



ROCKTM

REACH OUT CENTRE FOR KIDS

DOCTORAL RESIDENCY PROGRAM IN CLINICAL PSYCHOLOGY

Accredited by:
Canadian Psychological Association
Children's Mental Health Ontario



Doctoral Residency Program in Clinical Psychology

INTRODUCTION

Who Are We?

Reach Out Centre for Kids (ROCK) is a community-based mental health centre serving infants, children, adolescents and their families. Our mission is to help families in Halton Region live healthier lives through early assessment and diagnosis, effective and innovative treatment and therapy, and prevention and early intervention for those having, or at risk of developing, mental health problems or mental illness. In addition ROCK strives to promote positive child development through programs and services that strengthen the ability of families and the community to raise and nurture children. ROCK provides a multidisciplinary approach to the assessment and treatment of individuals ages 0 through 18 and their families who are experiencing difficulty. Through this approach, we are committed to providing services that are inclusive, client and family-centred, professional, high quality, and accessible.

ROCK is accredited by Children's Mental Health Ontario. Our catchment area includes all of Halton Region; thus, ROCK provides services targeting a broad spectrum of presenting difficulties spanning the full range of child development. Indeed, ROCK is the largest children's mental health service provider in Halton Region, serving over 3,500 clients and families yearly and offering over 30 different programs and services. In general, clients and their families who come or are referred to ROCK are experiencing developmental, emotional, behavioural and/or social difficulties. These difficulties put them at risk for, or result in, serious mental health problems.

Where Are We?

ROCK has a total of 12 sites in which services are delivered. We have 3 full clinical office sites, one in Burlington, one in Oakville, and one in Milton. In addition in 2017 we added an additional 2 walk-in clinic sites located in Georgetown and Acton. ROCK also runs Aberdeen House, a residential treatment facility for youth aged 12 to 15 located in Oakville. We also have 4 prevention and early intervention sites that house Ontario Early Years Centre programs and 2 Community Development sites. The access point for children aged 6 through 18 is through each site's respective Walk-In Counselling Clinic. Services for children ages 0 to 6 and their families, which may consist of a combination of outreach or involvement in childcare settings, may be accessed through the Walk-In Counselling Clinic or through central intake.

Halton Region

Located in the Greater Toronto Area, between Peel and Hamilton-Wentworth Regions, Halton Region is one of Canada's most dynamic areas, covering over 232,000 acres of land, including a 25-km frontage on Lake Ontario. The local communities of Burlington, Halton Hills, Milton, and Oakville comprise Halton Region.

A well-developed transportation network serves the residents and businesses of Halton, linking them to a major North American trade corridor by road, rail, air and marine. Halton's economic diversity represents a cross section of key business and industry sectors. The top three industry sectors, manufacturing, trade, and service industries account for 74% of Halton's labour force. Halton Region is home to an active and vibrant farming industry that includes a wide range of farming types, including livestock operations, cash crops, fruit and vegetable growers, horse farms, nurseries and others.

Halton residents have inherited a rich and diverse natural legacy that includes a wide range of plants and wildlife, unusual features and areas of spectacular beauty. The Niagara Escarpment is striking as it forms a diagonal line across the entire Region. The Lake Ontario waterfront provides opportunities for recreation and boating in an urban setting.

For further information about Halton Region and the cities of Burlington, Halton Hills, Milton and Oakville, please visit the following websites:

General Information:	www.halton.ca
Attractions:	www.haltonlinks.com/fun_halton.html
Transportation:	www.oakvilletransit.ca
	www.milton.ca/en/live/transit.asp
	http://cms.burlington.ca/Page4370.aspx
	www.gotransit.com

PSYCHOLOGY AT ROCK

In line with the agency's philosophy and mission, the psychology staff at ROCK is committed to client- and family-centred care. As scientist-practitioners on multidisciplinary teams, our psychology staff provides assessment, treatment, and consultation services to clients from infancy to 18 years. The ROCK psychology staff is composed of 4 psychologists, 2 psychological associates, and 2 psychometrists, currently working across the three clinical office sites (see page 17 for a description of staff members). This group is expanded further by the presence of residents and psychology practicum students, who work with staff at various points during the year.

The Clinical Psychology Residency program is accredited by the Canadian Psychological Association, currently from the 2013/2014 academic year through the 2017/2018 academic year. The next site visit will take place in the 2017-2018 academic year. Further information on Accreditation can be obtained from the CPA Accreditation Office at 141 Laurier Avenue West, Suite 702, Ottawa, Ontario K1P 5J3. Although we are not members of APPIC, our agency DOES participate in the APPIC Match.

