ROCK™

REACH OUT CENTRE FOR KIDS

PRE-DOCTORAL RESIDENCY PROGRAM IN CLINICAL PSYCHOLOGY

Accredited by:
Canadian Psychological Association
Accreditation Canada

United Way

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Residency Program in Clinical Psychology

INTRODUCTION

Who Are We?

ROCK is a nonprofit child and youth mental health agency that has served Halton for more than 40 years. We provide an inter-professional approach to the assessment and treatment of children, youth and families. ROCK is also the Lead Agency for children's mental health services in the Halton Region. Our mission is to work together to promote and achieve optimal mental health in kids and families. That is, our goal is to help families live healthier lives through early assessment and diagnosis, effective and innovative treatment, and prevention and early intervention for those having, or at risk of developing, challenges related to mental health. 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 an interdisciplinary approach to the assessment and treatment of individuals ages 0 through 17 and their families who are experiencing difficulty. ROCK is also involved in multiple partnership programs that provide services for Transitional Aged Youth up to the age of 25 years. We are committed to providing services that are inclusive, client and family-centred, professional, high quality, and accessible.

ROCK is accredited with Exemplary Standing by Accreditation Canada. 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. ROCK is the largest children's mental health service provider in Halton Region, serving over 8,000 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, relational, behavioural and/or social difficulties.

Where Are We?

Sites and Services

ROCK has multiple sites in which services are delivered across the Halton Region. There are 3 full clinical office sites, one in Burlington, one in Oakville, and one in Milton. ROCK currently has two Live in Treatment facilities, one for youth aged 12 to 15 (Aberdeen House) and one for youth age 15-18 (Community Youth Program-CYP). ROCK also operates 4 prevention and early intervention sites that house Ontario Early Years Centre programs. ROCK additionally offers services and supports out of 2 Youth Centers located in Acton and Georgetown. The access point for services is by calling ROCK's centralized Access Line (289-266-0036).

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.

Land Acknowledgement

ROCK is located on the Treaty Lands and Territory of the Mississauga's of the Credit. Acknowledging the lands that we gather on is part of the overall plan that we collectively embrace to meet obligations under the Truth and Reconciliation Commission's calls to action. Halton Region, as we know it today, is rich in history and modern traditions of many First Nations and the Metis. From the Anishinaabe to the Haudenosaunee and the Metis. As settlers, we are grateful for the opportunity to meet here and we thank all of the generations of people who have taken care of this land for thousands of years.

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.halton.ca/The-Region/Explore-and-Enjoy-Halton
Transportation:	www.oakvilletransit.ca
	www.milton.ca/en/living-in-milton/transit.aspx
	www.burlington.ca/en/transit/transit.aspx
	www.gotransit.com

PSYCHOLOGY AT ROCK

In line with the agency's philosophy and mission, the psychology staff at ROCK are committed to client- and family-centred care. As scientist-practitioners on multidisciplinary teams, our psychology staff provide assessment, treatment, and consultation services to clients from infancy to 17 years. The ROCK psychology staff is composed of clinical psychologists, psychometrists, and residents (see page 16 for a description of psychology staff members).

The Clinical Psychology Residency program is accredited by the Canadian Psychological Association (CPA), currently from the 2017/2018 academic year through the 2023 academic year. In June of 2023 we participated in a re-accreditation Site Visit and expect to hear from the accreditation panel following their Fall 2023 meeting. Further information on Accreditation can be obtained from the CPA Accreditation Office at 141 Laurier Avenue West, Suite 702, Ottawa, Ontario K1P 5J3. **ROCK is a member of APPIC and participates in the APPIC Match.**

PROGRAM PHILOSOPHY

The Pre-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 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.

****Response to Covid19 Pandemic**

ROCK was able to quickly transition to providing virtual services and supports in response to the Covid19 Pandemic. At this time, Psychology Services are being provided using a hybrid model, by utilizing a combination of both virtual and in-person sessions. Staff are able to move fluidly between working from home and in-office, depending on the needs and wishes of the client and the current environment.

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 psycho-diagnostic 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, occupational therapists), 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 diversity and individual differences in their interactions with others, including their interactions with other professionals, when providing supervision to less experienced students, and when working clinically with children, adolescents and their families.

