Waterloo Region
Predoctoral Residency in
Psychology Consortium

Residency Guide
2013-2014
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Kitchener-Waterloo, Ontario, Canada

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The Region of Waterloo is located in south western Ontario, 100 kilometres west of Toronto and 300 kilometres east of Detroit. With more than 500,000 residents living within the Region’s seven municipalities (Kitchener, Waterloo, Cambridge, North Dumfries, Wellesley, Wilmot and Woolwich) it is one of the fastest growing areas in Ontario, home to people of at least 195 ethnic origins. In 2007, the Intelligent Communities Forum (ICF) recognized Waterloo as the world's Top Intelligent Community, which honoured the city’s development of a prosperous economy based on broadband and information technology. This is a progressive educational area, with three universities and a community college. There is easy access to educational opportunities in Toronto, Hamilton, and London, which are nearby centres for health care.

Consortium Partners

The consortium consists of four organizations that provide mental health and/or educational services in Waterloo Region. The amount of training (i.e. number of rotations) provided by each of the partner organizations is negotiated annually. As the Lead Organization of the consortium, Lutherwood is the employer of prospective residents and the host of the Director of Training as well as administrative staff associated with the consortium. The following summary provides a description of the consortium sites, and outlines psychological services offered at each. Each agency maintains strong linkages with other area hospitals, mental-health agencies, tertiary referral centres, educational institutions and community-based home-care, health, and mental-health agencies.

Campus Wellness, University of Waterloo

Campus Wellness is comprised of two programs – Counseling Services and Health Services. Both programs share the responsibility for the care of students, staff, and faculty with mental health concerns.

Counselling Services provides counselling for individuals and groups in a variety of formats to current students, and faculty and staff under the Employee Assistance Program (EAP). The program strives to maximize the effectiveness and participation of students in the academic and nonacademic opportunities provided by the University as well as enhancing their abilities to move toward their educational, career and personal goals. The Service provides both individual appointments as well as group/workshop appointments.

Health Services serves a student population of approximately 30,000 undergraduate and graduate students, and has more occasional contact with the population of 5000 distance education students. Health Services takes a multi-disciplinary approach to health care. Health Services staff includes physicians, nurses, psychiatrists, health educator, dietitian, psychologists, counsellors, administrative staff and other allied health professionals.

Clinical Psychology positions comprise approximately forty percent of the Mental Health Care Practitioners on campus. There are twenty (20) full and part time Mental Health clinicians on staff. Other clinical positions within the Counseling and Psychological Services Program include Registered
Social Workers and Counselors with Masters level training in psychology, counseling, or education-related fields.

**Centre for Mental Health Research, University of Waterloo**

The CMHR was conceived as re-embodiment of the Clinical Division’s Psychology Clinic, which has existed for some 35 years to provide a training clinic for graduate students. It has been fully operational in its new facility since August of 2008. The expanded mandate, supported by the University of Waterloo at the highest level is to:

- facilitate innovative research into the development and persistence of mental illness in children, adolescents and adults
- provide excellence in research and clinical training to Clinical Psychology graduate students
- provide a range of psychological services to the community.

Graduate student therapists, under the supervision of core faculty from the Clinical Psychology Division and registered psychologists in the community, provide mental health services to individuals referred by doctors and community agencies across Waterloo Region. Clients entering the CMHR receive diagnostic assessments using psychometric measures and structured interviews. Based on the results of the assessments clients are provided with the option of continuing on to an evidence-based mental health treatment. Therapists are expected to provide these services using the structure of a standardized treatment planning system. Most clients pay for service on a fee-for-service basis, with consideration to their ability to pay. Psychological test data are collected again following the treatment program. Residents will be involved in assessment, consultation, and treatment related to complex mental health needs.

**Lutherwood**

Lutherwood is a progressive, not-for-profit health and social service organization that strengthens the lives of people in our community by providing mental health, employment, housing and family support services to more than 18,500 people annually in Waterloo Region and Wellington County. Lutherwood is committed to supporting people of all backgrounds and beliefs to build and sustain better and more hopeful futures.

- We extend respect, fairness, reason, justice, care and compassion to all people in everything we do.
- We support people as they discover and exercise their potential to become self-sufficient and build better futures for themselves.
- We depend on, invest in, equip and recognize those who use their skills and experience to meet the needs of those we serve.
- We share our experience and resources with complementary organizations to better serve our community.
- We listen to our clients and community in defining how our services are delivered.
- We pursue innovation and new directions to anticipate and meet the changing needs of our clients.
- We strive for financial independence to ensure excellence and sustainability of service.

