Waterloo Region Psychology Consortium

Residency Guide
2015 - 2016

Your guide to training in clinical psychology in Waterloo
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Kitchener-Waterloo, Ontario, Canada

Community and Education

The Region of Waterloo is located in south-western Ontario, 100 kilometers west of Toronto and 300 kilometers 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.

Leisure and Recreation

With an eye to work-life balance throughout the residency year, the vibrant Waterloo Region offers a number of recreational opportunities. The Grand River Conservation Authority includes 12 conservation areas, which offer opportunities to swim, fish, kayak, canoe, hike, cross-country ski, snowshoe, camp, and observe diverse wildlife. Stratford, which hosts world-renowned musicals and Shakespearean plays, is a short 45-minute drive away. Discounts through Lutherwood are frequently offered. The Kitchener-Waterloo symphony hosts a number of events with affordable student rates as low as $14. St. Jacobs Farmers’ Market and the town of St. Jacobs is a short five minute drive from the edge of Waterloo and is home to local artisans, crafters, and growers. The area is also host to a number of festivals throughout the year.

Consortium Partners

The Waterloo Region Psychology Consortium (WRPC) consists of four organizations that provide mental health and/or educational services in Waterloo Region. Training/rotations provided by each of the partner organizations are negotiated annually. As the host organization of the WRPC, Lutherwood is the employer of prospective residents and the Training Coordinator, as well as administrative staff associated with the consortium. The following summary provides a description of WRPC sites and outlines psychological services offered at each. Each partner maintains strong linkages with 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 provides mental health services to University of Waterloo students and staff and faculty under the Employee Assistance Program (EAP). There are twenty-five full- and part-time mental health clinicians, of which Clinical Psychology positions comprise close to forty percent. Other professions within Campus Wellness include registered social workers and counselors with masters-level training in psychology, counseling, or education-related fields. We are closely associated with UW’s Health Services team, through which members of the university community can access medical, nursing, and psychiatric support and consultation.

Students comprise a high percentage of Campus Wellness clientele and present with a variety of concerns including depression, anxiety, trauma, serious mental illnesses, and interpersonal disorders. Campus Wellness psychologists provide both assessment and intervention. Psycho-diagnostic assessments involve the integration of a variety of psychometric questionnaires and personality measures, and often address a high level of complexity. Recent referral questions have requested clarification of diagnoses of unipolar or bipolar depression, specific anxiety symptoms, and the possible emergence of psychotic symptoms. Screening assessments are also provided for possible attention and learning problems and their impact on student functioning within the academic setting. One of Campus Wellness’ main sites is in the same building as Health Services, and many of our psychodiagnostic assessment referrals are made by physicians and psychiatrists, with whom psychology residents have ample opportunities to consult.

Interventions provided by psychologists include both individual and group psychotherapy from a variety of theoretical perspectives, including psychodynamic, interpersonal, dialectical and cognitive behavioral therapies. Among group interventions offered are dialectical-behavior therapy, graduate student groups, and psycho-educational coping skills seminars regarding topics such as challenging thoughts, managing emotions, and changing behaviors. Consultations to staff and faculty regarding the interface of mental health issues and academic challenges are provided.

Centre for Mental Health Research (CMHR), 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
- To provide excellence in research and clinical training to clinical psychology graduate students
- To provide a range of psychological services to the community and University of Waterloo students.

Graduate student therapists, under the supervision of core clinical psychology faculty and registered community psychologists, provide mental health services to individuals referred by physicians and community agencies across Waterloo Region. Clients entering the CMHR receive diagnostic assessments using psychometric measures and structured and unstructured interviews, and are provided with the option of continuing on to evidence-based mental health treatment. Therapists are expected to provide these services using the structure of a standardized treatment planning system. Most clients pay on a fee-for-service basis, with consideration to their ability to pay. Psychological test data are collected again
following the treatment program. Residents at the CMHR 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 has been named the Lead Agency for Children’s Mental Health Services in Waterloo Region. 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 changing client needs.
- 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 offer 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. Assessment, therapy, and consultation opportunities are available across services and programmes. Psychologists provide consultation, therapy, and assessment services to a number of community organizations (e.g., Family & Children’s Services, an agency providing group homes for children and youth in care, a developmental services organization).