Objectives

1. The Resident will participate in training across the course of the year in the form of readings, podcasts, courses and seminars focused on developing cultural competency in relation to working with diverse communities (e.g., indigenous communities, LGTBQ2S+, people of color, individuals with immigrant and refugee backgrounds) and the intersection of varied identities.
2. The Resident will show an appreciation for and understanding of diversity, including consideration of their own identity in relation to diversity and privilege, as well as the intersection of the varied identities of their clients, supervisees and colleagues.
3. Provision of clinical services will reflect cultural considerations (e.g., use of correct pronouns, choice of tests, use of interpreters, sensitivity to and respect for family belief systems and normative cultural practices) and a trauma-informed lens (including an understanding of the impact of systemic oppression and the macro and micro aggressions experienced by racialized and oppressed communities).

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 participate in 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 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 or two minor rotations 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 or two minor rotations. 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 rotation in treatment. 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 either the full duration of the residency or for the duration of the session, with the option to switch to a new minor in the second session. A total of 4 1/2 hours per week has been set aside for didactic seminars, group supervision, and interdisciplinary team meetings, and 2 1/2 hours per week has been set aside for Residents to participate in personal research and program evaluation.

Residents will complete both a Major Rotation in Assessment and a Major Rotation in Treatment. The makeup of these rotations will depend on the interests and training needs of each resident. That is, there is flexibility within each rotation with respect to age range of clients, presenting issues, therapy modalities and approaches. For example, one individual may choose to complete a Major Rotation in Assessment that is more heavily focused on assessment of young children, while another may choose to

focus their assessment rotation on school-age children and adolescents. Similarly, one resident may want to focus more on assessment of specialty areas such as ASD and/or FASD, while another may wish to focus more on complex mental health assessment. All residents are encouraged to build some individual, family, and group therapy into their Major Therapy Rotation, as well as to gain some experience in the walk-in clinic. Residents are also encouraged to gain some experience with our Early Years Population (0-8), however, this can be achieved either through the selection of a minor with this population or by building it into a Major Rotation.

The function of the Minor Rotations are to round out the resident's experience or provide training in a more specialized area of interest. Examples of Minor Rotations include Treatment with Young Children 0 to 8 years, Brief Services (i.e., walk-in, Brief Therapy, Consultation), Autism Spectrum Disorder Assessment, Assessment of Young Children, Fetal Alcohol Spectrum Disorder Assessment and Group Therapy. Experience in all of the Minor Rotation areas can be built into a Major Rotation, however, choosing it as a Minor allows for more focused training in that area.

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, review goals with 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. 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

Assessment

Assessments occur with children ages 3 through 18 who have been referred due to concerns about development (e.g., receptive/expressive language delays, cognitive delays, autism spectrum disorder, fetal alcohol spectrum disorder), behaviour and social-emotional functioning/ mental health. Clients accepted for assessment are generally presenting with complex profiles, often involving a history of trauma and or attachment disruption, and must have a mental health query. Assessments involve individual, parent and collateral interviews, natural environment observation (e.g., school, daycare, home), administration, scoring, and interpretation of a variety of psychological measures (including standardized tests as well as projective measures), and more specialized diagnostic tools (e.g., Autism Diagnostic Observation Schedule, Second Edition). Comprehensive psychological reports, including treatment recommendations, are provided and shared with parents and other collaterals as appropriate.

Treatment

Within the Treatment Rotation, opportunities exist for therapeutic intervention across multiple modalities, including individual, family, and group, and across various models (e.g., EFFT, CBT, DBT, narrative, brief, attachment-focused, solution-focused, and strength-focused therapies). Services are offered within the context of a interdisciplinary team of psychologists, social workers, occupational therapists, 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.

MINOR ROTATIONS

Early Years Treatment

Within the Early Years 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., EFFT, cognitive-behavioural, attachment-based psychotherapy, Circle of Security (COS)). 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 offered.

Brief Services Provision (Walk-in, Brief Therapy & Psychology Consultation)
Residents completing the Brief Services Rotation will provide support to clients within ROCK's Walk-In Counselling Clinic, which allows families to access single session therapeutic intervention. Models for walk-in counselling include narrative, emotion-focused therapy, brief, solution-focused, and strength-focused therapies. Residents completing this rotation will also provide Brief Therapy (3-4 sessions) and Psychology Consultation (to staff from other disciplines within ROCK as well as to clients seeking psychology services).

Autism Spectrum Disorder Assessment
Although most straight forward autism queries are referred out for assessment through developmental pediatricians or the Ontario Autism Program, Psychology Services at ROCK see many clients where the diagnostic picture is more complex, and there is a need to tease apart potential ASD symptoms from mental health concerns, trauma and/or attachment related challenges. 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, ASRS, CARS2 and/or the ADOS-2.

