



## Pre-Doctoral Residency in Pediatric Psychology

**2025-2026**

Department of Psychology  
The Hospital for Sick Children, Toronto, ON, CANADA



*The Hospital for Sick Children Pre-Doctoral Residency in Pediatric Psychology  
is accredited with the Canadian Psychological Association (2017/2018-2023/2024).*

### **Contact Information:**

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## Overview

**Three pre-doctoral residency positions** in pediatric psychology are offered through The Department of Psychology at the Hospital for Sick Children (SickKids) in Toronto, Ontario. The one-year, full-time training position begins on **September 1, 2025**. Employment is contingent upon meeting SickKids' Occupational Health Requirements.

The full-year pre-doctoral residency program was initially accredited with the Canadian Psychological Association<sup>1</sup> (CPA) in 2001. The program was most recently accredited by the CPA for a 6-year term (2017/2018 until 2023/2024) and recently completed a site visit. SickKids was APA-accredited until September 2015 when APA ceased accrediting non-American sites.

Our overall goal is to prepare the resident for the varied demands of professional practice in psychology – skills that are readily transferred to a wide range of community settings. To learn more about our department and training program, please see:

<https://www.sickkids.ca/en/care-services/clinical-departments/psychology/#education>

The philosophy of the residency mirrors that of SickKids in that the needs of the patient and family are central. An evidence-based/best practice approach is used, and clinical research is closely integrated with patient care activities. Conceptualizing the child's cognitive and psychosocial needs and challenges within a developmental framework is integral to practice.

The Department of Psychology at SickKids exists as an independent department within a Child Health Services cluster model of service provision and includes 40 psychologists specializing in neuropsychology, clinical psychology, and health psychology. Our department also includes 13 psychometrists and numerous research staff providing services and conducting research within the hospital. In addition to clinical training at the residency level, the department offers clinical training at the post-doctoral level in Pediatric Neuropsychology (two positions), Pediatric Health and Clinical Psychology (two positions) and at the graduate practicum level.

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<sup>1</sup> Registrar of Accreditation  
Canadian Psychological Association  
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Ottawa, Ontario K1P 5J3  
Telephone: 613-237-2144 x328 or 1-888-472-0657 x328  
Email: [accreditation@cpa.ca](mailto:accreditation@cpa.ca)  
Website: <http://www.cpa.ca/accreditation/>

## **Goals of the Residency**

The goal of our program is to prepare developing professionals with the skills, abilities, and knowledge base to work within the scientist-practitioner model. Residents will gain experience with children of all ages who present with psychological problems related to congenital, perinatal, or acquired medical conditions, or mental health issues. Residents are exposed to many patient populations in both inpatient and outpatient settings. Graduates of our residency program have entered post-doctoral fellowship positions, as well as positions in academic medical centers, post-secondary academic settings, school boards, multi-disciplinary community clinics, and private practice.

Through their residency experience, residents develop an increased awareness of, and acquire skills with respect to, assessment, diagnosis, consultation, treatment, research, as well as how to handle professional and ethical issues. These general goals are met through weekly supervision within each rotation, and meetings with the director of training and selected staff.

Specifically, during this residency, residents will be exposed to the following issues:

I. *Ethical considerations and professional conduct.* Discussions will refer to the College of Psychologists and Behaviour Analysts of Ontario Standards of Professional Conduct, the Canadian Code of Ethics for Psychologists, as well as other relevant guidelines (e.g., the APA Ethical Principles of Psychologists) to explore real and hypothetical situations that challenge health care professionals.

II. *Jurisprudence.* Psychologists in Ontario are regulated by legislation that governs the practice of psychology. These laws and their regulations will be reviewed with special consideration given to how they affect professional practice. Situations in which the law and the code of ethics might conflict will also be discussed.

III. *Role and unique contribution of psychologists in a pediatric medical setting.* The ways in which psychologists can work effectively within the culture and behavioural expectations of a tertiary/quaternary care pediatric medical setting will be addressed. This will provide a contrast to the ways in which psychologists work within mental health and adult settings.

IV. *Effective communication with medical staff, colleagues, patients and families.* Different types of communication are required when dealing with various parties: professional staff, patients, families and other stakeholders. Methods for communicating information appropriate for different parties will be addressed.

V. *Evidence-based care within a scientist-practitioner model.* The best care is that which is proven to be most effective and cost-efficient. Residents will be taught to determine the best methods for assessment and intervention, based on valid research and outcome studies.

VI. Continuing education as an ongoing component of professional practice. Residents will learn the responsibility of self-directed learning as a life-long process. They will be encouraged to seek additional educational opportunities throughout their careers.

### **Program and Rotation Structure**

Clinical training will consist of assessment, intervention, and consultation for a wide range of pediatric disorders and illnesses seen in a tertiary health care centre (ages 0-18 years). Each resident selects three or four supervised rotations during the year, one from each of three thematic areas of Pediatric Psychology:

- Assessment: *Neuropsychology or Diagnostic/Learning Assessment*
- Intervention: *Pediatric Clinical and Health Psychology*
- Clinical Research

In general, each rotation comprises 15 hours per week for 6 months. The resident year is broken into two halves with two rotations each. The resident will choose to emphasize either intervention or assessment by working in that area two days a week for the entire year.

**Intervention:** If the resident elects to emphasize intervention, they will either work in the same intervention rotation for two days of the entire residency year, or they will engage in two separate intervention rotations split across the first half and the second half of the residency year. They will also complete one 6-month assessment rotation and one 6-month research rotation (for a total of 3 or 4 rotations).

#### **Examples of Intervention Emphasis**

First Half	Second Half
<b>Intervention (12 months)</b>	
<b>Assessment (6 months)</b>	<b>Research (6 months)</b>

OR

First Half	Second Half
<b>Intervention (6 months)</b>	<b>Intervention (6 months)</b>
<b>Assessment (6 months)</b>	<b>Research (6 months)</b>

Intervention rotations in clinical/health psychology will all include the following core learning objectives. The resident will gain experience in:

- Formal diagnostic interview/assessment, report writing, and feedback to patients and families.
- Treatment with individual clients, family, and parenting sessions
- Treatment of comorbid conditions
- Learning to integrate psychological data with questionnaires and parent interview data, case formulation, feedback and report writing

- Working within an interdisciplinary team
- Being supervised through role-modelling, demonstration, coaching, case conceptualization
- Active participating in clinic rounds, seminars, and case presentations

Therapeutic approaches include:

- Acceptance and Commitment Therapy
- Cognitive Behavioural Therapy
- Comprehensive Behavioral Intervention for Tics (CBIT)
- Dialectical Behaviour Therapy
- Family psychoeducation, parent skills (Collaborative and Proactive Solutions)
- Family Based Treatment for Anorexia Nervosa and Bulimia Nervosa
- Cognitive Behavioural Therapy for ARFID
- Mindfulness

**Assessment:** Should a resident elect to emphasize assessment, they will change assessment rotations at mid-year in order to gain experience with different populations, different assessment techniques and different supervisors. They will also complete one 6-month intervention rotation and one 6-month research rotation resulting in a total of four rotations.