**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 WRDSB 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.

Psychologists provide a variety of psycho-educational services to promote and optimize the learning of WRDSB students. In addition, psychological services plays an important role in fostering wellness and well-being by identifying and addressing the behavioral, 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. There are over 17 psychological services consultants providing a range of services, including psycho-educational assessment, clinical assessment, consultation, intervention, threat risk, and research. 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 previous practicums. The consortium settings offer opportunities for residents to develop and hone their skills in working with severe and complex residential, day treatment, and outclients within varying therapeutic models. Clinical experiences are available across a wide age range, from young children to adults, to couples and families. We encourage the development of clinical understanding from a variety of theoretical orientations, with a particular emphasis on cognitive-behavioral and systemic perspectives. We make every effort, within the structure of the consortium, to individualize residents’ training experiences to suit their 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 people seeking assistance
- the training of psychology professionals
- the advancement of psychological perspectives in health and mental 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 and supervision in psychology
- contribution of psychological (a) perspectives to evaluation of clinical programs and policy initiatives within host agencies and (b) 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 as follows:
- 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, treatment, and consultation.
- 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.
The following objectives correspond to each of these 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 evaluate practice-related research and will base decisions about their work (i.e., 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 skills and judgments required for assessment and consultation; such skills include 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 chosen theoretical orientation(s), responding flexibly to clients’ needs, 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 sexual orientation and gender identity 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 and participating actively in interprofessional clinical teams; participating in activities specific to psychologists; interacting respectfully with other professions; understanding the roles of other professions; showing awareness of ethical standards of psychological practice; showing awareness of mental-health and other relevant legislation; behaving ethically toward clients, 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 WRPC 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 most common structure consists 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. No less than one-quarter and no more than two-thirds or residents’ time will be devoted to direct clinical services. One half-day per week will be set aside for non-clinical resident activities. If requested and available, residents can be offered rotations in both the Child/Adolescent and Adults Tracks.
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 3 to 18. There are opportunities for rotations across various sites, including schools, community agencies, and university settings. Training is available in various services, including out-client, day, or residential treatment programs. In addition to direct client service, many child rotations provide opportunities to supervise junior clinical psychology graduate students in assessment or intervention.

To be considered for the Child/Adolescent Track, applicants must have completed relevant coursework in child assessment, child development, and child psychopathology, ethics, and research practices. They must also have completed a minimum of 600 hours of clinical practicum experience, 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 Psychological Assessment Team (PAT), which 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 seeking treatment services at the CMHR complete pre-treatment assessments. These assessments include structured interviews (e.g., MINI-Kid) as well as standardized behavioral assessment measures. Other measures may also be used as dictated by the presenting client profile.

Residents will receive intervention training using evidence-based practice of child and family therapy. The most common client profiles include children with anxiety disorders or disruptive behavior disorders. Typical approaches include exposure-based treatment for anxiety and behaviorally-oriented parental guidance. Subject to availability of supervisors, there may also be the opportunity to employ family therapy approaches.

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. Opportunities to supervise more junior psychology graduate students are also provided.

Lutherwood: Community Clients, Community Consultations, Autism Services, and Residential, Day Treatment, and Youth Justice Services

Lutherwood psychologists are involved in a variety of activities with an emphasis on services provided to community agencies (Contracted Services). They also provide some consultation, individual or group therapy to our in-house clients. Residents are able to participate in many of the same activities, with the emphasis on the completion of complex integrated assessments.

Contracted Services
Psychological services are contracted out to several community partners. Residents are able to participate in many of the following activities:

Lutherwood Caring people. Strengthening lives.
• **Family and Children’s Services**
  o A child welfare agency that provides child protection services to children from infancy to young adulthood.
  o Residents complete psychological assessments for youth with complex learning and mental health needs, provide consultations to workers about the behavioral and social/emotional needs of children in their care, and may offer long term therapy and/or specific sexual abuse treatment for a select number of clients.