Fetal Alcohol Spectrum Disorder Assessment
The FASD Assessment and Diagnostic Team is a multi-disciplinary team that provides assessment to individuals age 2 to 24 that have known prenatal alcohol exposure. This multi-disciplinary team is a community collaboration of professionals including Physicians, Psychologists/Neuropsychologists, Occupational Therapists, Speech and Language Pathologists, Social Workers, Child and Youth Workers and Transitional Age Youth Workers. Residents completing a minor rotation in this area will be provided with training in the Canadian Guidelines for FASD Diagnosis and will complete comprehensive psychological assessments to contribute to the multi-disciplinary teams' clinical discussion, diagnostic formulation and provision of recommendations.

Group Therapy
Many therapy groups run at ROCK, including the Children's Anxiety group, the Trauma Group, Emotion Focused Family Therapy Group (EFFT), Dialectical Behavior Therapy (DBT) Skills Group, Circle of Security (COS) and the ROCK OUT 2SLGBTQ+ 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

Interdisciplinary Team Meetings
Residents will attend monthly Interdisciplinary 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 Consultation Meetings
Residents attend weekly Psychology Team meetings for the purpose of case consultation. Residents both present their own cases as well as contribute to the clinical discussion related to cases presented by other members of the Psychology Team.

Psychology Team Administrative Meetings
Residents attend monthly Psychology Team meetings to stay up to date on administrative information/communications, review team goals, and identify any new material, structural or educational supports that may be needed to support their role.

Psychology Lunch and Learns
Psychology Staff gather to participate in learning opportunities targeted specifically to the Psychology Team. This can include presentations by psychology staff, students, and residents as well as external presenters. Residents are expected to present to the Psychology Team at least once during their residency year.

Clinical Grand Rounds
Residents attend Clinical Grand Rounds and are also expected to present at rounds once during the course of their residency year. These 90-minute seminars focus 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 are 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).

Residents are also strongly encouraged to attend the monthly education sessions provided by the Greater Toronto Area Internship Consortium and CCPPP.

Program Development
Residents collaborate with our Research Director to gain practical experience with program development and evaluation. As well, residents participate as members of the Residency Training Committee, which meets on a monthly basis.

Community of Practice (CoP) Opportunities
There are a number of CoP opportunities for Residents to choose from (e.g., DBT CoP, Trauma CoP, Early Years CoP, EFFT CoP). Depending on their areas of interest they may also wish to consider joining a CoP.

SUPERVISION

Residents can expect a minimum of four hours of 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 a 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. Three of the 4 hours are individual supervision format. The remaining hour, which may 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 interdisciplinary team meetings, psychology consultation 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 are typically also psychologists. In the event that a non-psychologist staff member provides the Resident with supervision, the primary supervisor attends supervision meetings and acts as a co-supervisor. In the event of a disagreement in clinical direction, the Supervising Psychologist, who is clinically responsible for clients receiving services by the resident, will determine the clinical direction. 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 bi-monthly with the Resident Director/Coordinator to discuss their experience in the rotations and ensure that training goals are being addressed. Ethics, legislation, and issues of professional practice in psychology are also formally discussed in the context of these meetings.

All primary supervisors and the residency director meet monthly to ensure that the residency program is running smoothly and to problem solve any challenges that arise.

Residents join the second half of this meeting.

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. Sarah Tuck (Neuropsychologist, FASD Team Clinician & Residency Director)
Ph.D., 2012, York University, Clinical Developmental Psychology
Activities include program planning and facilitation for residency program, provision of support to supervisors, supervision of students, psychological assessment and consultation, FASD Team member.

Dr. Terry Diamond (Clinical Psychologist, Psychology Lead)
Ph.D., 2005, York University, Clinical Developmental Psychology
Activities include providing support to the Residency Director, clinical leadership, supervision of students, psychological assessment, intervention and consultation.

Dr. Natalie Bailey (Clinical Psychologist, FASD Team Clinician)
Psy.D., 2014, Pace University, School & Clinical Psychology
Clinical activities include psychological assessment and consultation, individual, family and group therapy. Involved in Residency Program as a Primary and/or Rotation Supervisor.

Dr. Andrea Markovic (Clinical Psychologist)
Ph.D., 2016, State University of New York at Buffalo, Clinical Psychology
Clinical activities include psychological assessment and consultation, individual, family, and group therapy. Involved in Residency Program as a Primary and/or Rotation Supervisor.