#### Example of Assessment Emphasis

First Half	Second Half
Assessment (6 months)	Assessment (6 months)
Research (6 months)	Intervention (6 months)

All assessment rotations offered include the following common learning objectives. The resident will gain experience in:

- Administering a broad range of assessment tools, including cognitive, academic, psychosocial, behavioural, and functional measures
- Conducting comprehensive patient and family interviews
- Integrating and communicating information from the history, observed and reported behaviour, test results and school performance in the context of brain-behaviour relations through report writing and clinical feedback
- Providing consultation to members of the multidisciplinary team, families, schools, and other community agencies
- Developing recommendations for effective treatment management strategies, educational planning, and advocating for appropriate community-based resources
- These objectives are also facilitated through directed reading, structured supervision based on clinical cases and developmental neuropsychological principles, as well as attendance at team meetings, outpatient clinics, and multidisciplinary clinical and research rounds

Within each rotation, residents are offered an appropriate degree of independence in meeting the clinical demands so that their current skills will be broadened and enhanced and their knowledge base increased. A developmental model of training is employed.

Residents meet with the Director of Training on a regular basis. In this setting, there is an opportunity to share and discuss ethics and experiences within the context of specific rotations, and to deal with individual and professional issues as they arise. Over the course of the residency year, the types of issues dealt with in these joint meetings will reflect the increasing autonomy and responsibilities expected of the developing resident. The goal of these meetings is to enhance the professional growth and development of the residents.

### Rotations Offered

Rotations are offered to allow the resident to work with a diverse range of patients under the supervision of various staff psychologists, to provide service across multiple programs, and to participate in focused research.

#### **Snapshot of Rotations (Detailed Descriptions Below)**

**Note.** NP = Neuropsychology Assessment, DL = Diagnostic and Learning Assessment, OP = Outpatient, IP = Inpatient

Rotation	Patient Populations Served	Age	Ax	Tx	Research
<b>Cardiology</b> Dr. Renee Sananes & Dr. Dragana Ostojic-Aitkens	<ul style="list-style-type: none"> <li>Children with complex congenital and acquired heart conditions</li> </ul>	3-18	√ - DL  OP		
<b>Chronic Pain</b> Dr. Danielle Ruskin Dr. Catherine Munns	<ul style="list-style-type: none"> <li>Children and adolescents with chronic pain conditions (e.g., neuropathic pain after injury, headache, neuromuscular disease), with disability problems secondary to pain, and pain as a presenting sign of depressive, anxiety, or somatoform disorders</li> </ul>	3-18		√  OP IP	√
<b>Eating Disorders Program</b> Dr. Sandra Doyle Lisek Dr. Brooke Halpert Dr. Hannah Gennis Dr. Jasmine Mahdy	<ul style="list-style-type: none"> <li>Children and adolescents with eating disorders (e.g., Anorexia Nervosa, ARFID, Bulimia Nervosa). Some patients may also present with</li> </ul>	9-18		√  OP	

	emotion dysregulation warranting treatment.				
<b>EDS and Connective Tissues Program</b> Dr. Stella Dentaks Dr. Sahar Borairi	<ul style="list-style-type: none"> <li>Children and adolescents with Ehlers-Danlos, Marfan and Loeys-Dietz syndromes.</li> </ul>	3-19		✓ OP	✓
<b>Epilepsy, Neurosurgery &amp; Genetics</b> Dr. Eva Mamak	<ul style="list-style-type: none"> <li>Epilepsy patients being considered for surgery</li> <li>Genetic/Metabolic disorders</li> </ul>	0-18	✓ - NP OP		
<b>Epilepsy Surgery &amp; DBS Clinic</b> Dr. Elizabeth Kerr	<ul style="list-style-type: none"> <li>Epilepsy patients being considered for surgery</li> <li>May include patients with dystonia</li> </ul>	4-18	✓ - NP OP		
<b>General Neurology</b> Dr. Katia Sinopoli	<ul style="list-style-type: none"> <li>Non-surgical epilepsy</li> <li>Neuroinflammatory diseases (e.g., multiple sclerosis, CNS vasculitis)</li> <li>Neurofibromatosis Type1</li> </ul>	4-18	✓ - NP OP		
<b>General Pediatrics/ Oncology</b> Dr. Joel Tourigny Dr. Melissa Howlett	<ul style="list-style-type: none"> <li>Children and adolescents experiencing mental health issues in the context of their chronic health conditions</li> <li>Children presenting with somatic disorders or behaviours interfering with medical treatment</li> </ul>	2-18		✓ OP IP	
<b>Healthy Living Clinic</b> Dr. Elizabeth Dettmer Dr. Andrea Regina	<ul style="list-style-type: none"> <li>Children and adolescents with complex obesity</li> </ul>	6-18		✓	✓

<b>Haematology/ Oncology</b> Dr. Laura Janzen Dr. Andrea Coppens Dr. Sharon Guger	<ul style="list-style-type: none"> <li>• Cancer (largely acute lymphoblastic leukemia, brain tumours)</li> <li>• Cancer survivorship (AfterCare program)</li> </ul>	3-18	✓ - NP  OP		
<b>Inflammatory Bowel Disease Program</b> Dr. Sara Ahola-Kohut	<ul style="list-style-type: none"> <li>• Children with Crohn’s Disease and Ulcerative Colitis</li> </ul>	7-18		✓  OP	✓  
<b>Neonatal Neurology/ NeuroOutcomes Lab</b> Dr. Tricia Williams	<ul style="list-style-type: none"> <li>• Neonatal brain injury or disruptions in neurodevelopment (e.g., prematurity, hypoxic-ischemic encephalopathy, infectious disease)</li> </ul>	3-18	✓ - NP  OP	✓  OP	✓  
<b>Neonatal Neurology/ Neurosurgery</b> Dr. Naddley Désiré	<ul style="list-style-type: none"> <li>• Engaging in tiered model of care using remote evaluation screening and consultation.</li> </ul>	3-18	✓ - NP  OP		
<b>Psychiatry</b> Dr. Adrienne Blacklock Dr. Erin Romanchych Dr. Jennifer Crosbie (Ax only) Dr. Jennifer Mullane Dr. Jennifer Stanga (Ax only) Dr. Jody Levenbach Dr. Jordana Waxman Dr. Megan O’Connor Dr. Kathleen O’Connor Dr. Victoria Chan	<b>Assessment Opportunities</b> <ul style="list-style-type: none"> <li>• Children and youth who present with complex mental health needs (e.g., attention deficit hyperactivity disorder, anxiety, obsessive compulsive disorder, and mood disorders, learning disabilities)</li> </ul> <b>Intervention Opportunities:</b> <ul style="list-style-type: none"> <li>• Children with complex presentations of anxiety and mood disorders, Tourette’s Syndrome, obsessive-compulsive disorders, and somatic symptom and related disorders</li> </ul>	3-18	✓ - DL  OP	✓  OP	✓  