Lutherwood’s Mental Health Services are accredited through Children’s Mental Health Ontario, and provide a range of services to assist children and families. We provide day, residential and home-based assessment and treatment, community and school-based interventions, services for youth involved with the justice system, autism services, a youth shelter and housing support services.
Opportunities for assessment, therapy, and consultation are present across services and programmes.

Psychologists provide consultation, therapy and assessment services to a number of community organizations (Family & Children’s Services, an agency providing group homes for children and youth in care, a developmental services organization), and are involved in a number of research endeavours.

**Waterloo Region District School Board**

The Waterloo Region District School Board (WRDSB) is one of the larger district school boards in Ontario, serving approximately 60,000 students in the Region of Waterloo. The Board is the largest public employer in the Regional Municipality of Waterloo with nearly 3,500 teaching staff and 2,000 support staff members providing educational programs and services to students. The WRDSB cultivates a safe, inclusive and equitable learning community which challenges and inspires all our learners to be engaged, connected, and contributing global citizens.

Psychological Services provide a variety of psycho-educational services to promote and optimize the learning of all WRDSB students. In addition, Psychological Services plays an important role in fostering wellness and wellbeing by identifying and addressing the behavioural, emotional, and social conditions that are essential to effective learning and student success. We provide assessment, consultation, and intervention support to at-risk or special education students in the WRDSB. There are over 17 Psychological Services Consultants providing a range of services including psycho-educational assessment, clinical assessment, consultation, intervention, threat risk, and research services. Many psychological services staff are Registered Psychologists with extensive clinical and school psychology experience.
Training Program

Philosophy
The purpose of the consortium’s training program is to develop clinicians who will be capable of sound, independent professional functioning in the provision of psychological assessment, psychotherapy, and consultation. We believe that clinical competence is built on a solid base of scientific evidence and on experience with a variety of assessment and treatment approaches. Our program is committed to building on the base of knowledge and experience that residents have already begun to establish in graduate school and in previous practicums. The consortium settings offer opportunities for residents to develop and hone their skills in working with severe and complex inpatient, residential and outpatient clients within varying healthcare models. Clinical experiences are available across a wide age range, from young children to the elderly. We encourage the development of clinical understanding within a variety of theoretical orientations, with a particular emphasis on cognitive-behavioural and systemic perspectives. We make every effort, within the structure of the consortium, to individualize residents’ training opportunities to suit their particular interests and needs. We are committed to providing the degree of supervision necessary to permit residents to manage complex cases effectively, with supervision designed to facilitate gradually increasing independence.

Psychology staff across the consortium are committed to:
- the development, provision, and evaluation of high-quality psychological services that promote the physical, emotional, cognitive, and social well-being of persons seeking assistance
- the training of psychology professionals
- the advancement of psychological perspectives in health care.

Psychological services are regulated by the College of Psychologists of Ontario and are offered in accordance with the relevant legislative acts and professional standards, guidelines, and codes of ethics.

Although specific functions for psychology staff vary by agency and service area, services include:
- psychological assessment and diagnosis
- psychological treatment
- psychological consultation
- provision of training in psychology
- contribution of psychological perspectives to evaluation of clinical programs
- contribution of psychological perspectives to policy initiatives within the host agencies
- contribution of psychological expertise through education in health-care and community settings
- facilitation, implementation, and dissemination of research.

Goals and Objectives
The specific goals that emanate from our philosophy of training are the following:
- Residents will ground all aspects of their practice in the most current research
- Residents will master clinical skills and demonstrate sound clinical judgment in the provision of psychological assessment and consultation.
- Residents will master clinical skills and demonstrate sound clinical judgment in the provision of psychological treatment.
Residents’ exercise of clinical skills and judgment will be informed by sensitivity to individual and cultural differences. Residents will solidify their sense of themselves as psychologists, incorporating the values, standards, and ethical principles that this professional identity entails.

Following are the objectives that correspond to each of the goals. The extent to which these objectives are met will vary according to the level of training/skill/preparation of each resident.

- **Research grounding:** Residents will be comfortable in evaluating practice-related research and will base decisions about their work (assessment, intervention, consultation) with clients on current findings. They will be able to evaluate the quality of evidence used to support clinical decisions.

- **Assessment/consultation:** Residents are expected to achieve competence in the following skills and judgments required for psychological assessment and consultation: interviewing; selecting psychological tests; administering and scoring psychological tests; interpreting test results; integrating findings from various sources; conceptualizing cases; diagnosing psychological disorders; formulating treatment recommendations; writing assessment/consultation reports; and giving feedback to clients/ families, and other professionals.

