The Residency offers training with a wide variety of diverse and complex clinical problems, populations, and professional roles in the areas of pediatric and child clinical psychology. It is a multi-site Residency program anchored by pediatric rotations at the Alberta Children’s Hospital and complemented by child clinical rotations at two core sites: the Child Development Centre and the Richmond Road Diagnostic and Treatment Centre. The coordinated programs based in these sites are managed within Child Health, Child Development and Child and Adolescent Mental Health, Calgary Zone, and administered overall through the Provincial mandate of Alberta Health Services (AHS).

**ALBERTA CHILDREN’S HOSPITAL**

The Alberta Children’s Hospital (ACH) is the major pediatric health care centre serving southern Alberta, eastern British Columbia and western Saskatchewan. It is a university-affiliated teaching
hospital and a comprehensive facility integrating health care through a continuum of inpatient, outpatient, day treatment, educational and outreach services. Established in 1922, ACH developed ambulatory and day treatment, outreach, and acute inpatient care from 1960-1980. In the 1990s Child and Adolescent Health Services were consolidated. A new ACH, which opened in September 2006, was the first free-standing paediatric facility to be built in Canada in more than 20 years.

The mandate of ACH is to meet the healthcare needs of children in its catchment area. It is the hospital’s position that active programs of training, research and scholarly activity promote and enhance clinical excellence among its staff and thereby facilitate achievement of our mandate. Consequently, the mission of ACH is to provide excellent client care, to educate and train students in medicine, nursing and the allied health professions, and to conduct research.

Emergency, acute care and rehabilitative services are geared to the spectrum of childhood health and developmental problems and are delivered through multidisciplinary teams. The hospital’s philosophy of “Family Centred Care” is focused on wellness and recognizes that the child and family’s foundations (biological, psychological, sociological and spiritual) play an interactive role in illness and health. In this context there is a broad array of psychosocial expertise at ACH in which the Psychology Discipline plays an important role. The hospital has a community and educational orientation and shares consultative relationships with many community caregivers and agencies. As a teaching hospital, it has major affiliations with the undergraduate, graduate and medical school programs at the University of Calgary. In addition to ongoing research projects within the service delivery systems, the Behavioural Research Unit (Child Development Centre) specializes in research on developmental and behavioural problems.

CHILD DEVELOPMENT CENTRE

The Child Development Centre (CDC) opened in September 2007 and is located adjacent to ACH on the University of Calgary campus. Through partnerships within AHS, Calgary Zone and university and community-based programs, the mandate of the CDC is to provide best practice integrated services for children and families, and leadership in the areas of education, research and clinical services in the fields of child development and inter-professional collaboration. Child Development Services within the CDC consist of eleven specialized clinics staffed by inter-disciplinary teams that offer different combinations of assessment, intervention and consultation for children up to 18 years with a variety of developmental, paediatric and/or trauma-related concerns. Psychologists are involved in many of these services, with examples including the Child Abuse Service, Cumulative Risk Clinic, Autism Spectrum Disorder Diagnostic Clinic and Consultative Diagnostic Clinic. In addition to Psychology, contributing disciplines include paediatrics, psychiatry, social work, education, occupational therapy, speech language pathology, nursing, and physiotherapy.
RICHMOND ROAD DIAGNOSTIC AND TREATMENT CENTRE

The Richmond Road Diagnostic and Treatment Centre (RRDTC) houses the Mental Health Specialized Services, which is a component of the Calgary Zone, Child & Adolescent Addictions and Mental Health and Psychiatry Programs (CAAMHPP). RRDTC is located approximately 15 minutes by car from ACH and CDC. CAAMHPP Specialized Services provides outpatient services to support children and adolescents in the community. The service utilizes a multidisciplinary and multimodal approach to provide purposeful, integrated and comprehensive short-term, episodic and customized intervention. In addition to psychology, the multidisciplinary team includes psychiatry, pediatrics, nursing, social work, speech-language pathology, occupational therapy, and clerical support. Multimodal intervention includes assessment, individual, family, and group therapy and consultation. Four specialized clinics serve children and adolescents with complex presentations: 1) Mood, Anxiety and Psychosis Service (MAPS) for children and adolescents with moderate to severe mood and anxiety disorders or a childhood-onset psychotic illness; 2) Treatment Resistant Attention-Deficit/Hyperactivity Disorder Clinic (TR-ADHD Clinic) for children and adolescents with treatment resistant and/or highly comorbid Attention-Deficit/Hyperactivity Disorder; and 3) the Neuropsychiatry Service (NPS) for children and adolescents with comorbid medical and mental health issues. The Neuropsychiatry Service (NPS) is primarily a consultative model with collaboration from involved community agencies and medical care providers. Although these clinics are under the auspices of the Child and Adolescent Addictions and Mental Health and Psychiatry Program, treatment in the specialized services is not focused on providing addiction treatment and referrals are made to other CAAMHPP or AHS, Calgary Zone agencies for assessment and treatment of addiction issues.