<b>Rheumatology Research</b> Dr. Busi Zapparoli	<ul style="list-style-type: none"> <li>Youth with childhood onset lupus</li> </ul>	12-18			✓
<b>Stroke Program</b> Dr. Robyn Westmacott	<ul style="list-style-type: none"> <li>Arterial ischemic stroke, cerebral sinovenous thrombosis or other neurovascular conditions such as Moya Moya disease</li> </ul>	3-18	✓ - NP OP		✓
<b>Suspected Child Abuse and Neglect (SCAN) Program</b> Dr. Cynthia Shih Dr. Jasmine Eliav Dr. Lana Depatie	<ul style="list-style-type: none"> <li>Providing children and youth who have been maltreated and their families with medical and psychosocial support, assessment and intervention</li> </ul>	0-18		✓	
<b>Transplant &amp; Regenerative Medicine</b> Dr. Anna Gold	<ul style="list-style-type: none"> <li>Children with congenital or acquired organ deficits (heart, lung, liver, kidney) or intestinal failure</li> </ul>	2-18	✓ - NP OP		

### Rotation Descriptions

#### Cardiology Program

Renee Sananes, Ph.D., C. Psych., & Dragana Ostojic-Aitkens, Ph.D., C. Psych.

**Possible Rotations:** Assessment (Diagnostic and Learning)

This rotation provides outpatient assessment and consultation for children and youth born with a complex congenital heart condition or diagnosed with an acquired heart condition. Trainees will have the opportunity to work with children and their families from 4 years of age through to young adulthood completing comprehensive assessments, conducting intake interviews, and providing feedback to families. If interested, arrangements can be made to expose the trainee to toddler assessments (at 18 months) using the Bayley Scales of Infant and Toddler Development being conducted in the Neonatal Neurodevelopment Follow-Up Clinic (with supervising neuropsychologist Ashley Danguedan, Ph.D., C. Psych). If interested, arrangements can be made to involve the trainee in infant assessments (Bayley Scales of Infant Development at 18 months of age); this would involve primarily observing the assessment in our Cardiac

Neonatal Neurodevelopment Clinic. Residents will have the opportunity to learn about the impact of congenital heart conditions on brain development, to appreciate the changing pattern of neurodevelopmental challenges from birth through young adulthood, and to consider potential impacts on family functioning, and quality of life.

### **Chronic Pain Program**

**Catherine Munns, Ph.D., C.Psych. & Danielle Ruskin, Ph.D., C.Psych.**

***Possible Rotations:*** Intervention, Research

The Chronic Pain program services an outpatient population typically aged 12-16 but also include some cases between infancy and 18 years of age. The resident will participate in weekly interdisciplinary team consultations which include physicians, nurses, physical and occupational therapists and psychologists. Skills in health and clinical psychology will be accrued (including identifying psychological contributors to a physical health presentation, conducting psychological diagnostic assessments and providing feedback and recommendations to our interdisciplinary team regarding how a youth's psychological presentation may contribute to the presenting issues). Common clinical presentations include concurrent anxiety /mood disorders, somatoform disorders (somatic symptom, functional neurological disorder), ADHD/learning disabilities along with autism spectrum disorder. The resident will also undertake several therapy cases which can include individual therapy with the child/youth and parenting. Group-based interventions are also available. Evidence-based treatment modalities include CBT, ACT, mindfulness, behaviour training, and parent training.

Opportunities for involvement in psychology research projects at the pain clinic are available with current projects including comparison of virtual vs in person multidisciplinary pain treatment, evaluation of a pilot psychology intervention to improve outcomes in children, pharmacogenetics, along with other possible research projects assessing psychological contributors to pain that are part of a large database. Research methodologies include mixed methods and program evaluation/quality improvement.

### **Eating Disorders Program**

**Sandra Doyle-Lisek, Ph.D., C.Psych., Hannah Gennis, Ph.D., C.Psych., Brooke Halpert, Ph.D., C.Psych., Jasmine Mahdy, Ph.D., C.Psych. (on leave)**

***Possible Rotations:*** Intervention

The ED Program provides outpatient, day treatment, and inpatient services to children and adolescents with a primary diagnosis of an Eating Disorder (ED) and their families in a multi-disciplinary setting. The youth served in the ED Program typically present with complex ED symptoms and comorbid mental health difficulties such as depression, anxiety, and obsessive-compulsive disorder. Many of the youth are also struggling with emotion dysregulation, suicidal ideation/behavior, and nonsuicidal self-injurious behavior.

While this is an intervention rotation with ample opportunities to deliver family-based, group, and individual therapy to patients, the resident will also conduct psychodiagnostic assessment of the Eating Disorder and comorbidities alongside the multidisciplinary team. Treatment will primarily take place in the outpatient program and the ED day treatment program. Modalities include Family-Based Therapy for Anorexia or Bulimia, Dialectical Behavior Therapy (individual therapy and skills group), Cognitive Behavioral Therapy and Emotion Focused Family Therapy Caregiver group. Residents will also learn to provide Meal Support to patients in the ED day treatment program. Residents will also participate in regular multi-disciplinary meetings, which will include opportunities to provide consultation to other professionals on the team (physicians, nurses, dieticians, social workers, child and youth counsellors and teachers). Applied clinical research and program evaluation studies are ongoing and resident involvement is welcomed.

A strong candidate for this rotation is one who is interested in learning to deliver Family-Based Therapy for Anorexia or Bulimia and in working with youth with emotion dysregulation, severe and complex mental health difficulties, and/or limited insight into their symptomatology. Familiarity with family therapy, DBT, CBT, EFFT, and motivational interviewing will be assets in this rotation. **Duration: 12 months.**

**Ehlers-Danlos Syndrome Clinic and Connective Tissue Disorders Program**  
**Stella Dentakos, Ph.D., C.Psych., Dr. Sahar Borairi, Ph.D., C.Psych. (Supervised Practice)**

**Possible Rotations:** Intervention, Research

The Ehlers-Danlos Syndrome (EDS) Clinic and Connective Tissue Disorders Program provides assessment, diagnosis, intervention, education and expertise in the treatment and management of Ehlers-Danlos, Marfan, and Loeys-Dietz syndromes. The EDS Clinic and Connective Tissue Disorders Program is an outpatient, multidisciplinary clinic consisting of a nurse practitioner, pediatrician, clinical geneticist, genetic counsellor, physiotherapist, social worker, and psychologists. Although the clinic serves children of all ages, psychology services are typically provided to school-aged children and youth. Common clinical presentations include low mood, generalized and social anxiety, panic, somatization, body dissatisfaction, emotion dysregulation, functional impairment, and chronic pain. Medical worries and trauma, difficult hospital experiences and adjustment challenges related to diagnosis and prognosis often co-occurring. The resident will be trained in developing and adopting a trauma-informed approach to care.

The resident will receive training and exposure in both clinical and health psychology and be involved in various clinical activities including health psychology assessments, individual therapy, group intervention, and professional consultations. Trainees may also have opportunities to participate in comprehensive psychoeducational assessments to explore cognition, learning, social and emotional functioning, and health-related considerations. The rotation will also consist of weekly multidisciplinary pre-clinic rounds as well as participating in

weekly EDS clinic. There will also be opportunity for clinical research and quality improvement projects.

