and neuropsychological assessments in children, adolescents, and young adults with neurological and medical disorders.

**Dr. Jennifer Mullane**

PhD, 2008. Dalhousie University, Clinical Psychology. Children's Day Treatment Program. Clinical interests: Assessment and treatment of children and adolescents with anxiety disorders, mood disorders, disruptive behaviour disorders, and learning/school difficulties. Facilitation of group interventions for parents of children/adolescents with externalizing behaviour problems. Research interests: Attention and executive functions in children with ADHD; Program evaluation.

**Dr. Kristin Newman**

Ph.D. 2016, University of Calgary. Psychologist in the Forensic Adolescent Program. Her interests include adolescent forensic psychology and forensic assessments, including assessment of risk for violence, criminal recidivism, sexual recidivism, and psychopathy. Although she conducts a variety of assessment types, her primary focus is on assessment related to sexual offending. She also conducts treatment specific to adolescents who have committed sexual offenses, working from a cognitive behavioral perspective with a focus on reducing risk of recidivism. Specific interests include work with families in which sibling sexual abuse has occurred and issues related to family reunification.

**Dr. Jerilyn Ninowski**

Ph.D., 2010, University of Calgary, Clinical Psychology. Autism Spectrum Disorder Diagnostic Clinic + Consultative Diagnostic Clinic. Interests include: assessment and diagnosis of developmental disabilities, including Autism Spectrum Disorders, common comorbid externalizing and internalizing disorders, and behaviour management.

**Dr. Nicki Ottenbreit**

Ph.D., 2006. University of Calgary, Clinical Psychology. Child Abuse Service. Interests include assessment and treatment of maltreated children and their families and attachment-based interventions

**Dr. Sarah Owens**

Ph.D., 2015. University of Calgary, Clinical Psychology. Nephrology, Urology, Diabetes and Endocrine Clinics. Interests include psychosocial adjustment to illness and/or hospitalization, adherence to medical treatment, as well as assessment/treatment of internalizing and externalizing disorders which are related to health and medical care.

**Dr. Lisa Pascal**

Ph.D., 2018, University of Windsor, Child Clinical Psychology. Mood, Anxiety and Psychosis Service (MAPS). Interests include treatment of anxiety, OCD, mood disorders, emotion dysregulation, and disruptive behaviours. Primarily focused on using Acceptance and Commitment Therapy (DNA-V), Collaborative Problem-Solving, and attachment-based interventions.

**Dr. Erin Pougnet**

Ph.D., 2012, Concordia University, Clinical Psychology. Mood and Anxiety and Psychosis Service. Interests include treatment of depression and anxiety disorders and assessment of autism spectrum disorders in children.

**Dr. Alice Prichard**

Ph.D., 2011, York University, Clinical-Developmental Psychology. Child Development Services (Autism Spectrum Disorder Diagnostic Clinic and Consultative Diagnostic Clinic). Primary interests include assessment, diagnosis, and treatment of Autism Spectrum Disorders and other developmental disabilities. Additional interests include assessment and treatment of learning, behavioural, mood, and anxiety disorders; program development.

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**Dr. Deanne Robbins**

Ph.D., 2007, McGill University, School and Applied Child Psychology. Treatment Resistant ADHD Clinic. Interests include assessment of neurodevelopmental disorders including autism spectrum disorders, assessment and treatment of complex ADHD, behavior, mood and anxiety disorders in children and adolescents, and attachment issues.

**Dr. Fiona Schulte**

Ph.D., 2009, University of Toronto, Social and Behavioral Health Science. Postdoctoral Fellowship in Paediatric Psychology, 2010, Alberta Children's Hospital. Haematology, Oncology, and Transplant Program. Research Assistant Professor, Department of Oncology and Paediatrics, University of Calgary. Interests include assessment of individual and group treatment for psychosocial adjustment and outcomes for patients, siblings and parents at diagnosis, during treatment and into survivorship.

**Dr. Karen Serrett**

Ph.D., 1992, Louisiana State University, Psychology (School/Clinical). Collaborative Mental Health Care program. Interests include early intervention, behavioural challenges/behavioural management, FASD, developmental disabilities, ADHD, and learning difficulties.

**Dr. Jessica Switzer**

PhD, 2019, University of Calgary, Clinical Psychology. Child Abuse Service. Clinical interests include: assessment and intervention with maltreated children and their families, sexualized behaviour in children, and attachment-based interventions.