THE DISCIPLINE OF PSYCHOLOGY

The Discipline of Psychology is a contributing profession within Child Health, Child Development and Child and Adolescent Mental Health and serves as the organizational hub for the clinical supervision and professional development of its 37 psychologists and 5 psychometrists based in the three core sites that comprise the residency program. It provides a professional home base for psychologists integrated into the matrix of multidisciplinary programs. The Discipline, through its Discipline Leader, actively collaborates with the clinics and programs in the recruitment, hiring, and assignment of staff. The Discipline is accountable for the standards of clinical practice, ethical conduct and quality assurance related to the spectrum of its activities. Additionally, it provides specialized pediatric, child development and mental health services, and is responsible for research, education, and training in Psychology, including the Residency. For the purposes of defining the scopes of practice within the Residency, two broad domains comprise the rotational choices: Child Clinical and Pediatric Psychology.

Assessment services include evaluation of the cognitive, interpersonal, emotional, behavioural and adaptive functioning of children and/or families. Treatment services include individual, group, parent and family therapy.
VISION STATEMENT OF THE RESIDENCY

Child Clinical and Pediatric Psychology will be an integral component of children’s health and mental health care through the development of new knowledge, transfer of knowledge and translation of knowledge into practice.

MISSION STATEMENT OF THE RESIDENCY

To provide excellence in the education and training of Child Clinical and Pediatric Psychologists who will meet the current and future health needs of children, families and communities.

PHILOSOPHY AND VALUES OF THE RESIDENCY

We offer a clinical residency where we provide training in clinical practice and promote a scholarly and scientific approach to professional psychology. We believe that sound psychological practice is based on the science of psychology and practice informs science. We have a strong commitment to Family Centered Care while meeting our duty to assure the safety, security and well being of children, and to respect their developing autonomy. Furthermore, while we recognize the multifaceted and complex roles professional psychologists currently play in service delivery and will play in the future, we also acknowledge that we cannot prepare residents for every possible role they might undertake in their future careers. Consequently, residents must be able to think critically about clinical and professional activities and to access and use research and the scholarly literature to prepare themselves for new roles. As well, clinicians are not only informed consumers of the research and scholarly literature, but are an essential resource for generating meaningful questions and answering them. We believe that both practice and science must operate within the highest ethical and professional standards.

We promote a respect for the contributions of other health care professionals and seek to assist residents in developing positive and productive relationships with these individuals,
consistent with Alberta Health Services’ collaborative approach to health care. We also enable residents to establish and maintain such relationships with caregivers and professionals from our larger community. The professions represented within Child Health, Child Development and Child and Adolescent Mental Health are recognized for the different skill sets, expertise and perspectives they bring to clinical practice. While multidisciplinary cooperation and collaboration are strongly valued and promoted, we recognize the particular skill sets (e.g. psychometric assessment, empirically supported interventions, research training) which distinguish Psychology Residents’ training from the training experiences of other allied health care professionals.

We are committed to respect for, and understanding of, cultural and individual diversity, consistent with Alberta Health Services’ respect for the diversity of individuals and the dignity accorded to staff and clients alike. This not only includes a theoretical understanding of diversity but the ability to translate this understanding into culturally competent practice and respectful collegial interaction.

**TRAINING MODEL**

In keeping with our philosophy, the Residency offers exposure to a wide variety of diverse and complex clinical problems, populations, and professional roles within the area of child clinical and pediatric psychology, rather than restricting activities to a narrow field. The training staff comprises psychologists whose backgrounds span the range of clinical, counselling, educational, developmental, and health psychology and who are able to offer residents a broad range of theoretical orientations and practical approaches. Each resident develops a training plan in conjunction with his or her primary supervisor that includes clinical areas that will be pursued with particular depth and focus.

The primary training method is experiential (i.e., direct service delivery) and supervision plays a central role in the learning process. Supervision is augmented by didactic seminars, observation of staff conducting clinical services, guided reading, and consultative support. Professional psychologists Registered in the Province of Alberta carry out major supervisory responsibilities, although residents might receive some supplementary training and consultation by non-psychologist health care professionals (e.g., medical specialists or social workers). The training is sequential and cumulative, with the resident typically assuming greater responsibility for clinical work and activities as the residency year progresses. Evaluation is viewed as an essential part of the Residency and occurs as a continuous process. Formal evaluations of the resident’s progress occur at the mid-point and at the end of each of the two major rotations, as well as at the end of the Residency. A defined set of core competencies form the framework for training, resident progress, evaluation of residents and supervisors, and successful completion of the Residency.