PROGRAM PHILOSOPHY

The Doctoral Residency Program in Clinical Psychology provides clinical training in psychology that promotes scholarly and scientific client-centred practice. Our program's aim is to prepare residents for post-doctoral supervised practice in psychology and for their diverse roles as professional psychologists by promoting critical thinking and the ability to apply research and scholarly literature to ethical practice. Although clinical training is emphasized, the scientist-practitioner model provides a philosophical framework for our clinical practice such that good practice has both an empirical basis and clinical relevance. The ROCK Doctoral Residency Program in Clinical Psychology promotes professionalism, interpersonal, and communication skills through its emphasis on cooperation and collaboration with multiple disciplines working in the field of child and family mental health.

RESIDENCY GOALS AND OBJECTIVES

The primary goal of the doctoral residency program at ROCK is to prepare Residents to enter a career as professional psychologists working with children 0 to 18 years of age and their families. Residents will develop skills and knowledge in the areas of diagnosis, assessment, consultation, treatment, and professional and ethical issues. Residents are expected to think critically about the services that they offer to clients and families and to make clinical decisions based on data collected in the therapeutic/assessment context and informed by empirical research.

Residency goals are aligned with the competency domains established by the Association of Directors of Psychology Training Clinics Practicum Competencies Workgroup via discussion with the Council of Chairs of Training Councils Practicum Competencies Workgroup (2006). Two additional goals are setting-specific.

Goal 1: Psychological Assessment Skills

To ensure that Residents are competent in conducting psychological assessment of children and adolescents, including diagnostic interviewing and psychodiagnostic evaluation.

Objectives

1. The Resident will demonstrate competence in conducting diagnostic interviews with children and families.
2. The Resident will be able to select, administer, score, and interpret a range of psychological assessment measures for children and adolescents, including psychometric instruments for the purpose of assessing cognitive ability, memory, visual motor skills, academic or pre-academic functioning, and behavioural and socioemotional functioning.
3. The Resident will have the capacity to communicate clearly, verbally and in written form, a formulation of the problems and practical and functional recommendations about intervention to the child, family, and professional colleagues.

Goal 2: Intervention Skills

To ensure that Residents are competent in planning and providing a range of psychological treatments through individual, group, and family-based interventions.

Objectives

1. The Resident will understand the basis of treatment formulation, including empirically supported intervention, development of treatment goals, and psychotherapeutic strategies.
2. The Resident will demonstrate competency in a range of therapeutic techniques with children, adolescents, and their families.
3. The Resident will demonstrate an understanding of the process issues related to intervention.

Goal 3: Consultation Skills/ Interprofessional Collaborations

To ensure that Residents develop the personal skills and attitudes necessary for practice as a psychologist within a multidisciplinary context, including oral and written

communication skills, consultation skills, and the ability to work with other professionals.

Objectives

1. The Resident will interact competently within a multidisciplinary team as indicated by appreciation of the significant contributions of team members from various disciplines (e.g., social workers, child and youth workers), and the ability to work collaboratively with other team members, keeping the needs of the client and family foremost.
2. The Resident will gain experience in providing and receiving consultation to/from other professionals within the agency and the community regarding the care and treatment of children, adolescents, and their families.

Goal 4: Relationship/Interpersonal Skills

To ensure that Residents conduct their practice with professional maturity, and to engage in constructive relationships with clients, families, and other professionals.

Objectives

1. The Resident will demonstrate the ability to organize his or her activities effectively and can dependably carry out assignments.
2. The Resident will establish appropriate professional and collegial relationships as indicated by seeking consultation appropriately, providing consultation effectively to peers and staff, and respecting privacy and confidentiality.
3. The Resident will manage personal stress and his/her own emotional responses in a way that does not result in inferior professional services to the client or interfere with job responsibilities.

Goal 5: Diversity – Individual and Cultural Differences

To ensure that Residents increase their appreciation and understanding of multicultural issues and individual differences when working with children, adolescents and their families.

Objectives

1. The Resident will demonstrate an awareness of and responds appropriately to multicultural, ethnic, and other individual differences in the provision of service (e.g., choice of tests, use of translators, sensitivity to family belief systems).
2. The Resident will participate in seminars focused on learning about effective practices when working with individuals from diverse backgrounds and situations.

Goal 6: Ethics

To ensure that Residents develop the awareness, knowledge, and application of ethical and professional principles of psychology in clinical activities so that the Resident will aspire to the highest ethical and professional standards in future professional roles.

Objectives

1. The Resident will demonstrate a comprehensive knowledge and a keen sensitivity to professional ethics in terms of ethical standards, codes of conduct, different legislation relating to psychology, and obligations under the law.
2. The Resident will demonstrate knowledge of one's own limits of competence, one's

strengths and limitations as a psychologist given their level of professional training and experience, through goal setting, evaluation, and supervision process.