Dr. Marina Dupasquier (Clinical Psychologist)
Ph.D., 2018, McGill University, School/Applied Child Psychology
Clinical activities include psychological assessment and consultation, individual, family, and group therapy. Involved in Residency Program as a Primary and/or Rotation Supervisor.

Dr. Ashley Brunsek (Clinical Psychologist)
Ph.D., 2021, OISE University of Toronto, School and Clinical Child Psychology
Clinical activities include psychological assessment and consultation, individual, family, and group therapy. Involved in Residency Program as a Primary and/or Rotation Supervisor.

Dr. Krysta McDonald, (Clinical Psychologist-Supervised Practice)
Ph.D., 2022, OISE University of Toronto, School and Clinical Child Psychology
Clinical activities include psychological assessment and consultation, individual, family, and group therapy. Supports residents with day to day activities and questions.

Mr. Brandon Campbell (Psychometrist)
B.A., B.Ed, 1999, University of the Witwatersrand (South Africa)
Clinical activities include: psychological assessment and consultation. Involved in supporting residents with day to day activities/questions.

APPLICANTS - Residency Specifications

Training Placements

Clinical Psychology Residency Placements are offered to students enrolled in a CPA and/or APA accredited doctoral clinical psychology program. 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.

Residents are assigned to an interdisciplinary team and a home office for the duration of the residency year. Although every effort is made to minimize Resident travel among the ROCK sites, there is some travel expected. 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 $36,786.03. All salaries are subject to available funds. All Residents are entitled to 2 weeks of paid vacation. All statutory holidays (11) 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

At ROCK, an equitable, diverse, and inclusive, workplace community is one where all clients, families, employees, agents of ROCK and partners, no matter of their race, age, gender, sexual orientation, ethnicity, culture, heritage, traditions, family of origin, religion, differing abilities, level of education, political view, skill set, experience and competency, feel valued, heard and respected.

We are committed to a non-discriminatory approach and provide equal opportunity for

employment and advancement in all of our departments and programs.

We are committed to modeling equity, diversity and inclusion in our community and in the mental health sector and to continuously improve an environment that is diverse, inclusive and equitable.

To provide informed, authentic leadership for cultural diversity and inclusion, ROCK strives to:

- Lead with respect and dignity to see equity, diversity and inclusion as connected to our mission and integral to the well-being of our employees and agents of ROCK
- Dismantle inequities within our policies, systems, programs & services by exploring potential underlying, unquestioned assumptions that interfere with inclusiveness
- Advocate for and support strategic thinking about how systemic inequities impact our services and programs, and how best to address that in a way that is consistent with our mission
- Commit time and resources to expand our knowledge and understanding of equity, diversity and inclusion

ROCK is committed to employment equity, welcomes diversity, and encourages applications from all qualified individuals.

Applicants who have specific questions about accessibility and/or accommodations are encouraged to contact the Residency Director 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: ROCK is an APPIC member and our site participates in the APPIC Match (Match #185211).**

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, at least 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. Sarah Tuck
Residency Director
Reach Out Centre for Kids
471 Pearl St. Burlington, ON
L7R 4M4
Phone: 289-266-0036 (Access Line) or 289-962-7178 (Mobile)
Fax: (905) 681-7477
Email: psychresidency@rockonline.ca or to saraht@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 in December if they will be offered an interview. Interviews are typically completed in January. All interviews will be completed using video platform or phone. We do not require that applicants attend an on-site interview.

Applicants will meet at least two members of the training staff, have an in-person or virtual tour of the facility, and have the opportunity to meet with at least one of the current residents. These conversations are strictly confidential.

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 twelve 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

Psychology Interdisciplinary Consultation
Psychology staff provide consultation to staff from other disciplines for the purposes of interpreting assessment results, providing information about a specific diagnosis or presenting concern, guiding treatment direction, and/or determining whether direct psychological services would be appropriate/beneficial.

Psychology Client Consultation
Psychology Staff meet with clients directly for the purpose of interpreting assessment results, providing information about a specific diagnosis or presenting concern, providing intervention recommendations, and/or determining whether further psychological assessment services would be appropriate/beneficial.

Psychological Assessment
Psychological assessments 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.

FASD Consultation and Support
FASD Consultants provide consultation, coaching, education, training and service coordination to families, caregivers & professionals who are supporting individuals (up to age 21) with suspected or diagnosed FASD.

FASD Multi-Disciplinary Assessment
FASD assessment services are also available for children and youth age 2 to 25. The Assessment Team provides multi-disciplinary assessments, recommendations, and assistance with referrals to appropriate community programs. Assessment services are offered in partnership with the Halton FASD Collaborative.