Training considerations take precedence over the demands of service delivery. Caseloads are chosen for their educational opportunities in light of the resident’s articulated training goals and objectives and appropriateness for each resident’s level of expertise and skills. In addition to the emphasis on the acquisition of clinical knowledge and skills, considerable attention is directed to the application of ethical and professional standards to everyday practice and the development of
a professional identity. Developing and maintaining cooperative and collaborative relationships with other hospital and community caregivers and accessing the scientific and scholarly literature to guide clinical practice are emphasized as enduring functions of successful professional life.

**GOALS OF THE RESIDENCY**

The overall goal of the Residency is to prepare the resident to enter a career as a professional psychologist. The following goals of the Residency are intended as a guide to the resident’s development in the required competency categories. They are as follows:

1. To conduct his or her practice with professional maturity, and to engage in constructive relationships with clients, families, and other professionals. *(Interpersonal Relationships-Professional Conduct)*.

2. To achieve competency in psychological assessment, including diagnostic interviewing and psychodiagnostic evaluation. *(Assessment-Diagnostic Interviewing and Psychodiagnostic Evaluation)*

3. To achieve competency in intervention. *(Intervention)*

4. To conduct his or her practice with a respect for and understanding of cultural and individual diversity, and culturally competent skill. *(Cultural Diversity and Individual Differences)*

5. To achieve competency in providing consultation to other professionals regarding the abilities and needs of clients. *(Consultation)*

6. To understand the interplay of science and practice and to foster a commitment to lifelong learning. *(Scholarly/Scientific Inquiry and Commitment of Learning)*

7. To demonstrate a working knowledge of ethical principles and practice standards in clinical activities so that the resident will aspire to the highest ethical and professional standards in future professional roles. *(Ethics and Standards)*

8. To demonstrate a beginning knowledge and competence in providing supervision. *(Provision of Supervision)*

9. To achieve competency in his or her response to supervision. *(Response to Supervision)*
EDUCATION AND TRAINING OBJECTIVES OF THE RESIDENCY
AND STATEMENT OF EXPECTED COMPETENCIES

In order to meet these goals, we have developed the following education and training objectives in terms of the competencies expected of our graduates. These competencies are consistent with the Residency’s philosophy and training model previously described. Specific items in the Resident Evaluation Report are anchored to these competencies.

Goal 1: **Interpersonal Relationships – Professional Conduct:**
To conduct his or her practice with professional maturity, and to engage in constructive relationships with clients, families and other professionals.

*Objectives for Goal 1:*
1. The resident can demonstrate a capacity to participate positively in a multidisciplinary or multidisciplinary model of care.
2. The resident can demonstrate an ability to organize his or her activities effectively and can dependably carry out assignments.

Goal 2: **Assessment – Diagnostic Interviewing and Psychodiagnostic Evaluation**
To achieve competency in psychological assessment, including diagnostic interviewing and psychodiagnostic evaluation.

*Objectives for Goal 2:*
1. The resident will be able to competently conduct diagnostic interviews with children and families.
2. The resident will be able to administer and interpret a range of psychological assessment measures, including psychometric instruments.
3. The resident will have the capacity to communicate, both verbally and in written form, a formulation of the problems and recommendations about intervention to the child, family and professional colleagues.

Goal 3: **Intervention**
To achieve competency in intervention.

*Objectives for Goal 3:*
1. The resident understands the basis of treatment formulation, including empirically supported intervention, development of treatment goals, and psychotherapeutic strategies.
2. The resident demonstrates competency in a range of therapeutic techniques with children.
3. The resident demonstrates an understanding of process issues related to intervention.
Goal 4: **Cultural Diversity and Individual Differences**
To conduct his or her practice with a respect for and understanding of cultural and individual diversity, and culturally competent skill.

_objectives for goal 4:_
1. The resident exhibits awareness of and sensitivity to cultural diversity and individual differences in clinical work.
2. The resident is able to demonstrate the skills and ability to provide culturally competent clinical care.

Goal 5: **Consultation**
To achieve competency in providing consultation to other professionals regarding the abilities and needs of clients.

_objective for goal 5:_
1. The resident demonstrates effective consultation in sharing knowledge with other professionals regarding the client.

Goal 6: **Scholarly/Scientific Inquiry and Commitment of Learning**
To understand the interplay of science and practice and to foster a commitment to lifelong learning.

_objectives for goal 6:_
1. The resident demonstrates an ability to apply a scholarly approach to clinical practice.
2. Where applicable, the resident demonstrates the ability to initiate and conduct an appropriate research project and/or program evaluation.

Goal 7: **Ethics and Standards**
To demonstrate a working knowledge of ethical principles and practice standards in clinical activities so that the resident will aspire to the highest ethical and professional standards in future professional roles.

_objective for goal 7:_
1. The resident demonstrates a comprehensive knowledge and a keen sensitivity to professional ethics in terms of ethical standards, codes of conduct, legislation relating to psychology, and obligations under the law.

Goal 8: **Provision of Supervision**
To demonstrate a beginning knowledge and competence in providing supervision.