- **Treatment:** Residents are expected to achieve competence in the following skills and judgments required for psychological treatment: evaluating treatment needs, working with clients to set realistic treatment goals, selecting interventions, operating effectively within the chosen theoretical orientation(s), responding flexibly to clients’ needs as they arise, managing crises, recognizing the need for consultation, and managing termination.

- **Sensitivity to differences:** Residents are expected to demonstrate sensitivity to individual and cultural differences by: taking into account ethnic, gender, and sexuality differences when conceptualizing and diagnosing, and adjusting assessment and treatment approaches to meet the needs of clients representing various cultures, lifestyles, and levels of functioning.

- **Professional identity and functioning:** Residents are expected to demonstrate identification with the psychologist’s professional role and values by: understanding the psychologist’s role on the multidisciplinary clinical team; participating actively on multidisciplinary clinical teams; participating in activities specific to psychologists; interacting respectfully with other disciplines; understanding the roles of other disciplines; showing awareness of ethical standards of psychological practice; showing awareness of mental-health and other relevant legislation; behaving ethically toward patients, colleagues, and other staff; managing workload responsibly; completing work promptly; integrating readings and research findings into clinical practice; and interacting with community partners (e.g., schools, probation, physicians) to facilitate client care.
Training Experiences

Tracks and Rotations

The Waterloo Region Psychology Consortium offers four full-time twelve-month pre-doctoral positions. Residents apply, and are accepted for, a position in one of two Tracks:

- Child/Adolescent Mental Health (2 positions)
- Adult Mental Health (2 positions)

Within each Track, there are a number of potential Major Rotation opportunities with which the resident may be matched according to availability and the residents’ expressed interests. The residency will consist of two rotations lasting 6 months (3 days per week) and one rotation lasting 12 months (1.5 days per week). Each rotation will be approximately 600 hours in length. One half-day per week will be set aside for non-clinical resident activities.

Child/Adolescent Mental Health Track

The Child/Adolescent Mental Health Track is designed to prepare residents for future post-doctoral supervised practice focused on children, adolescents and their families. Clients range in age from three to 18. There are opportunities for major rotations across various sites, including schools, community agencies, and university settings. Training is available in a variety of types of services, including out-client, day treatment, or residential treatment programs. In addition to providing direct client service, many of the child rotations provide opportunities for residents to supervise more junior clinical psychology graduate students conducting assessments or psychotherapy in that setting.

To be considered for the Child/Adolescent Track, resident applicants must have completed relevant course work in child assessment, child development, and child psychopathology, ethics and research practices. They must also have completed a minimum of 600 hours of clinical experience (practica), at least half of which involves child/adolescent assessment AND therapy.

Potential rotations in the Child/Adolescent Mental Health track include:

Centre for Mental Health Research (CMHR): Child Assessment and Psychotherapy

The CMHR offers a full range of psychological services for children and families. Residents will have the opportunity to participate in the CMHR’s Cognitive Assessment Team (CAT). The CAT provides comprehensive psycho-educational assessments using the latest assessment methods. Residents will conduct assessments and participate on teams with graduate students. Each assessment concludes with a report, usually written for both parents and school officials. Residents will then participate in meetings with school personnel to disclose assessment results.

Children and families applying for treatment services at the CMHR also complete pre-treatment assessments. These assessments include structured interviews using the MINI-Kid as well as standardized behavioural assessment. Other measures may also be introduced as dictated by the presenting client profile.

Residents will receive intervention training using evidence-based practice of child and family therapy. Most common client profiles include children with Anxiety Disorders or Disruptive Behaviour.
Disorders. Typical approaches include exposure-based treatment for Anxiety and behaviourally-oriented parental guidance. Subject to availability of supervisors, there may also be the opportunity to employ family therapy approaches.

Opportunities to supervise psychology graduate students will also be provided. In addition, residents will participate in the CMHR’s ongoing case conference schedule, during which they will have the opportunity to consult on complex cases. Additional case consultation activities occur by virtue of the connection of the CMHR with other university-based mental health service providers.

**Lutherwood: Residential, Day Treatment, Youth Justice, Out-Client, Autism, and Consultation Services**

Psychologists at Lutherwood are each involved in a number of services, hence, a single rotation at Lutherwood could involve work in a number of different areas, according to interest. Among the different service areas are:

- **Day Treatment Programmes** provide therapeutic services for 12 – 16 year-old youth whose emotional and behavioral difficulties have significantly affected their functioning in school. Two separate classrooms, for youth with primarily internalizing or primarily externalizing disorders respectively, combine a supportive school environment with therapeutic and skills training activities designed to foster adolescent growth and work towards treatment goals. Psychologists provide consultation to the treatment team and provide assessment and therapeutic services to selected youth.