Single Session Therapy
Single Session Therapy Service provides quick access to therapeutic intervention as it enables family members to see a therapist more immediately. The intake process for further services may be initiated following the single session if warranted.

Brief Therapy
Therapists and families/individuals work together for 3-4 sessions to understand problems, explore their knowledge and abilities, and together develop insights, leading to an overall improvement in their relationships, their sense of themselves, and their ability to manage problems and difficulties now and in the future. Brief therapy may also be used to further assess the need for more intensive services and supports.

Family Therapy
Family therapy helps families, or individuals within a family, understand and improve the way family members interact/communicate 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).

Trauma Treatment Program
This service is for children who have experienced a traumatic event such as abuse, separation from their caregiver, illness, abandonment, family break-up, inconsistent access visits, violence, loss, the death of a friend or family member, or any event that has had an impact on the child. Experiencing trauma can affect the child's emotions, behaviour, and consequently their relationships within the family.

Trauma Assessment
Assessment specifically focused on the impact of trauma on the client and family system. This may include use of the Neurosequential Model of Therapeutics (NMT) Metric (Bruce Perry) to inform intervention.

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.

Intensive Child and Family Service
ROCK's Intensive Counselling Service (ICS) program provides a range of intervention and support services to high-need children/ youth (aged 6-18) and their families. Families will typically receive two to four in-home sessions per week with a member of the ICS team, for three to six months. Families are expected to participate in setting goals, strategies and treatment for themselves and their child. However, the ICS team will work with the family to actively problem-solve around barriers to treatment or engagement. Primary program therapeutic interventions include but not limited to: Emotion Focused Family Therapy (EFFT) and Dialectical Behavior Therapy (DBT).

Live-in Treatment Services
Aberdeen is a Live in Treatment facility for youth between 12 and 15 years of age. This intensive family-based treatment program is for children/youth struggling with significant mental health challenges. The Community Youth Program (CYP) provides housing and support for adolescents age 15-18 who are unable to live with a family and unprepared for independent living. Focus is on stabilization, individualized treatment and transition to community and/or adult mental health services.

Early Years 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.

Autism Services
ROCK's Autism and Behavioural Services teams provide the following essential services for families:

- Foundational Family Services, including workshops and drop-ins, to all families registered with the Ontario Autism Program (OAP);
- Urgent Response Services to those youth who are experiencing a new or worsening behaviour;
- Caregiver Mediated Early Years, Project ImPACT, for those families who have a young child registered with OAP; and
- Entry to School for those children registered with the OAP and transitioning into school for the first time.

CLINICAL GROUPS

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

Circle of Security (COS) Therapy Group
Circle of Security is a relationship-based parenting program that empowers caregivers by helping them understand the specific messages their children are communicating and provides a road map to respond in ways that will enhance the security of the attachment relationship with their child. Through the use of video and reflective dialogue parents are introduced to the Circle of Security model, allowing them to explore their child's behaviors and the parent-child relationship in a new way that opens up avenues for reflection and change.

Intro to Cognitive Behavior Therapy (CBT) Group
This five-session group provides an introduction to Cognitive Behavioural Therapy (CBT) skills for youth between the ages of 12-16. Youth learn basic CBT skills.

ADHD Caregiver Group: Parenting Your Child with ADHD

This is a 4-part series designed to help caregivers understand ADHD and the impact ADHD has on children under 12 in their home, school and community environments. Caregivers learn about the different types of ADHD, what it means for their child and their family. Caregivers also learn how to understand ADHD symptoms vs. behaviour problems. The focus is on helping caregivers to understand this complex disorder and how they can support their child.

Children's 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 school age, teens).

ROCK Teen and Parent Anxiety Group
This group is aimed at helping teens to learning skills to manage anxious feelings, to reduce worry, to feel more confident, and to become able to do things they find hard to do. Teens will learn how to identify thoughts, feelings, and behaviours; learn how to think realistically; learn to face challenging situations; and learn skills for problem solving and building assertiveness. A parent(s) or caregiver(s) attends each group session to support and coach their teen through the program (and beyond) as well as to learn strategies to apply to their own anxieties.