**Dr. Justine Thacker**

Ph.D. 2019, University of Calgary, Clinical Psychologist, Pediatric Centre for Weight and Health and Diabetes and Endocrine Clinics. Clinical interests include psychosocial risk factors related to poor body image and disordered eating in youth, prevention of obesity and eating disorders, psychosocial adjustment to pediatric chronic illness, adherence to medical treatment, and psychoeducational assessments for youth with endocrine disorders.

**Dr. Jenna Thomas**

Ph.D., 2019, University of Calgary, Clinical Psychology. Rheumatology & Pain Clinics. Interests include psychosocial adjustment to complex medical conditions, adherence to medical care regimens, procedural anxiety, inpatient pediatric consultation, and assessment and treatment of internalizing disorders (including medical trauma).

**Dr. Joanne Vallely**

Ph.D. 2012, Clinical Psychology, University of New Brunswick. Psychologist in the Vi Riddell Pediatric Pain and Rehabilitation Centre. Clinic interests include: assessment and treatment of acute and complex pain in children and adolescents, psychosocial adjustment to chronic and life-threatening illnesses, and internalizing disorders.

**Dr. Marsha Vasserman**

Ph.D., 2008. Widener University, Institute for Graduate Clinical Psychology. Postdoctoral Fellowship in Pediatric Neuropsychology, 2010, New York University Medical Center, Child Study Center. Pediatric Neuropsychologist in Neurosciences Programs. Interests include neuropsychological and neurobehavioral outcomes of neurological and medical disorders in children and adolescents.

**Dr. Caroline Westwood**

Ph.D., 2002, University of Calgary, Applied Psychology. Neuropsychiatry Service. Interests include individual play therapy, community consultation, psycho-educational and social-emotional assessments, group therapy (CONNECT attachment based care-giver group, creative expressions, social skills training) and treatment planning.

**Dr. Jessica Yott**

Ph.D., 2016. Concordia University, Clinical Psychology. Children's Day Treatment Program. Clinical interests: Assessment and treatment of children and adolescents with anxiety disorders, mood disorders, disruptive behaviour disorders, learning/school difficulties, and developmental disabilities, including Autism Spectrum Disorders. Facilitation of group interventions for parents of children/adolescents with externalizing behaviour problems. Research interests: The development of Theory of Mind abilities in young children; Bilingualism; Program Evaluation.

## *SUPERVISORY TEAM MEMBERS*

**Ms. Medi Bryce-Lund**

M.A., 1986, University of Victoria; Educational Psychology. Autism Spectrum Diagnostic + Consultative Diagnostic Clinic. Primary interests include assessment and diagnosis of developmental disabilities in preschool children with a specific interest in Autism Spectrum Disorders. Additional interests include early intervention, parent education, and behavior management in young children.

**Mr. Peter Laycock**

M.Sc., 2004, University of Calgary, Clinical Psychology. Child Abuse Service. Interests include reaction to trauma, child maltreatment, and child sexual behaviour problems.

**Ms. Sue Makarchuk**

M.A., 1996, University of Regina; Clinical Psychology. Neonatal Follow-Up Clinic. Primary interests include assessments and diagnosis of developmental disabilities in preschool children and monitoring the trajectories of extremely premature and extremely low birthweight infants. Primary interest and experience in Autism Spectrum Disorder with additional interest and experience in Fetal Alcohol Spectrum Disorders, parent intervention and support, behaviour management in young children, and early intervention for supporting improved developmental outcomes.

**Mr. Tyson Sawchuk**

M.Sc., 2004, University of Calgary, Applied Psychology. Epilepsy Monitoring Unit (EMU), Neurology, Headache & Somatic Rehabilitation Clinics. Clinical & research interests include psychogenic non-epileptic seizures (PNES) semiology, diagnosis, psychophysiology biomarkers, treatment outcomes & cross-cultural variability; functional neurologic (conversion) disorders in children and behavioral treatment/psychophysiology correlates in pediatric migraine.

**Ms. Annette Vance**

M.Sc., 1984, University of Calgary, Clinical Psychology. Mood, Anxiety and Psychosis Service. Interests include treatment of mood and anxiety disorders using evidence based CBT interventions, trauma assessment and intervention, ADHD, social skills training, parenting with an attachment model and behavior management of children with mental health problems.