- **Residential Treatment Programmes** provide therapeutic service for 12 – 16 year-old youth whose emotional and behavioral difficulties have significantly affected their functioning at home and at school. While one residential programme is geared to youth who live with their families and go home on weekends, the other is for youth who require longer term residential treatment, and are in the care of child welfare agencies. The programmes combine a supportive school environment, with therapeutic and skills training activities designed to foster adolescent growth and work towards treatment goals within a family based treatment model when possible. Psychologists provide consultation to the treatment team and provide assessment and therapeutic services to selected youth.

- **Youth Justice Services** feature an *open custody* setting with a treatment focus, and additional community based treatment programmes. Treatment on the open custody unit is based on individualized rehabilitation plans of care developed by the youth, family/guardian, and the multidisciplinary team to address the specific emotional, behavioral and mental health needs that have contributed to anti-social/criminal behavior. The *Intensive Support and Supervision Programme* (ISSP) provides intensive community based individual and family therapy to youth for whom participation in the programme is a formal requirement of their probation order. *Youth Contact* provides comprehensive individual and family support in the community for youth referred by their probation officer. Psychologists complete court ordered pre-sentence assessments of youth and provide consultation to services providers in each of these programmes.
• **Contracted Services:** Psychological services are contracted out to several community partners.
  - *Family and Children’s Services,* for whom psychologists complete psychological assessments for youth with complex leaning and mental health needs, provide consultations to workers about the behavioral and social/emotional needs of children in their care, and offer long term sexual abuse treatment for a select number of clients.
  - *Developmental Services Resource Centre,* an agency that provides services for developmentally disabled individuals across the life span. Psychologists provide consultation and supervisory support to behavior therapists, social workers, and community service coordinators.
  - *Pioneer Youth Services,* an agency that offers long stay residential accommodation in group homes for youth with complex life circumstances, developmental disabilities, and mental health needs. Psychologists offer individual therapy or psychological assessment to selected residents, and provide consultation about complex client needs to group home staff.

• **Autism Services:** Psychologists are involved as clinical consultants for two separate programmes for children and youth with an Autism Spectrum Disorder:
  - *Aspen:* an after-school social skills group
  - *Klass:* support to families of children participating in Intensive Behavioral Intervention (IBI).

• **Health Connect Counselling Partners:** A collaboration of six mental health counselling agencies that work with family physicians within a Health Services Organization (HSO) to deliver mental health services. Psychologists provide psycho-educational and psychological assessments to both children and adults referred by family physicians within the HSO.

**Waterloo Regional District School Board: Psychological Assessment, Clinical Consultation, Group and Individual Intervention**

Residents will receive training in conducting assessments in the areas of developmental disorders (e.g., developmental delay, learning disability, autism spectrum disorder, behaviour disorders) and mental health disorders (e.g., anxiety, mood, attention deficit hyperactivity disorder). They will have opportunities to provide consultation to students, families, teachers, school administrators, community service providers, and special education personnel. Depending on the interests of residents, they will be able to support students from Kindergarten to secondary school age in a wide range of special education programs (e.g., vision, hearing, orthopedic, mental health, developmental, and/or behavioural needs), and families with culturally and linguistically diverse backgrounds. In addition, residents will participate in a variety of professional development and supervision opportunities including group and individual supervision, psychological services department meetings, peer consultation, and board or department sponsored professional development sessions.

• **Multi-disciplinary and Student Success Teams:** Psychological Services Consultants are members of elementary level multi-disciplinary teams (MDTs) and secondary level Student Success Teams (SSTs). MDTs and SSTs are comprised of both school-based and central special education personnel. Psychological Services Consultants, together with Special Education Consultants, Speech and Language Pathologists, and Social Workers, are assigned to a cluster of elementary and/or secondary level schools. MDTs and SSTs serve to identify students requiring such special
education services as psychological or speech and language assessments, referrals to special education programs and services, or referrals to community based services. At MDTs and SSTs, Psychological Services Consultants provide education regarding typical and atypical development, as well as information regarding the impact of learning, developmental and mental health disorders on student learning. In addition, MDTs and SSTs provide a forum for Psychological Services Consultants to offer consultation to help develop school-based interventions and monitor the progress of special education students and interventions.