DBT Skills Group
DBT is an intervention for youth with multiple problems, particularly those who present with suicidality or self-harm. The goal of DBT is to help youth identify thoughts, beliefs, and assumptions that make life harder and help them to learn different ways of thinking that will make life more bearable. DBT uses a cognitive-behavioural approach that emphasizes psychosocial aspects of treatment. DBT has two main components: Individual weekly therapy sessions that focus on problem-solving behavior and reinforces adaptive behaviors and skills learned in group. In weekly 2-hour skills group sessions, five different modules are taught to youth and parents/caregivers to target specific behaviors and teach healthy skill sets to address problematic behaviors. The duration of the DBT program is 22 weeks long.

Trauma Group
Psychoeducation group designed to provide caregivers with an increased understanding of how the experience of trauma(s) can impact children and their families; parenting tools and strategies are discussed.

Brave Pathfinders
This group is for children who have experienced a loss that is ambiguous. This group is for children who have experienced a significant decrease in caregiver support due to any of the following: deployment, returning to a home country, injury or prolonged illness causing decrease capacity to care, divorce, separation, estrangement, caregiver incarceration or absence due to mental health or addictions issues in caregiver.

Advanced Caregiving

A psycho-educational, prevention and early intervention clinical group developed to support caregivers in learning advanced skills for supporting their loved one with their mental health. Introduce mental health recovery principles, Emotion Coaching, Validation and Behaviour Coaching skills.

Watch, Wait, and Wonder Caregiver Group
The focus of this group is on strengthening the attachment relationship between caregiver and child, in order to improve the child's self-regulating abilities and sense of efficacy and enhance the caregiver's sensitivity and attunement.

PREVENTION SERVICES and PARTNERSHIP PROGRAMS

Here and Queer
Facilitators in this program aim to create and hold an affirming, supporting space for 2SLGBTQIA+ youth to practice learning about themselves, their boundaries, making friends, navigating conflicts and building resilience with an emphasis on mindfulness, healthy coping mechanisms and emotional regulation.

Families in TRANSition (FIT)
Broadly speaking, the primary goal of this intervention is to give families the tools they need to help trans, non-binary, and gender questioning youth feel fully supported in their homes.

Embrace & Empower
The Embrace & Empower program, in partnership with Speqtrum, focuses on exploring the historical and social influences that can impact queer and/or trans youth, their body image, body perception, identity and relationship with food.

ROOTS
Roots Community Services and ROCK are collaborating to provide therapeutic support, consultation and treatment to Black, African and Caribbean children, youth and their families who are seeking services at ROCK. This service will provide a safe space, a culturally-relevant intervention to young people who are facing systemic barriers impacting their mental health, education or family relationships.

AFFIRM
Project AFFIRM seeks to integrate identity affirmation with cognitive-behavioural interventions. This combined intervention is presented in the form of eight sessions targeted at LGBTTQQ2SA* youth and adults and geared towards reducing risky sexual behaviour and depression.

Our Community Cares (OCC)
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.

Caroline Families First
This program is a collaboration between the Caroline Family Health Team in Burlington, local pediatricians, Parents for Children's Mental Health and ROCK. Developed as a new model of care in response to our fragmented mental health

system, this program is designed to improve how services work together for children and youth with significant mental health challenges and their families.

EarlyON Child and Family Centre
ROCK EarlyON provides a welcoming and inclusive space for all children ages birth to six years and their families to participate in programs on-site, virtually, and outdoors. These free high-quality programs encourage children's social, emotional and developmental milestones and opportunities for growth. Parenting services also provide parenting supports that will guide a fulsome understanding of infant and child's developmental and mental health needs.

Halton Families for Families
The goal of Halton Families for Families is to connect, support and engage with Halton families who are impacted by a child/youth's mental health struggles. The initiative is uniquely led by families, which ensures their voices are valued, heard and woven into the fabric of all activities and events, to improve the quality of life for families. We offer a wide range of workshops, wellness sessions and socials for caregivers and families impacted by their child's mental health.

Halton Coordinated Service Planning (CSP)
CSP is intended for families of children and youth with multiple and/or complex needs who may be experiencing challenges in areas such as navigating the system, coordinating multiple services, coping with or adapting to their child's needs, concerned about the health and well-being of other family members, and/or have limited social/community supports.

Halton FASD Collaborative
A collaboration of organizations in Halton that provides FASD Assessment and Diagnostic Services, as well as FASD Consultation and Education for caregivers and professionals. Support programs such as Camp Unity and Reach For It are also provided.

Danielle's Place
Danielle's Place offers a range of groups for female-identifying and non-binary youth ages 8-16. These groups support individuals who have been identified as being at risk of an eating disorder diagnosis and may be struggling with low self-esteem, body image concerns, dieting behaviors, over-exercise, negative self-talk, etc.