Primary treatment modalities include Acceptance and Commitment therapy (ACT) and Cognitive Behavioral Therapy (CBT). Mindfulness, Dialectical Behavioural Therapy (DBT), and behavioural approaches are also integrated based on individual patient characteristics and needs. Strong candidates would have a foundation of CBT and/or ACT training. A biopsychosocial approach to case formulation and conceptualization is emphasized. An interest in education, knowledge dissemination, and clinical research is also an asset.

### **Epilepsy, Neurosurgery and Genetics**

**Eva Mamak, Ph.D., C.Psych. ABPP-CN**

#### ***Rotations Offered:*** Assessment (Neuropsychology)

This rotation combines exposure to patients within several programs: the epilepsy surgery program and patients within the division of clinical and metabolic genetics. Assessment and consultation are the main focus of clinical activities, primarily in the outpatient setting although some inpatient opportunities exist.

Patients in these clinics range in age from 0-18+ years of age, with a wide variety of presenting concerns including intellectual disabilities, social communication concerns, attention, behavior, and learning disorders. Physical manifestations of disease often impact test choice and the ability to assess patients in a standardized manner. Rare disease is a focus of this rotation, and the unique challenges associated with less-common conditions. Families, caregivers, and the entire multidisciplinary treatment team (social work, neurologists, neurophysiologists, geneticists, nursing, child life, dieticians, etc.) are important partners in the assessment and consultation process. Assessments are often higher stakes, informing treatment decisions and monitoring novel treatment outcomes. The ideal candidate will have some strong previous training in standardized assessment, as exploring the limits of testing may be required for patients presenting with low vision, hearing disorders, and physical and/or behavioural differences. This rotation includes significant training content related to issues of equity, especially for newcomers to Canada and/or those who may speak a primary language other than English.

Within a developmental model of training, the resident will provide neuropsychological and developmental assessments for children and youth, and consultation to the inter-professional team.

**Epilepsy Surgery and DBS Clinic**  
**Elizabeth Kerr, Ph.D., C.Psych.**

***Rotations Offered:*** Assessment (Neuropsychology)

The Epilepsy Surgery Program primarily provides outpatient neuropsychological assessment and consultation for children and youth with a history of focal medical refractory epilepsy who are being considered for epilepsy surgery or who are being follow post-epilepsy surgery. Trainees will have an opportunity to complete comprehensive assessments with patients from 4 years of age through to young adulthood, with a wide variety of presenting needs. Common presentations include ADHD, memory problems, slow or variable processing speed, focal neurological deficits, Learning Disabilities, Intellectual Disabilities, as well as emotion and behavioral dysregulation. There may be opportunities to observe language mapping during ESAM or SEEG procedures. Additionally, a few assessments may include patients with generalized epilepsy or dystonia for patients receiving deep brain stimulation and may necessitate tests adaptation to support cognitive and/or physical needs. Strong candidates should have prior experience with standardized psychological test administration and some background knowledge of brain development, cognitive development, and neuroanatomy.

**General Neurology**  
**Katia Sinopoli, Ph.D., C. Psych.**

***Rotations Offered:*** Assessment (Neuropsychology)

This rotation focuses almost exclusively on outpatients through the neurology department. We see children ages 4 and up for neuropsychological assessment and brief consultations. Patients include those with non-surgical epilepsy, neuroinflammatory conditions (e.g., MS, encephalitis), and other neurological conditions (e.g., ataxia). We also see patients from the NF1 clinic with positive neuroimaging findings. Children and teens with cognitive, academic, and behavioural concerns are seen for a single or repeat assessment, depending on the condition and nature of the referral question. From time to time, we are asked to track the patient's response to treatment. We work closely with various physicians, nurses, and social workers from both the Neurology and Pediatrics Departments.

Trainees working in our program will be well-trained in neuropsychological assessment prior to entry into our rotation. Experience working with children with cognitive, behavioural, and psychiatric conditions is an asset. Opportunities to supervise practicum students are available.

## **General Pediatrics/Oncology**

**Joel Tourigny, Ph.D., C.Psych. & Melissa Howlett, Ph.D., C. Psych.**

### ***Rotations Offered:*** Intervention

There are two rotations available in oncology – one with an emphasis on active treatment and short-term follow-up (e.g., ranging time of diagnosis to 5-years post-treatment) and the other with an emphasis on aftercare oncology (e.g., long-term follow-up), each with supplemental cases drawn from the haematology and sickle cell clinics. The majority of children and families will be seen on an outpatient basis with some in-clinic and inpatient consultations as well. Children and youth may span the full age range. Common clinical presentations include health-related anxiety, medical trauma in youth and/or parents, adherence concerns, coping and adjusting to life with a chronic illness, and somatic presentations. Trainees will have exposure to a full interdisciplinary team. Clinical work will develop skills in conducting brief consultations with patients in the medical clinic setting, engaging in consultations with the interdisciplinary team, and more traditional psycho-social assessment and diagnostic interviews, case conceptualization, treatment planning, and intervention. Strong candidates will be experienced with interviewing and intervention skills and have some background or exposure to health psychology principles.

## **Healthy Living Clinic (HLC)**

**Elizabeth Dettmer, Ph.D., C.Psych., Andrea Regina, Ph.D., C.Psych.**

### ***Rotations Offered:*** Intervention, Research

The SickKids Health Living Clinic (formerly the SickKids Team Obesity Management Program (STOMP)) provides outpatient interdisciplinary assessment and treatment to children, youth and their caregivers for complex concerns related to weight, eating, activity and related medical and psychological comorbidities. Although the clinic serves children of all ages, psychology services are typically provided to school-aged children and youth. The team is comprised of specialists from Psychology, Social Work, Nursing, Endocrinology, Adolescent Medicine, Pediatrics, Nutrition, Exercise, and Physiotherapy.

Mental health providers on the team are integral in the assessment and treatment of complex and often severe health psychology presentations that include emotional eating, hyperphagia (secondary to hypothalamic obesity), binge eating, and adherence issues, as well as related comorbid psychological issues such as social and/or generalized anxiety, depression, suicidal ideation, bullying and/or peer relationship issues, school refusal, and body image concerns. Additional socioeconomic, genetic, and familial/interpersonal relationship factors have a particularly strong impact on treatment and prognosis. Treatment is primarily cognitive behavioural (CBT), with other approaches (e.g., MI, DBT skills, EFT, and parent management training) integrated as appropriate. Both individual and group treatments are offered for patients and their caregivers. Mental health providers also support allied health team members in the delivery of care through joint appointments to assist with treatment

progress. Professional consultations and community collaborations are also key to patient care plans.