3. The Resident will have the opportunity to extend their understanding of ethical issues as it applies to clinical decision-making.

Goal 7: Skills in Application of Research

To ensure that Residents understand the interplay of science and practice.

Objectives

1. The Resident will be able to access and synthesize the research literature relevant to clinical problems, to determine “best practices”, and to use this information to guide assessment, treatment, and program development.
2. The Resident will be exposed to the process of planning, implementing, and reporting on program evaluation.

Goal 8: Professional Development

To ensure that Residents foster a commitment to self-directed learning as a lifelong process.

Objectives

1. The Resident will demonstrate a desire to learn through self-reflection and involvement in agency committees.
2. The Resident will participate in active learning by conducting and attending presentations or seminars, keeping abreast of current literature, and/or presenting a synthesis of research findings at Psychology team meetings.

Goal 9: Supervisory Skills

To introduce Residents to the critical role of supervisor within the practice of professional psychology.

Objectives

1. The Resident will gain knowledge of literature on supervision (e.g., models, theories, & research) through directed readings.
2. The Resident will gain experience providing supervision, under supervision, with junior psychology practicum students within the agency.

Goal 10: Metaknowledge/Metacompetencies - Skilled Learning

To ensure that Residents develop skills regarding reflective understanding and knowledge of their own knowledge and competencies. Meta-skill development depends on self-awareness, self-reflection, and self-assessment.

Objectives

1. The Resident will gain awareness of the range and limits of what he or she knows with respect to the practice and profession of psychology, including an awareness of personal areas of intellectual/clinical strength and weakness.
2. The Resident will gain the ability to judge the availability, use, and learnability of personal areas of competence.

Goal 11: Use of Supervision

To ensure that Residents develop skills regarding the effective use of supervision.

Objectives

1. The Resident uses supervision in an open and constructive manner, knowing when to seek additional supervision. This is meant to teach an approach to professional practice that will be ongoing throughout the resident's professional career.
2. The Resident demonstrates the ability to discuss in supervision those behaviours, personal characteristics, and concerns that might aid or interfere with one's effectiveness as a psychologist.

Goal 12: Breadth of Training Experience

To ensure that Residents gain experience with children and families over a wide age range and a wide range of presenting problems, with a balance of both assessment and intervention.

Objectives

1. Residents will choose two major rotations and one minor rotation that will provide them with experience in both assessment and treatment.
2. The Resident conducts assessments and provides treatment to children 0 to 18 years of age.
3. The Resident gains experience in providing treatment to children presenting with a wide range of problems including (but not limited to) behavioural issues, internalizing disorders, autism spectrum disorders, and complex disorders of learning and development, and their families.

RESIDENCY STRUCTURE

The residency year has been divided into two five-month clinical rotations plus an orientation period, a transition period between rotations, and a final wrap-up period.

Orientation	Session I	Inter-session	Session II	Wrap-up
2 weeks	Sept to Feb	2 weeks	March to Aug	2 weeks

The structure of the residency fosters both depth and breadth of training. The Residency structure allows for long-term therapy involvement with supervisory continuity, assessment experiences with the full age-range spectrum (0-18 years), and involvement in a wide variety of clinical programs.

Orientation

The purpose of the 2-week Orientation period is to familiarize residents with ROCK and the services that are provided by the agency. The Orientation period is intended to help Residents understand their training in the context of a multidisciplinary setting and to begin developing their training 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 with the Clinical Psychology Resident Handbook, which includes descriptive information about ROCK, copies of relevant agency policies and procedures, and description of programs.

Rotation Selection

In consultation with the Residency Director and Primary Supervisor, Residents are expected to select two major and one minor rotation. In order to ensure that the Residency experience balances breadth and depth of training, some basic guidelines for rotational selection have been established. Residents must complete at least one rotation in assessment and at least one of the rotations must be with children infancy to 6 years of age. Rotations are described in detail in a later section. Please note that rotations are subject to change pending staff availability.

Residents will select a Major Rotation within each five-month session. A Major Rotation will represent a commitment of approximately three days per week. In addition, residents will select a Minor Rotation, which will involve one day per week, for the full duration of the residency. A total of 4 1/2 hours per week has been set aside for didactic seminars, group supervision, and multidisciplinary team meetings, and 2 1/2 hours per week has been set aside for Residents to participate in personal research or program evaluation.