• **Developmental Services Resource Centre**
  o An agency that provides services for intellectually disabled individuals across the life span.
  o Residents may participate with the psychologist to provide consultation and supervisory support to behavior therapists, social workers, and community service coordinators.

• **Pioneer Youth Services**
  o An agency that offers long stay group home accommodation for youth with complex life circumstances, intellectual disabilities, and mental health needs.
  o Residents may offer therapy or assessment and may participate with the psychologist to consult to agency staff about complex client needs.

**Autism Services**
Residents may be involved as clinical consultants for two separate programmes for children and youth with an Autism Spectrum Disorder:
- **Aspen:** week-long social skills groups for higher functioning youth aged 12 – 18 - offered several times each year. Residents often have the opportunity to co-facilitate these groups.
- **Klass:** bi-annual review of programming and progress for young children with severe ASD participating in Intensive Behavioral Intervention (IBI). Residents can participate with the psychologist in this process.

**Residential and Day Treatment Programmes**
- Residents have some opportunity for involvement with residential and day treatment therapeutic services for 12 – 18 year-old youth whose mental health and behavioral difficulties have significantly affected their functioning at home and school. Lutherwood provides a supportive 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. Elements of Dialectical Behavior Therapy are incorporated into the treatment model, which is also trauma-informed.
- Residents will have opportunities to participate in DBT-informed skills groups, may provide assessment and therapeutic services to selected youth, and may provide case-related consultation to the treatment teams.

**Youth Justice Services**
- Lutherwood has an open custody setting with a treatment focus, and additional community-based treatment programmes that provide ongoing support to families and youth. Treatment on the open custody unit is based on individualized rehabilitation plans of care to address specific emotional, behavioral, and mental health needs that may contribute to anti-social/criminal behavior.
- Later in the year, residents can seek the opportunity to complete one or two assessments of youth on Probation or youth awaiting sentencing under the Youth Criminal Justice act (YCJA).

**Waterloo Regional District School Board: Psychological Assessment, Clinical Consultation, and Group and Individual Intervention**
Residents will receive training in assessment of developmental disorders (e.g., intellectual disability, learning disability, autism spectrum disorder, behavior disorders) and mental health disorders (e.g., anxiety, mood, attention deficit hyperactivity disorder). Residents may provide consultation to students, families, teachers,
school administrators, special education personnel, and community service providers. Depending on interests, residents may work with Kindergarten to secondary school students in a range of special education programs (e.g., vision, hearing, orthopedic, mental health, developmental, and/or behavioral needs) and families with culturally and linguistically diverse backgrounds. Residents will have professional development opportunities, including psychological services department meetings, peer consultation, and board- or department-sponsored workshops.

- **Multi-disciplinary and Student Success Teams**
  - Psychological Services Consultants (PSCs) are members of elementary multi-disciplinary teams (MDTs) and secondary student success teams (SSTs). These teams are comprised of school-based and central special education personnel, including Special Education Consultants, Speech and Language Pathologists, and Social Workers, who are assigned to a cluster of elementary and/or secondary 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, PSCs 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 PSCs to offer consultation to help develop school-based interventions and monitor the progress of special education students and interventions.

- **Psychological Assessments**
  - Through comprehensive assessments, PSCs collaborate with students, families, and school personnel to understand students’ learning, behavioral, 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, behavioral, or psychological interventions.

- **Consultation**
  - PSCs are often engaged in extended school-based consultations that may involve student observations, ongoing monitoring, and interviews with teachers, other school personnel, family members, and community agencies. Sometimes clinical interviews and measures are used. PSCs may identify clinical problems requiring further assessment, help families access appropriate community services, or collaborate with school staff to develop and monitor interventions to address learning, behavioral, social, or emotional difficulties.

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

- **Interventions**
  - PSCs offer individual and group behavioral or cognitive behavioral interventions. Some PSCs work with WRDSB’s Behavior Team to develop, implement, and monitor interventions for students with complex behavioral difficulties. PSCs may also work with school-based child and youth workers to provide cognitive behavior group interventions for anxiety.
- **Threat Risk Assessment**
  - If a student engages in significant threatening or violent behavior, a school- and community-based team meets to conduct a multi-dimensional assessment of the student’s behavior, develop interventions to address its underlying causes, and ensure the school community’s safety. PSCs facilitate more serious threat risk assessments by interviewing the student and his/her family, leading a data sharing session, and collaborating to determine interventions.