# TRAINING AFFILIATES

**Dr. Deborah Dewey**

Ph.D., Director, Behavioural Research Unit, Child Development Centre. Professor, Departments of Pediatrics and Community Health Sciences, Faculty of Medicine, University of Calgary, Adjunct Professor, Faculty of Kinesiology, University of Calgary.

**Dr. Melanie Noel**

Ph.D. 2013. Dalhousie University, Clinical Psychology. Assistant Professor, University of Calgary and Alberta Children's Hospital Research Institute (ACHRI). Dr. Noel's research expertise is in the area of anxiety/fear and pain memories as cognitive-affective mechanisms underlying trajectories of pediatric pain. The overarching aim of her research is to understand and harness the influence of cognitive behavioral factors on children's pain trajectories using a developmental framework.

**Dr. Kyleigh Schraeder**

Ph.D., 2017. Western University, Clinical Psychology. Clinician-Scientist Postdoctoral Fellow, Canadian Child Health Clinician Scientist Program (present), Department of Pediatrics, University of Calgary & Alberta Children's Hospital Research Institute (ACHRI). Psychologist, Alberta Children's Hospital. Dr. Schraeder's program of research is focused on finding solutions to system-level issues related to children's health and mental health. Current projects include: using linked administrative health data to understand how youth use services over time; understanding barriers and facilitators to engaging primary care professionals; testing new models of care to improve transitions in care and system integration.

**Dr. Keith Yeates**

Ph.D. 1984. University of North Carolina at Chapel Hill, Clinical Psychology, Child Clinical Specialization. Professor and Head of Psychology and Ronald and Irene Ward Chair in Pediatric Brain Injury, University of Calgary. Lead, Integrated Concussion Research Program. Pediatric neuropsychologist whose research aims to better understand the outcomes of childhood brain injury and influences on recovery, and thereby foster more effective treatment and management. Current projects focus on concussion and mild traumatic brain injury (TBI), in terms of both assessment and treatment.

# *RESEARCH AND SCHOLARLY INTERESTS OF PSYCHOLOGY STAFF*

To illustrate the research and scholarly interests of the Psychology staff, a listing of representative publications appear below:

Arango-Lasprilla, J.C., Rivera, D., **Brooks, B.L.**, Benito-Sanchez, I., Rodriguez-Agudelo, Y., Aguayo, A., & Aliaga, A. (2018). Prevalence of Low Scores on Learning and Memory Tests in a Spanish-Speaking Adult Population from 12 Latin American Countries. *Journal of the International Neuropsychological Society.*

Arndt, J., **Newman, K**., & Sears, C. (2014). An eye tracking study of the time course of attention to positive and negative images in dysphoric and non-dysphoric individuals. *Journal of Experimental Psychopathology*, *5*(4), 399-413.

Asadi-Pooya, A., Valente, K., Restrepo, A.D., D' Alessio, L., Homayoun, M., Bahrami, Z., Alessi, R., Paytan, A.A., Kochen, S., Myers, L., **Sawchuk, T**., Buchhalter, J., Taha, F., Lazar, L.M., Pick, S. & Nicholson, T. (2019). Adult-onset psychogenic nonepileptic seizures: a multicenter international study. *Epilepsy & Behavior*.

Asadi-Pooya, A., Myers, L., Valente, K., **Sawchuk, T**., Restrepo, A.D., Homayoun, M. Buchhalter, J., Bahrami, Z., Taha, F., Lazar, L.M., Paytan, A.A., D' Alessio, L., Kochen, S., Alessi, R., Pick, S. & Nicholson, T. (in press). Psychogenic nonepileptic seizures in children and adolescents: an international multicenter study. *Epilepsia.*

Asadi-Pooya, A., Al Baradie, R., **Sawchuk, T**., Bahrami, Z., Al Ameer, A. & Buchhalter, J. (2019) *Psychogenic nonepileptic seizures in children and adolescents: An international cross-cultural study.* Epilepsy & Behavior, 90: 90-92.

Bailey, H. N., DeOliveira, C. A., Wolf, V. V., Evans, M. E., & **Hartwick, C.** (2011). The impact of childhood maltreatment history on parenting: A comparison of maltreatment types and assessment methods. *Child Abuse and Neglect*, 36(3), 236-46.