Clinical programs at ROCK are divided by age group of clients. Zero to Six programs are for children ages 0 to 6 years and Child and Family programs are for children ages 6 to 18 years. Major Rotations can be chosen from the following: Child and Family Assessment, Child and Family Treatment, and Zero-to-Six Assessment. The function of the minor rotation is to round out the Resident's experience or provide training in the Resident's specific interests. Examples of Minor Rotations include Treatment with Children 0 to 6 years, Walk-In Counselling Clinic, Autism Spectrum Disorder Assessment, and Group Therapy. Residents are expected to complete at least one

rotation with the Zero-to-Six population.

Inter-Session

A two-week Inter-Session period follows the end of the Rotation Period. The purpose of this session is to provide Residents with the opportunity to complete work from the first rotation, complete evaluations, meet new supervisors, and become oriented to the second Rotation Period.

Wrap-Up

The final two weeks of the Residency are dedicated to completion activities such as case closures and transfers, final documentation, evaluations etc. Certificates of Successful Completion of the Clinical Psychology Residency will also be granted at this time.

OVERVIEW OF CLINICAL ROTATIONS

As a community mental health agency, clinicians at ROCK see a broad range of presenting issues, including internalizing, externalizing, and comorbid conditions. The access point for services for children between the ages of 6 and 18 is our Walk-In Counselling Clinic, which will refer those individuals and/or families who require further intervention or assessment to the appropriate internal or external services. Families with children aged 0–6 may also enter service via the Walk-In Counselling Clinic, or through a central intake worker who then books an initial consultation meeting with a member of the multidisciplinary team in order to determine pathways for service. Given this model of service access and delivery, Residents will have the opportunity to gain experience with both assessment and treatment, across a broad range of presenting issues and modalities (i.e., family, group, individual), and utilizing various theoretical orientations. All services at ROCK are client-centred and generally seek to involve parents/caregivers, where possible.

MAJOR ROTATIONS

Child and Family Assessment

Child and Family assessments occur with children ages 6 through 18 who have been referred due to social-emotional concerns that may be complicated by or are complicating, cognitive, academic, processing, or behavioural difficulties. Assessments involve parent, child, and collateral interviews, diagnostic interviews, and administration, scoring, and interpretation of a variety of psychological measures (standardized tests as well as projective measures). Comprehensive psychological reports, including treatment recommendations, are provided and shared with parents, children, and other collaterals as appropriate.

Child and Family Treatment

Within the Child and Family Treatment Rotation, opportunities exist for therapeutic intervention across multiple modalities, including individual, family, and group, and across various models (e.g., cognitive-behavioural, narrative, brief, solution-focused, and strength-focused therapies). Services are offered within the context of a multidisciplinary team of psychologists, psychological associates, social workers, crisis counsellors, and child and youth workers. Thus, residents will gain exposure to the roles and methods of multiple disciplines and develop constructive working relationships across disciplines.

Zero-to-Six Assessment

Zero-to-Six assessments occur with children ages 0 through 6, although more typically with preschool-aged children. Families are referred due to concerns about children's development (e.g., receptive/expressive language delays, cognitive delays, autism spectrum disorder), behaviour, and social-emotional functioning. Assessments involve parent and collateral interviews, classroom/daycare observations, administration, scoring, and interpretation of a variety of psychological measures (including standardized tests as well as projective measures), play observations, and possible use of specialized diagnostic tools (e.g., Autism Diagnostic Observation Schedule). Comprehensive psychological reports, including treatment recommendations, are provided and shared with parents and other collaterals as appropriate.

MINOR ROTATIONS

Zero-to-Six Treatment

Within the Zero-to-Six Treatment Rotation a number of different possibilities exist for therapeutic intervention across multiple modalities, including parent-child dyads, family, and group, and across various models (e.g., cognitive-behavioural, attachment-based psychotherapy, modified interactional guidance). For example, Parent-Child/Parent-Infant therapy aims to develop and enhance the parent-child relationship through videotaped, play-based interaction and feedback. Families accessing this service generally present with attachment disruptions (e.g., post-partum depression; periods of caregiver absence; parental mental/physical illness; adoption, etc.) reflected in problems with sleeping, eating, separation, jealousy or anger beyond the child's developmental stage. Family Therapy aims to strengthen interactions and communication within the family as well as promoting an understanding of children's behaviour as communication. There are also a number of parenting groups for families coping with children exhibiting difficult behavior.

As with Child and Family Treatment, Zero-to-Six Treatment services are offered within the context of a multidisciplinary team of psychologists, psychometrists, occupational therapists, social workers, and behavioural consultants. Thus, Residents will gain exposure to the roles and methods of multiple disciplines, and develop constructive working relationships across disciplines.