- **Psychological Assessments**: Through comprehensive psychological assessments, Psychological Services Consultants consult and collaborate with students, families, and school personnel to understand and address students’ unique learning, behavioural, emotional, and social needs. Psychological assessment information is used to develop or adapt Individual Education Plans, determine eligibility for special education programs, and plan educational, behavioural, or psychological interventions.

- **Consultation**: In addition to consulting at MDTs and SSTs, Psychological Services Consultants are often engaged in extended school-based consultations which typically involve student observations, ongoing monitoring, and interviews with classroom teachers, other school personnel, family members, and community agencies as needed. Sometimes clinical interviews and measures are used. Psychological Services Consultants may identify clinical problems requiring further assessment, help families access appropriate community services, or collaborate with school staff to develop and monitor effective interventions to address learning, behavioural, social, or emotional difficulties.

- **Special Education Programs and Services**: WRDSB provides a wide range of special education programs and services. At the school level, special education teachers provide in-class and withdrawal support; child and youth workers support the behavioural, social and emotional needs of students. For more specialized or intensive support, students can be referred for itinerant special education teacher support (e.g., training in adaptive technology for students with learning disabilities) or to congregated classes which are designed to meet the needs of exceptional learners. Each special education program has a Psychological Services Consultant assigned to provide program-specific assessment, consultation and/or intervention services.

- **Interventions**: Psychological Services Consultants offer individual and group based behavioural or cognitive behavioural interventions. Some Psychological Services Consultants work with WRDSB’s Behaviour Team to develop, implement, and monitor intensive interventions for students with complex behavioural difficulties. In addition, Psychological Services Consultants may work with school-based child and youth workers to provide cognitive behaviour group interventions to address anxiety.

- **Threat Risk Assessment**: If a student engages in significant threatening or violent behaviour, a team of school and community based individuals meet to engage in a multi-dimensional assessment of the student’s behaviour and develop interventions to address the underlying causes of the threatening behaviour and to ensure the safety of the school community. A team of Psychological Services Consultants facilitate the more serious threat/risk assessments which
includes interviewing the student and his/her family, leading a data sharing session, and collaborating to determine interventions for the student.

- **Program Evaluation and Research Team (PERT):** A team of Psychological Services Consultants are members of PERT, which is designed to support system-level program evaluation and research initiatives. They may develop surveys, analyze achievement and other data to support the board’s improvement plan, or provide consultation to other departments regarding research design, analysis, or reporting. In addition, a Psychological Services Consultant chairs WRDSB’s Research Committee which meets regularly to review and approve proposals from university researchers to conduct research with students or school personnel.

**Adult Mental Health Track**

The Adult Mental Health Track is designed to prepare residents for future post-doctoral supervised practice focused on adults. There are opportunities for major rotations at a university mental health service providing out client therapy for students and at a training and research clinic providing services for members of the surrounding community. In addition to providing direct client service, the adult rotations provide opportunities for residents to supervise more junior clinical psychology graduate students conducting assessments or psychotherapy in each setting.

To be considered for the Adult Mental Health Track, resident applicants must have completed relevant course work in psychopathology, assessment and intervention, ethics and research practices. They must also have completed a minimum of 600 hours clinical experience (practica), at least half of which involves assessment AND therapy for adult clients.

Potential rotations in the Adult Mental Health track include:

**Campus Wellness: Psychological Assessment, Individual and Group Psychotherapy**

Psychological services on campus include psychiatric care, psychological assessment and psychotherapy treatment services. Help is provided for a full range of psychiatric and psychological conditions and personal concerns. Psychological assessments are conducted to assist with diagnostic clarification and treatment planning. Ongoing treatment is offered for complex cases and to clients with co-morbid issues and/or for whom treatment falls outside a short-term, limited session model. All psychological assessment and psychotherapy services are developed based on empirical research and follow best-practice guidelines.

The Clinical Psychologist is primarily responsible for clinical and administrative facets of psychological assessment and intervention services within the portfolio of Counseling and Psychological Services: conducting a variety of psychological assessments; formulating diagnosis and treatment plans; report writing; giving feedback to clients and referral sources; planning and implementing interventions in both individual and group formats; crisis management and triage, facilitating on and off campus referrals; fostering good working relations with other members of the circle of care and campus support services (such as Office for Persons with Disabilities, Health Services, department Deans and Faculty Advisors, Director of Student Housing); developing working relations with off campus agencies and support services; taking a leadership role as requested on campus and community committees relevant to mental health and wellness.
The provision of psychological assessment services includes evaluation and diagnosis of cognitive, intellectual and neuropsychological conditions, mood and anxiety disorders, psychotic disorders, eating disorders, sleep disorders, sexual and gender identity disorders, substance and addiction-related disorders, adjustment disorders and personality disorders. Psychological assessments strive to clarify diagnostic issues and provide appropriate treatment recommendations that will enable students to function at their fullest potential.