_objective for goal 8:_
1. The resident demonstrates a beginning knowledge and experience with the theories and models for the provision of supervision.
Goal 9: **Response to Supervision**
To achieve competency in his or her response to supervision.

**Objective for Goal 9:**
1. The resident demonstrates the effective use of supervision and the capacity and skills for constructive criticism and self-evaluation.

**RESIDENCY STRUCTURE**

<table>
<thead>
<tr>
<th>Clinical and Professional Orientation</th>
<th>Rotation I Major/Minor</th>
<th>Inter-Session</th>
<th>Rotation II Major/Minor</th>
<th>Wrap-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks</td>
<td>Mid Sep - Feb</td>
<td>2 weeks</td>
<td>March – mid Aug</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

The training year has been divided into two five-month clinical rotations plus three shorter periods designated for: initial orientation (two weeks); transition between rotations (two weeks); and final wrap-up (two weeks). Although residents are entitled to three weeks vacation, their attendance for the full duration of the Orientation, Inter-Session and the Wrap-up period is mandatory.

The structure of the Residency fosters both the depth and breadth of training in the applied areas of service, which the Discipline of Psychology offers within Child Health, Child Development and Child and Adolescent Mental Health. In addition, minor rotations allow for broad exposure to many facets of the health care network.

Through this overall structure there is provision for long-term therapy involvement with supervisory continuity, assessment experiences with multiple populations, and involvement in several program/clinic environments. In addition, a weekly half day of professional development is built in to accommodate resident attendance at seminars, Training Committee meetings and meetings with the Director of Training, and ensure opportunities for residents to interact and share residency experiences.

**ORIENTATION**

The initial two-week Orientation period has been designed to orient new residents to the ACH, CDC and RRDTTC environments and to the clinical activities and professional issues that are central to these pediatric and child clinical facilities, as well as to AHS, Calgary Zone. The Orientation period is intended to help residents understand their training in the context of the whole health care setting, to become familiar with logistical supports, demands and relevant policies of the Discipline, Services, Hospital and Residency, and to begin developing their plan.
for the Residency year. Orientation modules provide residents with observational, didactic, and interactive experiences in services where psychological assessment, treatment and consultation take place. During the Orientation period, each resident is provided a copy of the Psychology Residency Orientation Manual which includes descriptive information about ACH, CDC, RRDTC, the East Calgary Health Centre, the Discipline of Psychology and the Residency, copies of relevant policies, and descriptions of programs and procedures.

**ROTATION SELECTION**

The Discipline of Psychology offers clinical training in two broad domains: the Child Clinical Domain and the Pediatric Psychology Domain. To ensure that the Residents experience breadth and depth of training, some basic guidelines for rotation selection have been established. Each Resident will select a Major Rotation and Minor Rotation within each five-month block of time. A Major Rotation will represent a commitment of at least 3 days per week; a Minor Rotation will involve 1 to 1.5 days per week. Two Minor Rotations may be combined for shorter durations within the five-month block of time. Over the course of the year, residents are required to select a five-month major rotation from the following rotations in the Child Clinical Domain: Mental Health Rotation, Child Abuse Rotation, and Developmental Rotation. Residents also must select a major rotation for the other five months from a wide variety of options (which in some cases can be combined) in the Pediatric Psychology Domain. The onus is on the resident to demonstrate that he or she has already received significant training in either of these domains in order to modify these guidelines.

Rotational assignments depend upon the resident’s interest as well as supervisor availability and the number of residents interested in a particular rotation. After the two-week Intersession, the second Major Rotation will commence. As part of the overall Residency Plan, the resident will be able to choose Minor Rotations from areas not selected as Major Rotations. The intent of these Minor Rotations is to round out the resident’s experience.

Residency applicants are asked to identify in a cover letter the rotations in which they have preferences. In the case of Pediatric Psychology, applicants are asked to specify the medical clinic in which they are interested. This information is used to designate a primary supervisor for the resident prior to beginning the Residency year. The primary supervisor usually is chosen from those training staff affiliated with the resident’s first rotational choice. As well as assuming supervisory duties in the first rotation, the primary supervisor often supervises the resident’s long-term cases and, in collaboration with the resident, develops the yearlong training plan for the resident. Participation of the resident is integral to the development of this plan.

During the Orientation period, residents become more familiar with the different rotations and they begin to develop their yearlong training plan. The resident, under the guidance of the primary supervisor, articulates specific training goals and identifies the specific sequence of Major and Minor rotations and other training experiences (e.g. group therapy) to achieve these goals. The Director of Training coordinates the overall training year by ensuring, for example,
that all three residents will not be identically placed in the same rotational domain at the same time, and approves each resident’s plan. Each plan is presented to the Training Committee for its input and confirmation. A copy of the resident’s training plan is sent in October to his or her university Director of Training, along with a copy of the evaluation form used to assess the resident’s progress. University Directors of Training are invited to contact the Director of Training at ACH if they have any questions about the Residency training plan and are invited to personally visit ACH at any time during the Residency year.