Walk-In Counselling Clinic

Unique to ROCK is the access point for all service for children ages 6 through 18: the Walk-In Counselling Clinic. No appointments are necessary. Clients are seen on a first-come, first-served basis and meet with a clinician for a one-hour period. Held weekly at each of the five sites, the Walk-In Counselling Clinic services the full spectrum of internalizing, externalizing, parenting, and school difficulties for children ages 0 to 18. Walk-in counselling sessions focus on very brief intervention (one session) for the purpose of providing assistance immediately and/or obtaining enough information to effectively match a family/individual to the appropriate intervention (i.e., trauma treatment; individual therapy; family therapy; group therapy). Models for walk-in counselling include narrative, brief, solution-focused, and strength-focused therapies.

Autism Spectrum Disorder Assessment

Children throughout the age range are referred to ROCK for evaluation of possible Autism Spectrum Disorders. Methods that are used to assess for ASD may include detailed developmental history, Autism Diagnostic Inventory - Revised, and Autism Diagnostic Observation Schedule, Second Edition. The Resident would participate with their supervisor, observing and learning to administer and score the ADI-R, SRS2, and the ADOS-2.

Group Therapy

Many therapy groups run at ROCK, including the Children's Anxiety group, the Trauma group, Enhancing Attachment for foster and adoptive parents, DBT skills, and the ROCK OUT LGBTQ+ Youth Group. Residents would observe or co-facilitate existing groups, and would have the opportunity to design and run their own therapy group for the ROCK population.

EDUCATIONAL OPPORTUNITIES/ DIDACTIC SEMINARS

Multidisciplinary Team Meetings

Residents will attend Multidisciplinary Team meetings for the purpose of case discussions/reviews. Residents present their own cases as well as provide input to team members from a psychological perspective. Attendance at additional team meetings may also be required depending on rotation choices.

Psychology Team Meetings

Residents attend monthly Psychology Team meetings that include presentations by psychology staff, students, and residents. Residents are expected to present to the Psychology Team at least once during their residency year.

Residency Director Meeting and Seminars

Residents attend monthly meetings with the Residency Director. During the monthly meeting/seminar topics such as legislation relevant to psychology, supervision, multicultural issues, and diversity are discussed. Relevant readings are also provided.

Clinical Rounds

Residents attend Clinical Rounds on a bi-weekly basis. This 90-minute seminar focuses on professional, clinical and ethical issues related to diagnosis, assessment and treatment of children, adolescents and families as well as on relevant applied research. Discussions/presentations will rotate being led by psychology staff, Residents/students, other internal staff (e.g., social workers, crisis workers, occupational therapists etc.), and external speakers (e.g., community professionals, university researchers).

Once a month, Residents will be encouraged to attend Grand Rounds or Psychology Rounds at a hospital of their choice, or the education sessions provided by the Toronto Area Internship Consortium.

Committees

Residents are encouraged to collaborate with our Research Director to gain practical experience with program development and evaluation. As well, both Residents participate as members of the Residency Training Committee, which typically meets on a monthly basis. Additional committees (e.g., Ethics Committee, Diversity Committee) exist in which Residents may also participate.

SUPERVISION

Residents can expect a minimum of four hours of individual supervision per week by an experienced, doctoral-level, registered psychologist. At least three of the four hours must consist of direct observation of clinical service provision (e.g., in the room with an Resident or behind one-way mirror), review of audio or video recordings of the Resident's clinical service provision, and/or clinical case discussion of the Resident's cases. This may occur in either individual or group format. The remaining hour, which may also occur in either individual or group format, may consist of: participation in supervision received by another Resident or trainee regarding that individual's clients, discussion of methods/techniques of psychological service delivery, discussion around particular problems/disorders, and/or discussion of professional or ethical issues pertaining to clinical practice.

Although styles of supervision may vary, Residents can expect to learn from modeling, observation, directed readings, feedback, ethical training, and professional guidance. Supervision is individually tailored to meet the developmental learning needs and training goals of each Resident. Residents receive supervision in both individual and group formats, in addition to attending multidisciplinary team meetings and case conferences. Additionally, the issues addressed during supervision time must be clinical, professional, or research in nature. A psychotherapeutic relationship between Resident and Supervisor cannot be substituted for supervision. Discussion of a Resident's personal issues only counts as supervision when the issues are addressed in terms of client welfare and/or Resident professional functioning.

All Residents are assigned a psychologist to act as their Primary Supervisor for the duration of the residency. The Primary Supervisor may help to coordinate meetings, document progress, liaise with the Resident's university, and assist with the setting and achieving of the Resident's goals. For each rotation, Residents are assigned Rotation Supervisors who supervise activities within the particular rotation. Rotation Supervisors may or may not be psychologists. In the event that a non-psychologist staff member provides the Resident with supervision or training activities, this experience is considered to be supplemental to regular supervision and does not count towards sanctioned supervision time. To ensure that standards of supervision are met, the Residency Director and the Resident's Primary Supervisor must approve of the nature and amount of time the Resident spends under such supervision. Residents are also assigned a Back-Up Supervisor who is responsible for providing supervision should their Primary Supervisor not be available (e.g., due to illness or vacation).