- **Program Evaluation and Research Team (PERT)**
  - A team of PSCs 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 PSC 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 assessment and therapy rotations at a university mental health service providing services to students, faculty, and staff and at a training and research clinic providing services to university students and members of the surrounding community. In addition to direct client service, the adult rotations provide opportunities to supervise junior clinical psychology graduate students in assessments or intervention.

To be considered for the adult track, resident applicants must have completed relevant course work in psychopathology, assessment, intervention, ethics, and research practices. They must also have completed a minimum of 600 hours clinical experience, at least half of which must involve 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 psychological assessment and psychotherapy. Services are provided for a full range of mental health and personal concerns. Psychological assessments are conducted to assist with diagnostic clarification and treatment planning. Ongoing treatment is offered for complex cases, for 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 responsible for clinical and administrative facets of psychological assessment and intervention services at Campus Wellness, including conducting assessments, formulating diagnosis and treatment plans, 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 (e.g., AccessAbility Services, Health Services, Department Deans and Faculty Advisors, Student Housing), developing working relations with off-campus agencies and support services, and taking a leadership role as requested on campus and community committees relevant to mental health and wellness.

Psychological assessments include evaluation and diagnosis of mood and anxiety disorders, trauma- and stressor-related disorders, obsessive compulsive disorders, psychotic disorders, eating disorders, sexual disorders, gender dysphoria, substance and addiction-related disorders, personality disorders, and cognitive functioning. Psychological assessments strive to clarify diagnostic issues and provide appropriate treatment recommendations that will enable students to function at their fullest potential.
Psychotherapy and psycho-educational interventions include Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), Mindfulness Therapy, Emotion Focused Therapy (EFT), and a range of process-based groups in open and closed format. Psychological therapies 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 Campus Wellness, or by referral to community expertise, if specialized services are more appropriately accessed outside the University. Residents will have the opportunity to work with clients requiring emergency appointments, single-sessions, and longer-term therapy.

Centre for Mental Health Research (CMHR): Adult Psycho-Diagnostic Assessment, Comprehensive Assessment, and Psychotherapy

For all therapy clients, unstructured and structured diagnostic interviews are conducted using either the Mini Neuropsychiatric Interview or the Structured Clinical Interview for DSM–5. Residents administer various psychometric instruments tailored to presenting problems. In conjunction with the Psychological Assessment Team, more in-depth comprehensive assessment opportunities using psycho-educational measures and/or personality inventories are available.

Residents will receive psychotherapy training using evidence-based practice. The most common client profile includes diagnosis of depressive and/or anxiety disorders. In most instances these disorders will be addressed using a Cognitive Behavioral Therapy orientation. Subject to the availability of supervisors, residents may also gain exposure to Dialectical Behavior Therapy, behaviorally-oriented couples therapy, and group therapy for anxiety disorders. While standardized treatment approaches are emphasized, the treatment planning approach recognizes the importance of individual variation and the need to adjust treatment plans for complex clients.

Opportunities to supervise clinical psychology graduate students will also be provided. Residents will participate in the CMHR’s ongoing case conferences in which they will consult on complex cases. Additional case consultation activities occur with other university-based mental health service providers. Depending on their interests, residents will have opportunities to participate in research team meetings with University of Waterloo faculty and clinical graduate students.

Sample Rotation Chart
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 supervisees’ knowledge and skills through instruction, modelling, problem solving, and on-going evaluation.

Implicit in this definition are the following objectives:

- To ensure that 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 clients’ 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 supervisory 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.