**OVERVIEW OF MAJOR, MINOR & EXPOSURE ROTATIONS**

*x = possible option for rotation in clinic/service area*

<table>
<thead>
<tr>
<th>Pediatric Psychology</th>
<th>Major</th>
<th>Minor</th>
<th>Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic /Service Area</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diabetes/Endocrine</td>
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<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Feeding and Sensory</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Haematology, Oncology and Blood and Bone Marrow Transplant</td>
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<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Cardiorespiratory:</td>
<td></td>
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<tr>
<td>Asthma</td>
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<td>x</td>
<td>x</td>
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<tr>
<td>Cardiology</td>
<td></td>
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<td></td>
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<tr>
<td>Sleep</td>
<td>x</td>
<td>x</td>
<td></td>
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<tr>
<td>Neonatal Follow-up</td>
<td>x</td>
<td>x</td>
<td></td>
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<tr>
<td>Musculoskeletal:</td>
<td></td>
<td></td>
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<tr>
<td>Orthopedics/Juvenile Amputee</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Rheumatology</td>
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<tr>
<td>Neurology</td>
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<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Nephrology Clinic</td>
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<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Vi Riddell Pain/Rehab Centre/Burn Team</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Pediatric Centre for Health and Weight</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
DESCRIPTIONS OF THE MAJOR ROTATIONS

I. CHILD CLINICAL DOMAIN

MENTAL HEALTH ROTATION: Child and adolescent mental health services are offered at the outpatient and day patient levels of care across multiple sites, with links to other services in AHS, Calgary Zone, under the umbrella of the Child and Adolescent Addiction, Mental Health & Psychiatry Program (CAAMHPP). Although these clinics are under the auspices of the Child and Adolescent Addictions and Mental Health & Psychiatry Programs, treatment in the specialized services is not focussed on providing addiction treatment and referrals are made to other CAAMHPP agencies or AHS, Calgary Zone for follow-up.

The available opportunities include: 1) Day Patient Services, located in the Children’s Day Treatment Program (CDTP) at Alberta Children’s Hospital, 2) Mental Health Specialized Services (Mood, Anxiety and Psychosis Service, Treatment Resistant ADHD clinic, and Neuropsychiatry) located at the Richmond Road Diagnostic and Treatment Centre, 3) Collaborative Mental Health Care located at the East Calgary Health Centre and 4) The Obsessive Compulsive Disorder (OCD) program located at Alberta Children’s Hospital. In combination, these form the basis of the Mental Health Rotation. The service areas are generally considered to be tertiary level interventions as the children and families have complex problems characterized by high acuity, severity, chronicity and/or are resistant to treatment. Often, the child and family present with many of these aspects. These mental health services link to other agencies in CAAMHPP or the broader AHS, Calgary Zone.

The mandate of the program is to see children from the ages of 0 to 18. The great majority of the work is conducted with school aged children and young adolescents. The Children’s Day Treatment Program only treats children up to the age of 13 years, as there are alternative resources within AHS, Calgary Zone for adolescents needing higher intensity programs.
Multidisciplinary teams deliver all care within the Mental Health Services. Most of these services offer the opportunity to work with social workers, occupational therapists, speech and language pathologists, educational consultants, nursing and psychiatry. There is a strong family centred approach to the programs. The nature of the psychologist’s role varies across the different clinics and services.

1. **Children’s Day Treatment Program (Location: ACH)**

The Children’s Day Treatment Program (CDTP) consists of a 12 desk day-patient unit service for children with severe internalizing and/or externalizing problems in grades 3 to 7. The multidisciplinary team includes Psychology, Psychiatry, Family Therapy, Occupational Therapy, Speech Language Pathology, Social Work, and Nursing. There are two mental health classrooms that are a partnership between AHS and the Calgary Board of Education and Residents will also have the opportunity to work collaboratively with teachers and mental health assistants who work in the classroom. Children and their families are admitted to CDTP on an elective basis because the children either cannot be maintained in the community or because the nature of their problems requires more intensive observation and intervention. Each admission is 10 weeks long and includes 1 week of transition support. In all admissions, the first four weeks are primarily focused on comprehensive assessment of the child and of the family system. This information is used to guide intervention during the remainder of the admission and following discharge. The Children’s Day Treatment Program adheres to an Attachment-based treatment philosophy and incorporates cognitive-behavioral and behavioural interventions into individual care plans and within the milieu and classrooms more generally. Children are treated within the context of their family/caregiving system and parents/caregivers are expected to attend weekly family therapy sessions throughout a child’s admission. Parents may also be referred to a 10-week attachment focused parenting program (i.e. Connect Program). Residents will have the opportunity to complete diagnostic and psychoeducational assessments for children with complex symptom presentations, develop and assist with the implementation of treatment plans for individual children in the milieu, provide individual and group therapy to children, and provide extensive consultation to the larger team.