At the beginning of the residency year Residents submit a written individualized Training Plan for the whole year, as well as more specific goals for each rotation. Rotation goals are negotiated with the Rotation Supervisors.

Residents meet monthly with the Residency Director to discuss their experiences in the rotations. The meetings also help the Residency Director ensure that the training goals are being addressed. Ethics, legislation, and issues of professional practice in psychology will be formally discussed in the context of these meetings.

EVALUATION

Evaluation of Resident performance is an ongoing and interactive process between Supervisor and Resident whereby Residents receive feedback throughout the year via both informal and formal means. Written evaluations are conducted at the midpoint and end of each session. Residents are also given the opportunity to complete written evaluations of their Primary and Rotation Supervisors at these same intervals.

Evaluation Meetings:

1. At mid-session, the Primary Supervisor completes a written evaluation of the Resident's progress to date based on feedback from Rotation Supervisors. This mid-session evaluation is reviewed in a face-to-face meeting with the Resident, Primary Supervisor, Residency Director, and Rotation Supervisors. Also, in preparation for the meeting, Residents complete an evaluation of their residency experience (e.g., rotations and supervision) thus far.
2. An end-of-session meeting is conducted in which the Resident, Primary Supervisor, Residency Director, and Rotation Supervisors discuss their final evaluations for the session. The Resident's and Primary Supervisor's evaluations are submitted directly to the Residency Director. Resident evaluations are not shared with Supervisors until the end of the residency year unless requested otherwise by the Resident.
3. The Residents, Supervisors (Primary and Rotation), and Residency Director attend a Program Review meeting held at the end of the residency year. The purpose of the meeting is to review areas such as the accuracy and appropriateness of the brochure, application and selection procedures, orientation to the agency, rotational assignment, supervisory assignments and process, seminar program, evaluation, and personal/professional needs and logistical supports. This meeting provides an opportunity for residency staff and Residents to reflect on what worked well and not so well during the year, and provides the Residency Director the opportunity to initiate actions or changes as indicated.

PSYCHOLOGY STAFF

Dr. Terry Diamond (Psychologist & Acting Residency Director)

Ph.D., 2005, York University, Clinical Developmental Psychology

Clinical activities include: psychological assessment and consultation, trauma treatment, family therapy, and group therapy. Involved in Trauma Team, and Residency Training Committee.

Dr. Shalaine Payne (Psychologist)

Ph.D., 2015, Ontario Institute for Studies in Education at University of Toronto, School and Clinical Child Psychology.

Clinical activities include psychological assessment and consultation, and individual, family and group therapy, on the C-FOSP team. Involved in Residency Training Committee.

Dr. Sarah Tuck (Psychologist)

Ph.D., 2012, York University, Clinical Developmental Psychology

Clinical activities include: psychological assessment and consultation, individual, family, and group therapy. Involved in Residency Training Committee.

Dr. Melissa Houser (Psychologist)

Ph.D., 2015, University of Denver, Counseling Psychology

Clinical activities include psychological assessment and consultation, individual, family and group therapy. Involved in Residency Training Committee

Mr. Brandon Campbell (Psychometrist)

BA, B.Ed (Remedial Education), 1999, University of the Witwatersrand

Clinical activities include: psychological assessment and consultation and running the Children's Anxiety Group.

Ms. Erin Mullings (Psychological Associate – Supervised Practice)

M.A., 2012, York University, Clinical-Developmental Psychology

Clinical activities include: psychological assessment and consultation.

Ms. Michelle Dick (Psychological Associate)

Dip.C.S., 1994, Institute of Child Study, University of Toronto, Child Assessment and Counselling

Clinical activities include: psychological assessment and consultation, trauma treatment, family and individual therapy. Involved in Trauma Team.

Ms. Susan Minardi-Mantle (Psychological Associate)

M.A. 1984, Laurentian University, Child Development Psychology

Clinical activities include: psychological assessment, trauma treatment, and attachment related therapy. Involved in TAPP-C assessment, and school board committees.

APPLICANTS – Residency Specifications

Training Placements

Doctoral Clinical Psychology Residency Placements are offered to students enrolled in a CPA and/or APA accredited doctoral clinical psychology program or its equivalent. The program is able to accommodate 2 full-time Residents. Priority will be given to Canadian Citizens and applicants who are eligible to work in Canada in accordance with the Immigration Act. Residencies are typically completed on a full-time basis for a one year period beginning in September and ending the following August. Applications for 2 consecutive half-time placements over a 2-year period may also be considered.