The provision of psychotherapy and psycho-educational interventions includes Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), Mindfulness therapy, Emotion Focussed Therapy (EFT), and a range of process-based groups in open and closed format. Psychological therapies that will enable students to function at their fullest potential are customized to each student and may include a variety of individual and group treatment interventions. Treatment is facilitated by a team of care providers within the Wellness Programs, or by referral to community expertise, if specialized services are more appropriately accessed outside the University.

**Centre for Mental Health Research (CMHR): Adult Psycho-diagnostic Assessment and Psychotherapy**

Residents will conduct structured diagnostic interviews using either the Mini Neuropsychiatric Interview (MINI) or the Structured Clinical Interview for DSM –IV. For each therapy client, residents will administer a variety of psychometric instruments tailored to presenting problems. More in-depth psycho-diagnostic assessment opportunities are available in conjunction with the Clinical Division’s Cognitive Assessment Team (CAT). These assessments commonly include psycho-educational measures and/or personality inventories.

Residents will receive psychotherapy training using evidence-based practice. The most common client profile includes diagnosis of either Major Depressive Disorder or Anxiety Disorders. In most instances, these disorders will be addressed using a Cognitive Behavioural Therapy orientation. Subject to the availability of supervisors, residents may also gain exposure to Interpersonal Therapy, behaviourally-oriented couples therapy, and group therapy for Anxiety Disorders. While the emphasis is on standardized treatment approaches, the treatment planning approach recognizes the importance of individual variation and the need to adjust treatment plans for complex clients.

Opportunities to supervise psychological graduate students will also be provided. In addition, residents will participate in the CMHR’s ongoing case conference schedule, during which they will have the opportunity to consult on complex cases. Additional case consultation activities occur by virtue of the connection of the CMHR with other university-based mental health service providers.

**Supervision/Evaluation**

The College of Psychologists of Ontario provides the following definition of supervision:

*Supervision of psychologists is a distinct professional activity provided by a member of the College registered for autonomous practice. Its goal is to ensure that psychological services meet the standards of practice of the profession in Ontario. For supervision of individuals training to become members of the profession of psychology, the relationship develops the supervisee’s knowledge and skills through instruction, modelling, problem solving and on-going evaluation.*
Implicit in this definition are the following objectives:

- To ensure that the recipients of psychological services receive care that meets or exceeds standards of the profession, with the emphasis on the well-being of the client. Supervisors and residents must develop a clear and accurate conceptualization of the client’s needs and of factors giving rise to their difficulties.
- To contribute to the training and professional development of residents, with an emphasis on instilling an attitude of life-long learning. The supervisor as teacher, mentor, and professional role model facilitates in the resident the acquisition of technical skills, ethical decision making, self awareness and interpersonal effectiveness, with the goal of aiding the development of an understanding of the impact of their role as psychologist on their clients.
- To provide ongoing evaluation to identify the extent to which clients have been well served and residents’ learning has been enhanced. Feedback is delivered on an ongoing basis. Inherent in its educative and evaluative nature is the notion that the relationship is hierarchical, placing responsibility on supervisors to be cognizant of the power differential that exists between them and their residents. Supervisors must be aware of the individual needs of their residents, and sensitive to their emerging development as individual practitioners.

Each resident is assigned to a Track Coordinator who will ensure smooth transitions both into and from each rotation, will facilitate communication among supervisors, and will attend to the practical and logistical needs of the resident’s placement. The resident will be provided with regularly scheduled supervision for a minimum of four hours per week across rotations, at least three of which must be individual supervision. There is a possibility of having more than one supervisor within each rotation. Individual supervision may include case discussion, direct observation, co-therapy for individuals or groups, or review of audio or video tapes. The fourth hour of supervision may be provided in an individual or group format, and may include discussion of specific psychological disorders, assessment or therapy techniques, or professional and ethical issues.

The resident’s individual goals and objectives are set through mutual consultation at the start of each rotation, and are incorporated into a written, individualized training plan. Regular feedback and evaluations are designed to facilitate growth and positive identification with the profession of psychology. Residents will be asked to rate themselves on a number of required clinical competencies, and these ratings will assist with the choice of clinical activities and development plan. Evaluation of the residents’ work and skills will take place on an ongoing basis within supervisory sessions, and the supervisors will complete ratings on each of those clinical competencies at the end of the rotation. To enhance this process, supervisors will often discuss a resident’s progress with each other on an informal basis. Finally, formal evaluation forms are to be completed by the residents’ supervisors at the mid-point and end of each rotation. Feedback is to be communicated to the residents’ university by the Director of Training twice per year.