2. **Mental Health Specialized Services (Location: Richmond Road Diagnostic & Treatment Centre & Alberta Children’s Hospital)**

The three specialized outpatient clinics and the Neuropsychiatry Service offer the resident the opportunity to be part of a multidisciplinary team providing diagnostic assessment, consultation, and treatment for the complex and comorbid needs of school-aged children and adolescents. Groups for resident participation may be available in the areas of coping with anxiety, parenting strategies/attachment, and children’s social skills. Multidisciplinary team case reviews and parent and school feedback sessions are a routine part of service as well as liaising with a variety of community agencies. Children seen on an outpatient basis through the four Specialized Clinics typically have multiple problems in many domains of functioning and prior attempts to diagnose and/or treat, usually through schools or community programs, have been unsuccessful.

**Mood, Anxiety and Psychosis Service (MAPS)** provides services for children and adolescents with moderate to severe mood and/or anxiety disorders and OCD as well as for youth with a
confirmed diagnosis of a primary psychotic disorder. The clinic’s overarching objective has been to mitigate and prevent the negative effects of mood and anxiety disorders on child and family well-being through the use of evidence-based, multimodal interventions, while empowering children and families to better cope with the mental health struggles they face. The opportunity for Psychology Residents on MAPS would be to provide individual and group Cognitive Behavioural Therapy and/or mindfulness-based treatments for children and adolescents diagnosed with mood and anxiety disorders as well as OCD. Parent coaching and integrated team intervention with family therapy and psychiatry is also a standard part of the training experience. Opportunities to be involved in diagnostic assessments are also offered in the MAPS-OCD program. The MAPS psychosis stream serves youth age 15 years and under who have a confirmed diagnosis of a primary psychotic disorder. The primary objective is to provide early intervention and support to the child and their family through medication management/monitoring, psycho-education, psychosocial interventions, family support, school support and relapse prevention planning. Service delivery is tailored to each individual/family’s needs. Resident involvement with the psychosis stream would be limited to an exposure as it could not sustain a minor rotation.

**Treatment-Resistant ADHD Clinic (TR-ADHD)** is for children and adolescents with treatment-resistant and/or highly co-morbid Attention-Deficit/Hyperactivity Disorder. The primary objective of this clinic is to significantly reduce the morbidity effects of this disorder among this complex population. The opportunity for Psychology Residents on the TR-ADHD Clinic include: 1) involvement in multidisciplinary assessments (including Psychiatry, Social Work/Family Therapy, Nursing, Speech-Language Pathology, and Occupational Therapy), 2) conducting Psychological Assessments regarding conditions that are commonly co-morbid with ADHD (including learning disorders, mood and anxiety disorders, and autism spectrum disorders), and 3) to provide individual therapy using a Cognitive Behavioural Therapy model to address mood or anxiety disorders, anger/emotional dysregulation, etc. Typical assessments include psychoeducational, socioemotional assessments, as well as assessments for autism spectrum disorders. Students would then have the opportunity to participate in multidisciplinary conferences, providing feedback to families as well as consulting with the school. Opportunities may also be available for observing family therapy addressing behavioural concerns, mood or anxiety issues, or attachment issues related to parent-child functioning.

**The Neuropsychiatry Service** is for children and adolescents with co-morbid medical and mental health issues. The Neuropsychiatry Service (NPS) is a multidisciplinary team (including Psychiatry, Social Work/Family Therapy, Nursing, Speech-Language Pathology, and Occupational Therapy) that provides consultation and collaboration with involved community agencies, schools, and medical care providers. The opportunity for Psychology Residents would be to provide treatment and assessment of the co-morbid anxiety, mood, ADHD, LD, adaptive and executive functioning issues.

**Collaborative Mental Health Care (Location: East Calgary Health Centre)**
The Collaborative Mental Health Care program provides mental health consultation services to community professionals working with infants, toddlers, and preschoolers. The program, staffed
by a multidisciplinary team, includes individuals from the disciplines of psychology, social work, psychiatry, pediatrics, and nursing. Assessment and/or consultation from a speech-language pathologist, occupational therapist, adult mental health specialist and psychologist are also available. Referrals come from community professionals (e.g., physicians, daycare workers, preschool teachers, public health nurses, early interventionists), as well as Child and Family Services. Consultative services to these individuals are designed to assist them in better understanding the emotional, behavioural, developmental, and social needs of young preschool children and often centre on such topics as enhancing parent-child relationships, understanding and meeting the emotional needs of young children, and typical/atypical development in early childhood. Supports are diverse and can include screening for developmental difficulties and disabilities, brief intervention (e.g., parent-child relationship therapy, behavioural consultation) and/or referral to appropriate community resources. To enhance community capacity for understanding early childhood needs, workshops on topics related to mental health issues found in young children are regularly provided.