Psychology residents contribute to all parts of the program and will receive training and exposure in both clinical and health psychology. They conduct psychology assessments, provide group and individual therapy for children, adolescents, and caregivers, as well as engage in frequent consultations with the community and with the interdisciplinary team via joint allied health appointments and weekly rounds. The SickKids HLC team is also heavily involved in ongoing program development and evaluation, quality improvement projects, and clinical research. Opportunities include contributing to the development and evaluation of novel treatment approaches (e.g., binge eating protocol, group treatment, etc.) and examining psychological correlates of weight related factors for children and youth (e.g., trauma, familial stress, anxiety and depressive symptoms, etc.). Residents are encouraged and supported in joining specialized projects as interested. Competitive candidates have a foundation in CBT, and/or DBT, and a strong interest in both Health and Clinical Psychology.

### **Hematology/Oncology Program**

**Active Follow-up:** Laura Janzen, Ph.D., C.Psych., ABPP-CN; Andrea Coppens, Ph.D.

**AfterCare Program:** Sharon Guger, Ph.D., C.Psych.

**Rotations Offered:** Assessment (Neuropsychology)

**Active Follow-up:** This rotation involves primarily outpatient neuropsychological assessment and consultation within the Division of Hematology/Oncology. Patients (aged 4-18 years) are mainly referred by the Sickle Cell Disease, Leukemia/Lymphoma, and Neuro-Oncology teams. Cognitive, academic and emotional-behavioral difficulties are assessed, and interventions are recommended with consideration of the patient's development, medical condition, treatments, individual, family and other relevant factors. The neuropsychology team works closely with other members of the inter-professional team, including physicians, nurses, clinical psychologists, social-workers, speech-language pathologists, occupational therapists, physiotherapists, transition navigators and Inter-Link nurses. Consultation with school staff and other community providers is also common. The resident will become proficient in administering, scoring, and interpreting neuropsychological tests and developing integrated neuropsychological formulations, diagnosing disorders (e.g., Intellectual Disability, Specific Learning Disorder, ADHD, Neurocognitive Disorder) and recommending evidence-based interventions. Knowledge of the medical conditions and treatments, long-term outcomes and neuropsychological professional practice are emphasized. Strong candidates have a foundation in child neuropsychology assessment.

**AfterCare Program:** The AfterCare Program is part of the Division of Hematology/Oncology and provides survivors of childhood cancer with a variety of services, including surveillance for specific late effects, health promotion, school and psychosocial supports. Trainees in this rotation will have the opportunity to provide outpatient neuropsychological assessment and

consultation for children, youth and young adults who have completed treatment through the Leukemia/Lymphoma, Neuro-Oncology and Bone Marrow Transplant teams before transferring to AfterCare where they are followed until 18 years of age. Trainees will work closely with other members of the inter-professional team, including physicians, nurse practitioners, nurses, endocrinologists, health psychologists, dieticians, and transition counsellors as well as trainees in these disciplines.

Common presentations include intellectual disability, ADHD, Specific Learning Disorders, visual-spatial and visual-motor deficits, emotion and behavioural dysregulation and focal deficits. Cognitive, academic and emotional-behavioral difficulties are assessed, and interventions are recommended with consideration of the patient's development, medical condition, treatments and associated late effects, individual, family and other pertinent factors. Consultation with school staff and other community providers is also common.

### **Inflammatory Bowel Disease Program**

**Sara Ahola-Kohut, Ph.D., C. Psych.**

***Rotations Offered:*** Intervention, Research

Inflammatory bowel disease (IBD) is the most common chronic gastrointestinal illness affecting Canadian children. The IBD program provides assessment, diagnosis, intervention, education in the treatment and management of Crohn's Disease and Ulcerative Colitis. The IBD program is generally an outpatient, interdisciplinary clinic including gastroenterologists, nurse practitioners, nurses, dietician, psychiatrist, social worker, and a child life specialist. Patients are typically aged 7-18 with some opportunity for family work for those under 7. For interested residents, opportunities are also available in the new Precision IBD & Monogenic Intestinal Diseases (PIMID) Clinic.

Common clinical presentation adjustment disorder, procedural or disease related anxiety, adherence, management of challenging physical symptoms (and the interplay between organic and non-organic symptoms), somatization, perfectionism, medical trauma, anxiety and depression. Trainees will develop skills in psychodiagnostic assessment, short- and long-term treatment, consultations, experiential and skills-based group facilitation, virtual mental health care, transdiagnostic and process-based treatment. Treatment modality is primarily Acceptance Commitment Therapy and applied mindfulness although opportunities may be available for CBT (consultation, individual, family, dyadic, group). Strong candidates are flexible and adapt to current symptom presentation, open to 1:1, family, and group treatment (some evening groups/workshops), open to discussing challenging/socially embarrassing physical and emotional symptoms. Some familiarity and mindfulness-based practice experience an asset. Opportunity for research examining psychosocial correlates of IBD, peer support, mindfulness and ACT are also available.

Opportunity for quantitative or qualitative research examining psychosocial correlates of IBD, resilience, peer support, mindfulness and ACT are also available. Residents can have access to



preexisting cross-sectional and longitudinal datasets including both patient reported and demographic/medical data.

**Neonatal Neuropsychology/NeuroOutcomes Lab** [//lab.research.sickkids.ca/neurooutcomes/](https://lab.research.sickkids.ca/neurooutcomes/)  
**Tricia Williams, Ph.D., C.Psych., ABPP-CN**

**Rotations Offered:** Assessment (Neuropsychology), Intervention, Research

The NeuroOutcomes lab focuses on answering clinically relevant questions in families and children impacted by early brain injury and/or neurological disorders. Taking a child and family-centered approach, key discoveries have provided insight into psychological comorbidities, parent experiences, and influences of neurological factors on cognitive, academic, and mental health outcomes. The NeuroOutcomes lab works closely with other members of the interdisciplinary team, including neonatal neurologists, nurse practitioners, social work; health psychologists, educators.

The predominant focus is on preschool and school age children with congenital or neonatal conditions impacting brain development (i.e., HIE, neonatal stroke, extreme preterm birth, congenital heart disease) and their parents. Children present with early behaviour and/or learning concerns. Opportunities for both assessment and treatment (e.g., virtual parenting behaviour intervention) are available to trainees.

Research opportunities include early neurocognitive and mental health outcomes, parent experiences and parenting intervention, tiered based model of neuropsychological assessment and care, stepped-care models of mental health service delivery, and patient-oriented research methodologies. Over the course of the rotation, trainees will develop neuropsychological assessment and consultation skills, clinical research skill and collaboration and grant application writing skills can be explored depending on trainee skills set and goals. Prior experience with neuropsychological assessment is an asset but not required. Experience with parenting behaviour intervention and behavioural intervention are also assets.

**Neonatal Neuropsychology/Neurosurgery Program**  
**Naddley Désiré, Ph.D., C.Psych.**

**Rotations Offered:** Assessment (Neuropsychology)

The Neurosurgery Program provides residents with an opportunity to gain experience in assessing and monitoring cognitive, behavioural, and socio-emotional functioning in children and adolescents (ages 0-18-years old) with complex neurological conditions requiring neurosurgical interventions, including moderate-severe traumatic brain injury, vascular brain malformations (e.g., arteriovenous, cavernous, vein of Galen), benign brain tumours (e.g., low grade gliomas), congenital hydrocephalus, craniopharyngiomas, neurofibromatosis, craniosynostosis, or brain infections (e.g., empyema). The trainee will also

have the opportunity to participate in presurgical/postsurgical evaluations to inform surgical treatment/planning.