The Training Coordinator works with each resident to ensure smooth transitions into and from each rotation, facilitates communication among supervisors, and attends to the practical and logistical needs of the residents’ placement. The resident will be provided with regularly scheduled supervision for a minimum of four hours per week across rotations and at least three hours will 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 residents’ 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. Evaluation of residents’ work and skills will take place on an ongoing basis within supervisory sessions and supervisors will complete ratings on each of the clinical competencies at the end of the rotation. To enhance this process, supervisors may discuss a resident’s progress with each other on an informal basis. Finally, residents’ supervisors complete formal evaluations at the end of each rotation. The Training Coordinator communicates feedback to the residents’ university 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 as well as 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.
Site Supervisors (all Ph.D., C. Psych.)

Centre for Mental Health Research
Site Supervisor
Ian Nicholson
Additional Supervisors
Ed Beharry
Pam Beharry
Philip Dodgson
Nicole Ethier
Peter Farvolden
Allison Kelly
Christopher Lane
Walter Mittelstaedt
David Moscovitch
Samuel Mikail
Elizabeth Nilsen
Jonathan Oakman
Elizabeth Orr
Christine Purdon

Campus Wellness
Site Supervisor
Tracy Morgan
Additional Supervisors
Ed Beharry
Johan Reis

Lutherwood
Site Supervisor
Pam Beharry
Additional Supervisors
Karen MacLeod
Elizabeth Orr

Waterloo Region District School Board
Site Supervisor
Virginia Nusca
Additional Supervisors
David Gingerich

Non-Clinical Activities, Meetings, and Didactics

One half day per week will be devoted to non-clinical activities. A minimum of 2 hours of didactic activities will be provided during this time. Residents are encouraged to participate in peer supervision each week. 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 experiences may include:
- Resident-specific seminars for readings/presentations on topics of interest
- Clinical workshops hosted by the University of Waterloo’s Psychology Department
- Research presentations provided by University of Waterloo clinical psychology graduate students
- Peer supervision meetings
- 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
- Shadowing other professionals including nurses, social workers, youth workers, psychiatrists
- Community workshops
- Auditing graduate psychology courses offered at the University of Waterloo
- Research: possibility of association with ongoing research in anxiety, relationships, child cognitive development, or programme evaluation at CMHR.

At most sites, residents are members of specific treatment teams and, as such, are required to attend (usually weekly) case-related team meetings and case conferences. Residents are required to present two 90-minute presentations – one on a clinical case reflecting work done at one of his/her rotations, and one on his/her dissertation or other research. The dates for these presentations are scheduled early in the residency year. While one of these presentations can be to Consortium faculty and fellow residents, it is expected that one will be to members of larger professional groups at one of our Consortium settings.
There is the 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, ongoing weekly resident meetings are scheduled for informal discussion and peer support. The format and locations of seminars 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.

**Due Process and Grievance Procedures**

Applicants and accepted residents are encouraged to refer to the WRPC’s Policies and Procedures Manual for more details about the residency, including its administrative structure and due process and grievance procedures. The WRPC Policies and Procedures manual is hosted online at: [http://www.lutherwood.ca/institute/educational-opportunities/predoctoral-residency-psychology](http://www.lutherwood.ca/institute/educational-opportunities/predoctoral-residency-psychology)

**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 is made to schedule residents at only one site per day, there may be times when travel between sites will be necessary. Specific travel-related details for each setting follow:

- There is a cost for parking at the University of Waterloo; student-parking permits may be purchased each semester. It is readily accessible via Kitchener Transit.
- Lutherwood’s main site is at the edge of Waterloo, but is accessible (to within one kilometer) by public transportation. Client care at times requires travel to other Lutherwood sites which are accessible via public transportation, which may be quite time consuming. There is no parking fee at Lutherwood.
- Work at the WRDSB 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 likely be easier if they do have one. While residents in the Adult Track can manage without a car, Child Track residents, especially those with a school board rotation, will require one. While the consortium will not pay for parking or routine transit costs, there is reimbursement for travel between consortium sites and for client-related travel to schools or other locations. The current rate for cross-site travel with a personal vehicle is $0.43 per kilometer, a rate which fluctuates according to rising and falling gas prices.

**Eligibility/Candidate Qualifications**

**CCPPP and APPIC Membership and CPA Accreditation**

The WRPC is a member of the Canadian Council of Professional Psychology Programmes (CCPPP) and the Association of Psychology Postdoctoral and Internship Centers (APPIC), and participates in the APPIC matching service.