CHILD ABUSE SERVICE ROTATION (Location: Child Development Centre): The Child Abuse Service is a major community resource for children and youth who have experienced abuse and their caregivers. Key areas of service include medical assessments, assessments for impact of abuse/trauma on psychosocial and family functioning, therapeutic interventions to alleviate trauma and behavioural symptoms, guidance and support for caregivers, consultation to AHS clinics and community agencies, and community education. With the opening of the Sheldon Kennedy Child Advocacy Centre (located in the same building as the Child Development Centre), in March 2013, the Child Abuse Service, as the Alberta Health Services partner, joined with the Calgary Police Service, RCMP, Calgary Region Child and Family Services, and Alberta Justice Calgary Crown Prosecutors, to provide comprehensive and coordinated services to victims of abuse under the age of 18.

Children and youth assisted through the Child Abuse Service present with a wide array of psychological and behavioural problems, including posttraumatic stress disorder, mood and anxiety disorders, physical aggression, sexual behaviour problems, developmental delays and learning difficulties. Many have experienced multiple forms of abuse and/or complex developmental trauma, along with disruptions in caregiver relationships and home environments. Residents have opportunities to complete comprehensive psychological assessments of the impact of abuse on children’s functioning, implement individual child and caregiver therapeutic interventions, provide group interventions for children and caregivers, and provide consultation to Child Advocacy Centre partners, school personnel, Child and Family Services caseworkers and other community based professionals. Evidence-based interventions include Trauma-Focused Cognitive Behavioral Therapy, Modified Parent-Child Interaction Therapy, Circle of Security Parent Training, CONNECT Parent Group, and Problematic Sexual Behavior Group Treatment for Children and Caregivers.

DEVELOPMENTAL ROTATION (Location: Child Development Centre): This rotation offers the resident the opportunity to provide diagnostic assessment, and consultation for children with complex developmental, learning, adaptive and behavioural difficulties. Over the course of the
rotation, residents are expected to become members of multi-disciplinary teams by performing assessments, participating in case conferences, and liaising with community resources.

The Autism Spectrum Disorder Diagnostic Clinic is a multi-disciplinary clinic that serves children aged 0-18 with complex developmental delays/difficulties in the area of communication, social, behavioural, motor, cognitive, adaptive, attention and emotional functioning, with queries of Autism Spectrum Disorder (ASD). The Consultative Diagnostic Clinic receives referrals for children suspected of having other complex developmental, learning, adaptive and behavioural challenges, such as intellectual disabilities, language disorders, learning disorders, and ADHD.

The primary role of the Psychologist on the Autism Spectrum Disorder Diagnostic Clinic and Consultative Diagnostic Clinic is to provide tertiary level diagnostic assessment and consultation (e.g., program planning) using a family-centred approach in which parents, school personnel, and other professionals involved in the child’s care (e.g., Speech-Language Pathologists) are important members of the team.

Cumulative Risk Diagnostic Clinic (CRDC) is a multidisciplinary team that assists in the identification and diagnosis of children who have been either affected prenatally by alcohol and or have experienced multiple risks and negative prenatal and postnatal exposures in the context of presenting with learning and developmental difficulties. This clinic follows the Canadian Guidelines for Diagnosis of Fetal Alcohol Spectrum Disorder (2004, 2015) when evaluating children for an FASD diagnostic question. The team assumes a cumulative risk approach when conceptualizing the presentation of each patient and functional profiles of a child’s/youth’s abilities is outlined. Standardized psychometric tools, including neuropsychological tests, are utilized by the psychologist on this team, who also assists in developing management plans for the child/youth and provides follow-up consultation to, patients, caregivers and schools/programs and community partners.

**II. PEDIATRIC PSYCHOLOGY DOMAIN**

Pediatric psychology is one of the core areas of service provided by psychologists at ACH, and psychologists are currently involved with the majority of medical clinics. Along with the Child Clinical Domain, the Pediatric Psychology Domain forms one of the cornerstones of training for psychology residents. Rotations in pediatric psychology provide residents with training in assessment, treatment, program development, and planning for children and families presenting with a wide range of clinical concerns. Psychologists and residents participate in multi-disciplinary healthcare teams in a collaborative model of care for the child patient and his/her family. Throughout their rotation, residents will gain experience in the multitude of roles performed by pediatric psychologists, including consultation to the teams and multi-disciplinary healthcare treatment planning, as well as more traditional individual and family clinical psychological services.

All clinics are composed of multidisciplinary teams consisting of medical specialists, nurse clinicians, psychologists, social workers and other allied health staff as needed.
The team psychologist typically assesses and treats those children who struggle with the following challenges:

- Non-adherence with medical treatments resulting in substantial risk to the patient.
- Biopsychosocial factors causing acute exacerbation of medical condition or impacting illness presentation.
- Medical conditions resulting in psychological problems that have a major impact on other areas of functioning.
- Preparation for invasive procedures and surgery.
- Pain management.
- Medical anxiety and trauma.
- Behaviour management counselling when lack of skills interferes significantly with medical management, or when fear of illness prevents appropriate behaviour management.
- Somatic Symptom Disorders.