### **Outpatient Psychiatry Program**

**Adrienne Blacklock, Ph.D., C.Psych., Erin Romanchych, Ph.D., C.Psych., Dr. Jennifer Crosbie, Ph.D., C.Psych., Jennifer Mullane, Ph.D., C.Psych., Jennifer Stanga, Ph.D., C.Psych., Jody Levenbach, Ph.D., C.Psych., Jordana Waxman, Ph.D., C.Psych., Kathleen O'Connor, Ph.D., C.Psych., Megan O'Connor, Ph.D., C.Psych., Victoria Chan, Ph.D., C.Psych.**

**Rotations Offered:** Assessment (Diagnostic and Learning), Intervention, Research

The Department of Psychiatry at SickKids provides assessment and evidence-based intervention for children, adolescents, and their caregivers, who present with anxiety and/or depressive disorders, obsessive-compulsive disorders, and somatic symptom and related disorders. Interdisciplinary team members include psychiatrists, clinical and health psychologists, social workers, therapists, nurse-practitioners, and medical trainees who engage in a breadth of clinical work, research, and training.

**Assessment:** This rotation provides residents the opportunity to work with children and youth who present with complex mental health needs. These can include neurodevelopmental disorders, anxiety, somatic symptom disorders, obsessive compulsive disorder, and mood disorders that may co-occur with learning disabilities. Residents will work within a team embedded in the Psychiatry department to offer psychodiagnostic and/or psychoeducational assessments, often liaising with medical teams hospital-wide depending on patient presentation. This rotation emphasizes developing proficiency in providing complex differential diagnosis, formulation, and treatment planning for patients with a range of psychiatric presentations.

**Intervention:** The Psychiatry Program provides evidence-based intervention for youth and their caregivers. Interdisciplinary team members include psychiatrists, clinical and health psychologists, social workers, therapists, nurse-practitioners, and medical trainees who engage in a breadth of clinical work, research, and training.

Common presentations include social and generalized anxiety, selective mutism, obsessive-compulsive disorder, tics/Tourette Syndrome, low mood, suicidal ideation, and significant somatization. Patients may present with acute or chronic medical conditions, behavioural difficulties, attention-deficit/hyperactivity disorder, parent-child relational challenges, and learning disabilities.

Residents work with children, adolescents, and their caregivers in a combination of individual therapy and group interventions. Evidence-based treatment modalities are varied, with cognitive behavioural therapy being most widely utilized and other therapeutic modalities (e.g., acceptance and commitment therapy, dialectical behaviour therapy, interpersonal psychotherapy) incorporated as indicated. Residents in the Tics/Tourettes Clinic will gain

experience with Comprehensive Behavioural Intervention for Tics (CBIT). Opportunities may also be available for program evaluation research, education, multidisciplinary collaboration, symptom management and consultation.

### **Rheumatology Research**

**Busi Zapparoli, Ph.D., C.Psych.**

***Rotations Offered:*** Research

Dr. Zapparoli works in collaboration with staff rheumatologist Dr. Andrea Knight on research focused on cognitive dysfunction and mental health disorders in youth with childhood onset lupus. Lupus is a chronic autoimmune disease that disproportionately affects racialized minorities and is known to have inflammatory impact on brain. Cognitive dysfunction is common among lupus patients and can make it more difficult for them to cope with the impact of the disease and stay on top of their treatment. Dr. Zapparoli's work is focused on adapting and piloting a cognitive intervention for adolescents with lupus. The goal of the project is to help adolescents develop cognitive strategies that allow them to better cope with the impact of living with a chronic illness, and managing the cognitive and mental health impacts of the disease. This project uses a patient-informed participatory action approach to incorporate patient feedback in the development of the intervention.

### **Stroke Program**

**Robyn Westmacott, Ph.D., C.Psych., ABPP-CN**

***Rotations Offered:*** Assessment (Neuropsychology), Research

The Children's Stroke Program provides outpatient neuropsychological assessment and consultation for children and youth with a history of stroke or other cerebrovascular disorders. Our patients include those with perinatal/neonatal stroke, childhood ischemic stroke, hemorrhagic stroke, cerebral sinovenous thrombosis, moyamoya disease, and other vasculopathies related to NF1 and sickle cell disease. Trainees will have an opportunity to work with patients from 4 years of age through to young adulthood, with a wide variety of presenting challenges and needs. Common presentations include intellectual disability, ADHD, Learning Disabilities, visual-spatial and visual-motor deficits, emotion dysregulation, externalizing behaviour challenges, and focal neurological deficits.

Strong candidates would have prior experience with standardized psychological test administration and some background knowledge of brain development, cognitive development and neuroanatomy.

Current research focuses on determinants of neurocognitive and mental health outcomes following pediatric stroke, as well as issues related to adaptive and maladaptive plasticity.

### **Suspected Child Abuse and Neglect Program (SCAN)**

**Jasmine Eliav, Ph.D., C. Psych., Lana DePatie, Ph.D., C. Psych & Cynthia Shih, Ph.D., C. Psych.**

***Rotations Offered:*** Intervention, Research

The Suspected Child Abuse & Neglect (SCAN) program at Sickkids provides medical and psychosocial intervention for children, youth and their caregivers. The program is multidisciplinary and services 400-500 children/youth per year who have experienced physical abuse, sexual abuse/assault, neglect and/or emotional abuse. In addition, they offer specialized psychosocial services for children and youth who have experienced Internet sexual exploitation and sex trafficking. The program has expertise in complex trauma and is seen as a leader in the field. Clinicians engage in training, research and leadership activities.

### **Transplant and Regenerative Medicine**

**Anna Gold, Ph.D., C. Psych.**

***Rotations Offered:*** Assessment (Neuropsychology)

The neuropsychology assessment rotation in solid organ transplant and regenerative medicine serves patients within all of the following clinical programs; heart transplant, kidney transplant/dialysis, liver transplant, lung transplant and intestinal failure (GIFT) providing both in-patient and outpatient assessments for children aged between 2-18 years of age. Patients can be seen at any stage of the transplant journey including during assessment for listing suitability, pre-transplant and post-transplant. Patients can present with an extremely broad range of both congenital or acquired diseases leading to the need for organ transplant or intestinal failure surgical intervention. Most patients require lifelong medical intervention, with common medical issues associated with organ rejection, infection, ongoing medication and frequent hospitalization etc. We provide clinical care to a number of out-of-province patients.

The resident will have the opportunity to work closely with each of these multidisciplinary teams, including rehabilitation (OT, PT), child life, social work, nursing and physicians, alongside consultation with other staff as needed (e.g. psychiatry). Assessment will form a comprehensive battery of standardized measures to cover a broad range of neuropsychological domains, with more specialized measures included, as needed. As well as providing feedback the patient and their family, liaison with the medical team and child's home school are integral to the assessment, to allow for effective medical and educational planning and intervention to take place. There may be the opportunity for brief focused intervention, if warranted. Research opportunities are available with the focus on exploring potentially influential factors (e.g., medical, treatment, demographic) impacting neuropsychological outcome, in this understudied population.