The WRPC is in the process of preparing application materials for CPA Accreditation. Now that we have graduated two years of residents, we intend to submit our application in the fall of 2015. The WRPC has been designed with the goal of CPA-accreditation in mind. A description of how our program is consistent with CPA-accreditation standards may be found at the following link: [http://www.lutherwood.ca/institute/sites/lutherwood.ca.institute/files/WRPC%20Accreditation%20Equivalency%202014.pdf](http://www.lutherwood.ca/institute/sites/lutherwood.ca.institute/files/WRPC%20Accreditation%20Equivalency%202014.pdf)
**Candidate Requirements**

Candidates must be registered in an APA or CPA accredited clinical psychology graduate program. Candidates 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 complete the dissertation prior to the residency year. We expect residents to give priority to their clinical training throughout residency, and it is our experience that it is stressful to complete the dissertation at the same time.

Given Canadian immigration policy restrictions in agency hiring policies, we are able to accept applications only from Canadian citizens and permanent residents.

In reviewing applications the selection committee seeks to ensure a good fit between the candidate’s needs and interests, and the training provided by the Consortium. In-person interviews are preferred, but phone interviews can be arranged and will not bias evaluation or rankings.

**Diversity/Non-Discrimination**

The member sites of the WRPC 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 WRPC endeavors to provide an accessible work place. All sites can provide office space, parking, and equipment to meet the needs of residents with disabilities.

Applicants with specific questions about access and accommodations available at our settings are encouraged to contact the Training Coordinator early in the process, in order that their concerns or needs may be fully addressed (including during the application and interview processes).

**Stipends and Benefits**

The current stipend for the WRPC is $30,000/year. Residents work 37.5 hours per week for a total of approximately 1860 hours. In some instances (e.g., group or individual therapy sessions) residents may need to work in the early evening hours, in which case they are able to flex their hours at some point in the same week. Residents will be considered contract employees of Lutherwood and as such will receive the benefits associated with this status (i.e., Employee Health Tax, Employment Insurance and Canada Pension Plan, 12 statutory holidays per year, and two weeks of paid vacation). Residents are permitted one week of educational leave and one week for research/dissertation completion time. An amount of $200 for each resident is available for outside education. There may be additional opportunities for educational funding subject to the financial capability and needs of individual rotations. 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**

**Application Process**

Application procedures involve the submission of each of the following using AAPI online: [https://www.appic.org/AAPI](https://www.appic.org/AAPI).
To comply with the standard APPIC application, you will be required to provide:
- Cover letter outlining your plans and special interests (e.g., the rotations of interest)
- Curriculum Vitae
- APPIC Application for Psychology Internship (AAPI)
- APPIC Academic Program’s Verification of Internship Eligibility and Readiness
- Autobiographical essays, including personal essay, theoretical orientation, experience with diversity, and research interests (each section approximately one page in length)
- Graduate transcripts
- Three letters of reference, complying with APPIC guidelines. Referees may be contacted directly to provide further information.

Letters of reference must comply with the format recently adopted by APPIC, which is based on that previously designed by the Canadian Council of Professional Psychology Programmes (CCPPP). This standardized format includes a review of the applicant’s current professional and personal skills and strengths as well as comments on areas for potential growth and development.

We require no supplemental material to be sent with the application.

To apply for the Child/Adolescent Track, please use the following program code number: 186611
To apply for the Adult Track, please use the following program code number: 186612

For further information please contact our Training Coordinator:

Dr. Pam Beharry, C. Psych.                                  Phone: 519-884-1666, ext. 1124
Lutherwood                                                Fax: 519-886-8479
285 Benjamin Road                                          pbeharry@lutherwood.ca
Waterloo, ON, N2J 3Z4

Application Deadline

Applications must be submitted by November 9th 2015

Acceptance and Notification Procedures

We will let applicants know by December 4th, 2015 whether or not they have been selected for an interview. Interviews will take place in person or by phone mid-January 2016.

APPIC’s Phase I Match Date is February 19th, 2016, and Phase II Match date is March 21st, 2016.