Feedback and evaluation is intended to be a two-way process, and the WRPC highly values input from our residents. Residents are asked to formally evaluate their rotations and supervisors at the end of each rotation, and the entire Consortium at the end of the year. To ensure that this feedback is as open as possible, supervisors are not to be provided with this feedback until all supervisor evaluations of the resident have been submitted.
**Non-clinical activities, meetings, presentations**

One half day per week may be devoted to non-clinical activities. If nothing structured is scheduled, residents can devote their time to reading or working on their own research. In the second six months of the residency, this time may be used for ongoing clinical care of clients from their first six months. Other available experiences can include:

- Bi-Monthly Clinical Workshops at CMHR
- Bi-weekly peer supervision meetings at Lutherwood
- Bi-weekly group supervision meetings at WRDSB
- Bi-weekly Psychological Services Department meetings at WRDSB
- In-house professional development opportunities at WRDSB
- In-house clinical training opportunities at Lutherwood
- Resident-specific brown bag lunches for readings/presentations on topics of interest.
- Shadowing other professionals including nurses, social workers, youth workers, psychiatrists
- Community workshops
- Auditing graduate psychology courses offered at the University of Waterloo
- Research:
  - Lutherwood – Programme evaluation related to various service areas including residential and day treatment, and intensive case management, possible collaborations with external research projects/researchers

Residents at most sites will become members of specific treatment teams, and as such will be required to attend (usually weekly) case related team meetings and case conferences related to specific clients. In the spring, each resident will be required to give a formal 30-minute case presentation open to all psychology staff from the consortium sites.

There is the additional possibility of participation in agency-related committees such as Best Practices, or High Performance Teams. While participation in the latter is not mandatory, it may provide an enriching experience and insight into non-clinical dimensions of agency functioning.

Finally, two hours per week will be devoted to resident meetings for informal discussion and peer support. The format and locations are flexible, with topics chosen by residents to meet their current needs (e.g., case discussion, professional practice and jurisprudence issues, problem solving about residency experience). The meetings are intended to be relaxed and collegial opportunities to debrief and to give and receive support.

**Cross-site travel**

The consortium is a multi-site training programme, and as such, residents will be required to travel between sites for some activities. While every effort will be made to schedule residents at only one site per day, there may be times when travel between sites within a day will be necessary. Some specific details for each setting:

- There is a cost for parking at the University of Waterloo, however, it is readily accessible via Kitchener Transit
- Lutherwood’s main site is at the edge of town, but is accessible by public transportation. Client care sometimes requires travel to other Lutherwood sites, all of which are accessible via public transportation. There is no cost for parking at Lutherwood.
- Work at the Waterloo Regional District School Board requires travel between many sites. There is no cost for parking at the Board office or at any of its schools. Depending on the resident’s placement, it may not be necessary for residents to have a car, however, it will be easier if they do have one. Residents placed with the Waterloo Region District School Board will need a car. While the consortium will not pay for parking or routine transit costs, there will be reimbursement for client related travel to schools or other agency sites.
Eligibility/Candidate Qualifications

The Consortium intends to obtain Association of Psychology Postdoctoral and Internship Centres (APPIC) membership. Until this occurs, the Consortium will follow the Canadian Council of Professional Psychology Programs guidelines and APPIC resources. Documentation required to apply for the Consortium is listed under 'Application Process'.

Candidates must be registered in an APA or CPA accredited clinical psychology program, and must have completed a minimum of 600 practicum hours. Experience with complex clinical cases is preferred.

Candidates must have completed all requirements for the doctoral degree, except for the dissertation. It is strongly recommended that candidates plan to have the dissertation completed prior to the residency year. We expect residents to give priority to their clinical training while with the consortium, and it is our experience that it is very stressful to try to complete the dissertation at the same time.

Canadian immigration policy requires that suitable Canadian Citizen and Permanent Resident applicants be given preference. However, we remain open to candidates from other countries, and encourage foreign applicants to apply.

In reviewing applications the selection committee seeks to ensure a good fit between the candidate's needs and interests and the training provided in the Consortium. In-person interviews are preferred, but phone interviews can be arranged.

Diversity/non-discrimination

The member sites of the Waterloo Region Psychology Consortium are committed to employment equity, welcome diversity in the workplace, and encourage applications from all qualified individuals, including members of visible minorities, aboriginal persons, and persons with disabilities.