Residents are assigned to a clinical team at one of the offices for the residency year. Although every effort is made to minimize Resident travel among the ROCK sites, there is some travel expected among the various offices. As such, access to a personal vehicle is necessary for this residency placement.

Applicants must have attained at least 600 practicum hours (which must include experience with psychological assessment of children and report writing) and have had their dissertation proposal completed and approved at the time of application. Applicants will be expected to have completed their graduate level course work in psychology at the time of residency. Previous graduate course work in child development, psychopathology, child assessment, and child treatment are also required. In selecting our Residents, we consider a number of factors such as academic background, relevant clinical experience, and progress on their dissertation. Of particular importance in the selection process is the fit between an applicant's interests and goals and our Resident Training Program's model of training.

Salary and Benefits

The salary for full-time Residents is based on an annual salary of \$34,333. All salaries are subject to available funds. All Residents are entitled to 2 weeks of paid vacation. All statutory holidays (10) and up to 5 sick days are paid. Residents will also receive 2 paid training days. All mandatory benefits are covered (e.g., Canada Pension Plan, EI, WSIB, EHT). Health and Dental coverage is not provided. All Residents must hold Professional Liability Insurance during the full course of their residency training. Proof of current Liability Insurance will need to be demonstrated prior to beginning the residency. Note: Some university programs provide coverage for their students.

DIVERSITY AND NON-DISCRIMINATION POLICY

ROCK is committed to employment equity, welcomes diversity, and encourages applications from all qualified individuals including members of visible minorities, aboriginal persons, and persons with disabilities.

Applicants who have specific questions about access and accommodations are encouraged to contact the Residency Manager early in the application process so that

their needs may be fully addressed.

APPLICATION PROCESS

The residency application consists of 2 parts:

1. Online submission of the APPIC Application for Psychology Internship (AAPI). **Please note: Our agency is not an APPIC member but our Residency Program does participate in the APPIC Match (as nonmembers).**
2. Online submission of support materials including:
 - A current curriculum vitae that specifically includes: a.) ages of children seen for each of assessment and intervention; b.) kinds of presenting problems of clients for whom you have provided assessment and intervention; and c.) theoretical orientations to which you have had exposure
 - Official graduate transcript(s)
 - Letters of reference from three professionals, two of whom can attest to your applied psychology experiences. References must use the APPIC Standardized Reference Form. Applicants should be aware that the Residency Program may directly contact referees who provide letters to obtain further information
 - The APPIC Academic Program's verification of Residency Eligibility and Readiness Form completed by the Clinical Training Director
 - Cover letter stating the applicant's professional plans and special interest in the ROCK Clinical Psychology Residency Program's specific training opportunities

Questions regarding the application process can be forwarded to:

Dr. Terry Diamond
Acting Residency Director
Reach Out Centre for Kids
471 Pearl St. Burlington, ON
L7R 4M4
Phone: (905) 634-2347 ext. 232
Fax: (905) 681-7477
Email: psychresidency@rockonline.ca

The application deadline is November 1st each year. It is the applicant's responsibility to ensure that all required materials are received by this date. Applicants will be notified by the first Friday in December if they will be offered an interview. On-site or telephone interviews are typically arranged in January. We do not require that applicants attend an on-site interview. Applicants unable to arrange an on-site interview will not be penalized.

Applicants interviewing in-person will meet at least two members of the training staff, have a tour of the facility, and have a conversation with one of the current Residents. These conversations are strictly confidential. Applicants who elect a telephone interview will be interviewed by two staff via conference call and will then have a private conversation with a current Resident.

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documentation Act - <http://laws.justice.gc.ca/en/P-8.6/>) we are committed to only collecting information that is required to process the residency application. This information is secured by the Residency Director and is shared only with those individuals involved in the evaluation of the residency application. If you are not matched with our program, your personal information is destroyed within four months of the Match Day. If you are matched with our residency program, your application and CV will be available only to those involved in your supervision and training including your Rotation Supervisors, Primary Supervisor, Residency Director, and relevant administrative support and human resources staff.

Please note that this residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any resident applicant.

PROGRAMS AND SERVICES AT ROCK

Psychological and Diagnostic Assessment

Psychological assessments/consultations are considered for children and adolescents when there is a concern about development, learning, cognitive and/or social emotional functioning. The assessment process may consist of interviews with parents and other professionals, observations of the child, individual testing, and feedback to parent(s), school/daycare, and other professionals.

Walk-In-Counselling Clinic

The Walk-In-Counselling Clinic provides quick access to therapeutic intervention, as it enables family members to see a therapist with no appointment required. The intake process for further services may be initiated at the Walk-in session if warranted.