Baril, M-C. & **Mish, S. J.** (2013). Neuropsychiatric manifestations of a paraneoplastic syndrome. In T. A. Hurwitz & W. T. Lee (Eds.), *Casebook of Neuropsychiatry* (pp. 17-24). Washington: American Psychiatric Publishing.

Barrera, M., Atenafu, E., **Schulte, F.,** Bartels, U., Sung, L., Janzen, L., Chung, J., Cataudella, D., Hancock, K., Saleh, A., Strother, D., McConnell, D., Downie, A., Hukin, J., Zelcer, S. (2017) Determinants of Social Competence in Pediatric Brain Tumor Survivors who Participated in an Intervention Study. *Supportive Care in Cancer.*

Barrera, M, **Schulte, F**, & Spiegler, B. (2008). Factors Influencing Depressive Symptoms of Children Treated for a Brain Tumor. *Journal of Psycho-Oncology, 26*, 1-16.

Barrera, M. & **Schulte, FS**. (2009). A Group Social Skills Intervention Program for Survivors of Childhood Brain Tumors. *Journal of Pediatric Psychology, 34*, 1108-1118.

Barrera, M., Atenafu, E., **Schulte, F.,** Bartels, U., Sung, L., Janzen, L., Chung, J., Cataudella, D., Hancock, K., Saleh, A., Strother, D., McConnell, D. Downie, A., Hukin, J., Zelcer, S (2017) Determinants of Quality of Life Outcomes for Survivors of Pediatric Brain Tumors. *Pediatric Blood and Cancer*. DOI: 10.1002/pbc.26481 [Epub ahead of print]

Barrera, M., Atenafu, E., Sung, L., Bartels, U., **Schulte, F**., Chung, J., Cataudella, D., Hancock, K., Janzen, L., Saleh, A., Strother, D., Downie, A., Zelcer, S., Hukin, J., and McConnell, D. (2017). A Randomized Control Social Skills Intervention Trial to Improve Social Skills and Quality of Life in Pediatric Brain Tumor Survivors. *Psycho-Oncology*. doi: 10.1002/pon.4385. [Epub ahead of print]

Beauchamp, M., Aglipay, M., **Yeates, K.O.**, Désiré, M., Keightley, M., Anderson, P., **Brooks, B.L.**, Barrowman, N., Gravel, J., Boutis, K., Gagnon, I., Dubrovsky, S., and Zemek, R., for the 5P PERC Concussion-Neuropsych Team (2018). Predictors of neuropsychological outcome after paediatric concussion. *Neuropsychology, 32(4)*, 495-508.

Benore, E., Banez, G.E., **Sawchuk, T.** & Bolek, J. (2014). Applied Biofeedback in Pediatric Pain. *Biofeedback, 42*, 96-102

Beshai, S., Wallace (**Korotana**), L.M., McDougall, K.H., Waldmann, K., & Stea, J.N. (2016). Reduced contact cognitive-behavioral interventions for adult depression: A review. *The Journal of Psychology: Interdisciplinary and Applied. 150*. 252-279.

Bigler, E. D., Zielinski, B. A., Goodrich-Hunsaker, N., Black, G. M., Huff, T., Christiansen, D-M. W., Abildskov, T., Dennis, M., Taylor, H. G., Rubin, K., Vannatta, K., Gerhardt, C. A., Stancin, T., & **Yeates**, K. O. (2016). The relationship of focal lesions to cortical thickness in pediatric traumatic brain injury. *Journal of Child Neurology.*

Blackmon, K., Barr, W. B., Morrison, C., **MacAllister, W**., Kruse, M., Pressl, C., Wang, X., Dugan, P., Liu, A.A., Halgren, E., & Devinsky, O. (2019). Cortical gray–white matter blurring and declarative memory impairment in MRI-negative temporal lobe epilepsy. *Epilepsy & Behavior*, 97, 34-43

Blake, T.A., Doyle-Baker, P.K., **Brooks, B.L.**, Palacios-Derflingher, L., & Emery, C.A. (2018). Physical Activity and Concussion Risk in Youth Ice Hockey Players. *BMJ Open, 8(9)*, e022735.

Blake, T., Meeuwisse, W., Doyle-Baker, P., **Brooks, B.L.**, Palacios-Derflingher, L., & Emery, C. (2017). When public health and sport injury prevention meet: The relationship between physical activity volume and concussion risk in male youth ice hockey players. *Physical Therapy in Sport*, 28, e22.

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