The Waterloo Region Psychology Consortium endeavours to provide an accessible work place for residents with disabilities. All sites can provide office space, parking, and equipment to meet the needs of residents with disabilities.

Applicants who may have specific questions about access and accommodations available at our settings are encouraged to contact the Director of Clinical Training early in the process, in order that their concerns or needs may be fully addressed, including during the application process.

Stipends and benefits

The current stipend for the Waterloo Region Residency in Psychology is $30,000/year. Residents will be considered contract employees of Lutherwood and as such will receive the benefits associated with this status. These include mandatory benefits (Employee Health Tax, Employment Insurance and Canada Pension Plan), 12 statutory holidays per year and 4% vacation pay. Vacation time can be arranged with individual rotation supervisors. Residents are permitted one week of educational leave as well as one week for research/dissertation completion time. An amount of $200 for each resident is also available for outside education. There may be additional opportunities for educational funding subject to the financial capability and needs of individual rotations. Travel between consortium sites will be paid at Lutherwood’s mileage rate.

Out-of-province residents may apply for Ontario Health Insurance. A three month waiting period, during which the resident is responsible for his/her own health insurance, will apply.
Application and Selection Process

Although our residency programme is new, we are requesting materials typically required for the APPIC application and matching process. We are not yet able to access AAPI Online, but will require electronic or hard copies of all relevant documents, including:

- The Waterloo Region Predoctoral Residency in Psychology Information Form (at end of this document)
- Cover letter outlining your plans and special interests (such as the rotation(s) in which you are interested)
- Autobiographical essay, including personal essay, theoretical orientation, experience with diversity, and research interests (each section approximately one page in length)
- Curriculum Vitae
- APPIC–equivalent Application for Psychology Residency
- APPIC–equivalent form entitled “Academic Program’s Verification of Internship Eligibility and Readiness” with original signature of the Director of Clinical Training in sealed envelope with DCT’s signature across the seal.
- One official copy of graduate and undergraduate transcripts
- Three letters of reference, including both clinical and academic references. Letters should be enclosed in sealed envelopes. Referees may be contacted to provide further information.
- Interviews, either on-site or by telephone will be arranged

The completed residency application must be submitted to:

Dr. Pam Beharry, C. Psych.,
Lutherwood
285 Benjamin Road
Waterloo ON N2J 3Z4

Phone: 519-884-1666, ext. 1124
Fax: 519-886-8479
pbeharry@lutherwood.ca

Application Deadline

Residency applications must be submitted by February 28th, 2013

Acceptance and Notification Procedures

We will let applicants know by March 8th, 2013 whether or not they have been selected for an interview. Interviews will take place in person or by phone the week of March 18th 2013. Notification of successful candidates will take place soon thereafter.

Successful candidates will need to provide a Vulnerable Sectors Check in addition to other paperwork (medical check, Family & Children’s Services check) in compliance with the Consortium’s Human Resources’ policies.
Waterloo Region Predoctoral Residency in Psychology Consortium

INFORMATION FORM  *(Please return with Application)*

CONTACT INFORMATION

LEGAL NAME: ___________________________ (Surname) (Given Name)

ADDRESS: ___________________________ CITY: ___________________________

POSTAL CODE: ___________________________ EMAIL: ___________________________

TELEPHONE (HOME): ___________________________ TIMES AVAILABLE: ___________________________

TELEPHONE (WORK): ___________________________ TIMES AVAILABLE: ___________________________

TELEPHONE (MOBILE): ___________________________ TIMES AVAILABLE: ___________________________

PREFERRED CONTACT NUMBER: ___________________________

I am applying for the following Track (check ONE only):

CHILD/ADOLESCENT □ ADULT MENTAL HEALTH □

My graduate training programme is accredited by: ___________________________

I have arranged for 2 copies of the following to be:

<table>
<thead>
<tr>
<th>Enclosed with Application</th>
<th>Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Personal Statement</td>
<td></td>
</tr>
<tr>
<td>b. Graduate Transcripts</td>
<td></td>
</tr>
<tr>
<td>c. Letters of Reference</td>
<td></td>
</tr>
</tbody>
</table>

I have arranged for reference letters from:

1. ___________________________
2. ___________________________
3. ___________________________

Dissertation/Doctoral Research Project Status: Dates Completed or Expected

Proposal approved: ___________________________ (YYYY/MM/DD) Data Collected: ___________________________ (YYYY/MM/DD)

Data analyzed: ___________________________ (YYYY/MM/DD) Defended: ___________________________ (YYYY/MM/DD)