Family Therapy

Family therapy helps families, or individuals within a family, understand and improve the way family members interact with each other. Family therapy examines the family as a system and emphasizes family relationships as an important factor in the psychological health of each family member and the family system as a whole. Problems are seen as arising from systemic interactions within the family rather than placed on a single individual.

Individual Therapy

In individual therapy, the therapist works with the child or youth to explore problems and solutions. Caregivers may be involved in the treatment process to varying degrees depending on the age and developmental stage of the child/youth, the presenting concerns, and/or the youth's desire to include the caregiver. Various models are utilized depending on the presenting problem and best fit for the client (e.g., cognitive-behavioural, narrative, psychodynamic, brief, solution-focused, and strength-focused therapies).

Parent-Infant/Child Therapy

This therapeutic service aims to develop and enhance the parent-child relationship, as primary caregivers play the most significant role in supporting development. Within this relationship, a child learns to feel secure, use language, regulate emotions and interact socially. Common indicators for referral to this program include problems with sleeping, eating, separation, attachment, jealousy, or anger beyond the child's developmental stage. Videotaped play sessions help parents read children's cues and respond sensitively, understand the child's behaviour as communication, and strengthen the relationship.

Crisis Response Program

This program provides immediate outreach for children and youth, their caregivers, and community members. The Crisis Response telephone number connects individuals to our 24-hour answering service, which then connects individuals in crisis with a crisis counsellor.

In-Home Intensive Program

This intensive child and family service is an in-home and/or in-community counselling and support program for children, youth and their families when there is a risk of

family breakdown, harm, or loss of school placement.

Behavioural Services

Preschool consultants provide in-home/in-childcare centre consultation targeting specified social, emotional, and behavioural development goals for children aged 2–6. Parents and preschool teachers not connected with the agency may also call for general telephone support regarding specific issues.

Occupational Therapy Services

Assessment, treatment, and consultation services relating to fine/gross motor, sensory and/or developmental difficulties primarily in preschoolers within a child-care setting. Designed to increase a child’s successful participation in daily tasks.

GROUPS

Parenting Your 3–6 Year Old

A group for parents of children who are experiencing challenging behaviour. Parents are introduced to positive parenting strategies & videotaped vignettes are used to illustrate less effective parenting approaches.

Parent–Child Anxiety Groups

Children and adolescents learn to identify, measure, and cope with anxiety and learn social skills, while parents learn about anxiety and how to parent anxious children. Separate groups are offered depending on the age of the children (e.g., group for 5 & 6 year olds, school age, teens).

Active Parenting Now/Active Parenting for Teens

Parents learn to enhance their parenting skills and build a stronger relationship with their children/teens. This parenting program is a 6–week video based interactive program that follows the parenting approach developed by Dr. Michael Popkin. Separate groups are held for parents of children 6 to 11 years and for parents of children 12 to 18 years.

ROCK OUT LGBTQ+ Youth Group

Education and support group for youth. Runs the second Tuesday of every month at the Burlington office from 5 – 7 pm.

Enhancing Attachment

Group for Foster, Adoptive and Kinship parents. Based on knowledge regarding trauma and attachment theory, to help build secure attachment relationships between children and caregivers.

DBT Skills Group

A 10 session group for teens and their parents focused on learning Dialectical Behavior Therapy skills, such as mindfulness, emotion regulation, and interpersonal effectiveness.

NOTE: Please note that the subset of groups that are offered may vary considerably in any given year based on rate of referral.

RESIDENTIAL SERVICES

Our residential services provide residential treatment for youth between 12 to 15 years of age.

PREVENTION PROGRAMS

Youth Aiding Youth (YAY) Match

This program allows children ages 6 to 12 the opportunity to be matched with a teen volunteer between the ages of 16 to 24. This program is designed to support youth who have limited opportunities to socialize, are experiencing extraordinary stress, or are at risk for future difficulties, by providing them with a role model.

Youth Aiding Youth (YAY) Groups

This program offers groups that assist children and youth who are experiencing low self-esteem, social difficulties, or experiencing difficulties at home (e.g., due to separation or divorce of parents). The focus is on helping children and youth gain new social, team, and problem solving skills and to feel positively about themselves.

Community Development

This program works within the community to empower people and to help build skills in adults and children who are at risk for mental health problems.

Burlington Family Resource Centre (BFRC) – Ontario Early Years

Programs run out of five locations within Burlington as well as via a mobile program van. The BFRC offers accessible and interactive social and educational programs for families with young children, including drop-in programs, registered programs for children 0–6 years of age, and a variety of parenting programs and supportive groups.