Residents with a range of neuropsychological experience are encouraged to apply – to allow for either an exposure rotation for those with limited neuropsychological / assessment experience, or for those hoping to further refine their neuropsychological expertise within a medically

complex pediatric population. However, strong candidates will have had at least some psychological assessment administration experience. Over the course of this rotation the candidate will further develop interview and feedback skills, identify the range of neuro/psychological measures that are necessary to answer the referral question, competency in administration/scoring and interpretation of a range of measures, alongside greater proficiency in assessment formulation, report writing and the implementation of appropriate recommendations.

### **Scholarship and Research**



SickKids is an active and exciting academic research environment with a growing list of equity initiatives and community partnerships. The program in Neuroscience and Mental Health within the Research Institute and the Brain and Behavior Centre integrate state of the art clinical, education, and research initiatives. Research at SickKids ranges from characterizing the impact of various adverse insults on development, to understanding the core neurocognitive deficits associated with

neurodevelopmental disorders or acquired brain damage, to clinical trials of cutting edge interventions such as mindfulness informed group therapy for inflammatory bowel disease and evidence-based virtual mental health parent interventions.

Equity initiatives include in-house staff education projects and community partnerships with community health centres and other developing projects intended to address the social determinants of health and enhance mental health equity.

Residents are required to demonstrate their knowledge, expertise, and scholarship by offering talks, didactics, and/or case presentations during their residency. These presentations may include provision of education on specialty topic areas to colleagues, presentations on broader topics of mental health to patients and families, and/or a review of research activities or activities with equity initiatives conducted while at SickKids.

### **Supervision**

In accordance with CPA Accreditation Standards, residents will have a primary supervisor in each rotation and receive **at least 3 hours of individual face-to-face supervision and 1 hour of shared supervision per week**. Regularly scheduled, one-to-one supervision will involve case review, setting and monitoring of training goals, and professional development. Supervision follows a developmental model, and residents will work with a variety of faculty throughout the residency for broad exposure to different styles of clinical practice and supervision. Group professional support/supervision meetings with the Director of Training also take place

regularly to address topics in professional/ethical standards, professional practice issues, cultural and individual differences, and diversity.

### **Didactics**

A rich array of didactic learning opportunities is available at SickKids. More formal didactics are provided to ensure a broad knowledge base in clinical and health psychology. Residents are expected to attend all the Health Psychology didactics, while attendance at the Assessment and Neuropsychology offerings is encouraged. Other optional didactic opportunities exist within the psychology department and the hospital. Rotation-specific readings will be suggested by individual supervisors.

Clinical and health psychology seminars are given by staff psychologists and aim to provide residents with protected time to develop and enhance their clinical skills. Didactics provided in the past have included:

- ACT and mindfulness-based interventions series
- Functional neurological disorders
- Suicide and self-harm

In addition, residents are expected to attend:

- Psychology Education Rounds (monthly)
- Quarterly Greater Toronto Area (GTA) Psychology Seminars. The goal is to provide didactic and networking opportunities to residents across the GTA with a view toward providing connections as they move into their early professional careers.
- CCPPP National Training Seminar series

### **Evaluation**

The evaluation process is designed to be dynamic and proactive. The evaluation process's goals are to optimize the residency experience for each resident, to provide constructive feedback, and to ensure that all residents attain their personal goals and the program's goals. This is achieved through ensuring:

- Developmental, competency-based model of training
- Monthly supervisor meetings; mid-rotation and final rotation evaluations
- Opportunity for resident to provide feedback on rotation, supervision, and residency experience

To monitor the Residency Program and to ensure its excellence, we also strive to facilitate feedback from each resident. In addition to the scheduled meetings outlined above, *ad hoc* meetings are arranged as necessary. The Director of Training provides leadership in the evaluation process and is responsible for its integrity. Formal written progress evaluations are prepared by the training faculty staff at the mid-point and conclusion of each rotation. Residents whose performance is not at an expected level of competence will be advised

regarding the problem areas in their performance, and a specific plan to remediate those weaknesses will be developed.

### **Facilities**

The department has office and bookable testing space and all staff, including residents, have access to secure online platforms (e.g., Microsoft Teams, Zoom for Healthcare, OTN – Ontario Telemedicine Network, REDCap, Q-Interactive).

Residents have access to a large, shared office space. Each resident has an individual desk space with a computer, access to administrative support, and access to bookable office space for individual assessments or therapy. Other resources in the department include an observation/interview room with a one-way mirror, a group therapy room and psychometric measures (Q-interactive/Q-Global, etc.) Residents also have a private phone line and access to electronic medical journals through the University of Toronto Library.

### **Equity, Diversity & Inclusion at SickKids**

SickKids believes that an equitable and inclusive culture empowers staff and trainees to freely explore and express their ideas without fear, which has consistently led to new ideas and innovations. The goal is to transform health-care systems to authentically reflect the communities we serve by engaging in community partnerships to improve the health experience of racialized communities and other communities who have traditionally faced oppression. Residents are encouraged to become involved in EDI Committees, initiatives, and learning opportunities in directions that further their own personal development.

#### **Equity, Diversity and Inclusion Strategy**

The SickKids Equity, Diversity and Inclusion (EDI) Strategy aims to advance equitable inclusion of diverse people and communities across SickKids' care, research and education initiatives so that all can feel acknowledged, valued and respected. Aligned with our SickKids 2025 Strategic Plan, the EDI Strategy provides a path to boldly embed EDI in all that SickKids does and create safe and brave spaces for meaningful change ([2025.sickkids.ca/edi/](https://2025.sickkids.ca/edi/)). Developed through engagement and consultation with patients, families, staff and community partners, this plan set the stage for a more equitable and culturally safe future as SickKids.

Some examples of steps taken to advance a more inclusive SickKids:

- The **EDI Steering Committee** provides a platform for discussion and guidance regarding EDI initiatives, programs and policies across the organization with representation from across clinical, learning and research groups.
- Launched an **Anti-Racism in the Workplace Policy**
- Established **Inclusion Networks**, which are situated around identity and community, and provide employees opportunities to network and create affirming, safer spaces by sharing lives experiences and ideas for change.

- Hired an **Indigenous Health Program Manager** and **Indigenous Patient and Family Experience Specialist** to support culturally safe care for Indigenous patients and families, aligned with the **Indigenous Health Strategy**.
- Land Acknowledgments
- Signing of the BlackNorth Initiative Pledge (2020)
- Adoption of the Inclusion Flag and 2SLGBTQIA+ acronym
- Preferred Name Initiative

### **Employee Wellness**

SickKids is committed to supporting its staff in their movement toward wellness in a variety of ways, including:

- *Employee Assistance Program:* The Employee Assistance Program (EAP) is a confidential and voluntary support service that can help you develop strategies to help you with personal or work-related concerns, tensions and stress before they lead to more serious difficulties. EAP is available at no cost to employees and their families.
- *Employee Relations:* The Employee Relations group provides support to all staff who work at SickKids when dealing with difficulties in the workplace such as interpersonal conflict or issues related to discrimination, breaches of the Code of Conduct, the Respect in the Workplace policy and the Prevention of Workplace Violence and Harassment policy.
- *Peer Support Program:* A confidential resource, offering individual mental health outreach and trauma support 24/7 to staff in need. Peers can connect with their colleagues in a variety of ways (e.g., meeting one-to-one or providing support via telephone, email or text).
- *Spiritual & Religious Care Department:* The SickKids Spiritual Care Department Consists of Four Pillars: Chaplaincy, Clinical Pastoral Education, Counselling, and The Mindfulness Project. Visit the site to find information about the four pillars, religious observances and related events.



## **COVID-19 Impact on Training**

SickKids is committed to the training of future psychologists and achieving core competencies remain a priority. Teaching faculty and departmental leadership are committed to being transparent with information, collaborating with residents to develop disruption contingency plans guided by training goals, and to document adjusted goals and expectations (including supervision arrangements). Should disruptions to rotations occur, potential and current residents will be notified as soon as information becomes available.

Residents are expected to comply with all federal, provincial, and SickKids organization regulations including Infection Prevention and Control procedures within the context of providing clinical services, or otherwise.

***All SickKids staff including trainees are required to show proof of full vaccination against COVID-19 prior to their start date; or (b) obtain an approved exemption based on disability (medical), creed (religion) or other grounds enumerated in the Ontario Human Rights Code.***

All residents are paid employees of SickKids and are considered essential workers. No residents were redeployed during their training years of the pandemic, but SickKids employees could potentially be redeployed to other roles in the hospital (within their competence) if such measures were deemed necessary.

Over the course of the training year residents may be involved with in-person contact, telehealth services (telephone and/or videoconferencing), or a combination of those activities. Residents may work on-site or remotely, and on-site care may require use of Personal Protective Equipment (PPE; e.g., masks, possibly gowns and/or gloves). When residents are working remotely off-site, they are required to do so while remaining in the province of Ontario and be within commuting distance as at least some work hours will be required to be at the hospital. Didactic seminars may also take place remotely (videoconferencing).

## Stipend and Benefits

The current stipend for the 2025-2026 year is set at \$49, 140 CAD. Residents are eligible for the modified SickKids benefits package (health and dental), 3 weeks paid vacation, 9 statutory holidays recognized by the hospital, 2 paid “float” days, and 1 week paid professional development leave. A \$500.00 professional development fund is provided for each resident for attendance at scientific conferences or professional development activities during the year.

## Eligibility

For consideration, applicants are required to meet the following minimum criteria by the application deadline.

- Enrolment in a doctoral program in clinical psychology accredited by the Canadian and/or American Psychological Associations.
- Completion of a master’s degree (or equivalent), all compulsory doctoral course work, comprehensive examinations, and approval of dissertation proposal.
- Completion of at least 600 hours total of supervised practicum experience. Preferably this includes at least 300 hours in face-to-face patient/client contact (interviewing, assessing, or intervening with clients directly) and 150 hours of supervision. **Given the COVID-19 pandemic flexibility in the hour composition will be considered.**

A broad range of academic and practical experience, particularly with respect to child assessment and treatment is valuable. Applicants who bring diversity to the program (e.g., fluency in French/other languages or experience with under-served populations) are especially encouraged to apply. In accordance with Canadian immigration requirements, preference is given to applicants who are Canadian citizens, or permanent residents of Canada.

*The residency begins on the first working day of September and ends on the last working day in August of the following year.*

## **Historical Application Statistics**

Academic Year	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Positions Available	3	3	3	3	3	3
Applications	50	57	46	68	46	33
Interviewed/Short-listed	18	16	16	18	18	14
Ranked	16	15	16	18	18	13
Matched	3	3	3	3	3	3
Matched as % of applications	6%	5%	7%	4%	7%	9%
Mean Practicum Hrs (Tx, Ax, Spvn & Sup)	2038	1949	1536	1731	2533	2035

## **Application**

Our program uses the APPIC standard application, available on-line at [www.appic.org](http://www.appic.org). The application package includes a form entitled "Verification of Internship Eligibility and Readiness" which must be completed by the Graduate Program Director of Training and submitted as part of the application. **Hospital for Sick Children Program Code: 181811.**

### **Required supporting materials include:**

- Cover letter stating applicant's professional plans and special interest in the SickKids Predoctoral Residency Program (or refer to APPIC application essays)
- Curriculum Vitae
- Official graduate school transcripts
- APPIC Verification of Internship Eligibility and Readiness form
- Three (3) letters of reference (using the standardized APPIC reference form). At least two (2) letters should be from supervisors familiar with the applicant's clinical skills.

**Deadline for submission of applications is 11:59 p.m., EST on 1<sup>st</sup> of November each year.**

Applicants who have had placements and/or requirements that were negatively impacted by the COVID-19 pandemic are encouraged to have their Director of Clinical Training highlight the nature of this impact in their portion of the APPI application. If placements were cancelled or prematurely terminated, applicants are encouraged to describe the training and hours that were anticipated in their cover letter.

The Psychology Residency Program at SickKids conforms to the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is a member of the Canadian Council of Professional Psychology Programs (CCPPP). We participate in the Computer Matching process sponsored by APPIC. Completed applications are rated independently by members of the Residency Committee and are ranked. 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.

- Candidates will be notified on the *CCPPP Universal Notification Date* - <https://ccppp.ca/> regarding whether or not they are being offered virtual interviews
- *Interviews will be conducted with selected applicants during the 2<sup>nd</sup> and 3<sup>rd</sup> weeks of January 2025.* While on-site interviews are not required, all candidates are invited to visit the hospital and meet with staff if possible.
- The matching process is completed through the National Matching Service.

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* – <https://laws-lois.justice.gc.ca/eng/acts/p-8.6/index.html>), only information that is required to process your application is collected. This information is secured and is shared only with those individuals involved in the evaluation of your residency application.

## Information about SickKids and Toronto

The Hospital for Sick Children (SickKids), affiliated with the University of Toronto, is recognized as one of the world's foremost paediatric health-care institutions. It is Canada's leading centre dedicated to advancing children's health through the integration of patient care, research, and education. With a staff that includes professionals from all disciplines of health care and research, SickKids provides the best in complex and specialized care by creating scientific and clinical advancements, sharing knowledge and expertise and championing the development of an accessible, comprehensive and sustainable child health system. The Sickkids Centre for Research and Learning has been providing a hub where researchers and learners can congregate and share ideas to transform the current state of child health care.

SickKids is in downtown Toronto, Canada's largest city. Toronto lies on the shore of Lake Ontario, the easternmost of the Great Lakes. Over 4 million people live in the Greater Toronto Area (GTA). Toronto is a clean, safe, cosmopolitan city with a wonderful network of parks, recreational, and cultural facilities. For more information: [www.seetorontonow.com](http://www.seetorontonow.com)