The most frequently employed treatment modalities are cognitive behavioural strategies such as relaxation and guided imagery training, systematic desensitization, medical hypnosis, motivational interviewing and acceptance and commitment therapy. Individual child/adolescent, parent and family psycho-educational counselling, and group therapy are offered.

**MEDICAL PSYCHOLOGY ROTATION  (Location: ACH)** A major rotation in Medical Psychology typically is focused in one clinic area complemented by training opportunities in other medical clinics, depending upon a resident’s interests and availability of supervisors.

Options include:

- **The Gastroenterology Clinic** psychologist provides assessment, treatment and consultation to children with a diverse range of chronic and acute gastrointestinal disorders (e.g. functional abdominal pain, rumination syndrome, cyclic vomiting, inflammatory bowel disease, irritable bowel syndrome, dysphagia, eosinophilic esophagitis, etc). This includes assessment and treatment of underlying anxiety and mood disorders that may be exacerbating symptoms, supporting adjustment to diagnosis and chronic illness, addressing medical phobias, and providing non-pharmacological management of impairing physical symptoms (e.g. pain, nausea). The psychologist provides both outpatient and inpatient support and works closely with other members of the GI team (gastroenterologists, social work, child life, registered dieticians etc). Treatment modalities include both individual and group therapy.

- **The Diabetes/Endocrine Clinic** psychologists address the needs of children and adolescents with Type 1 and Type 2 diabetes as well a variety of Endocrine disorders (e.g. Turner syndrome, hypothyroidism, growth hormone insufficiency, precocious puberty). The most common presenting problems referred to psychology are adjustment to diagnoses, adherence to treatment regimen, needle phobia and learning concerns related to an Endocrine condition. Treatment modalities include both individual and group therapy using cognitive behavioral, behavioral and motivational interviewing approaches.
• The **Nephrology/Urology Clinic** psychologist supports the needs of children and adolescents with kidney disease and/or failure as well as bladder and voiding problems. Common reasons for referral include adjustment (e.g., to diagnosis or treatment), preparation for kidney transplantation and other surgical interventions (e.g., bladder augmentation), medical anxiety (e.g., needle phobia), pill swallowing, adherence to treatment regimen, behavioural treatment for voiding challenges, as well as assessment of cognitive and learning challenges associated with chronic kidney disease.

• The **Haematology, Oncology, and Blood and Bone Marrow Transplant (HOT) Program** addresses the needs of children and adolescents with chronic blood diseases (e.g., aplastic anemia, sickle cell disease), cancer (e.g., leukemia, brain tumors), and medical conditions that may require a blood or bone marrow transplant. Children and adolescents seen in this program are followed from diagnosis through to their long-term survivorship. Areas of practice include adjustment to illness, management of subsequent mood and anxiety symptomatology, management of the physical consequences of disease (e.g., nausea, pain), and monitoring for late effects of treatment including cognitive and psychosocial difficulties. The psychologist and neuropsychologist are involved in inpatient and outpatient care and also engage in clinical research within the program. Residents who do a major rotation in this area have an option to do an exposure rotation with the neuropsychologist.

• The **Cardiology** psychologist assesses and treats children and adolescents living with a variety of heart conditions such as congenital malformations, heart transplants, and rhythm disorders (e.g., Long QT Syndrome). Residents will likely be exposed to more acute and serious medical presentations in this rotation. Medical trauma (e.g., cardiac arrest), life sustaining treatment adherence (e.g., transplant rejection medication), somatic symptoms (e.g., chest pain, dizziness), and adjustment to chronic illness (e.g., dealing with scars after open heart surgery), are the primary presenting concerns of Cardiology patients.

• The **Respiratory Clinic** follows children and adolescents with a variety of lung diseases (e.g., Cystic Fibrosis (CF), and Asthma). The most common psychology referrals include respiratory somatic symptom disorders (e.g., habit cough, vocal cord dysfunction), adjustment to life-limiting illness (e.g., CF), challenges with complex treatment adherence, and medical anxiety/trauma. There is potential for both inpatient and outpatient training in this rotation as children who have a CF diagnosis often require two week hospital admissions for illness management. Within the Respiratory Clinic, the psychologist is also part of a specialized service that uses a multidisciplinary approach to manage severe and difficult to control asthma (i.e., Intensive Management Asthma Clinic: IMAC). Families followed in IMAC represent a diverse population in regards to ethnicity, social economic status and health beliefs/practices.

• **Sleep Clinic:** The Sleep Clinic team psychologist offers behavioural/psychological interventions for children and adolescents suffering from a range of sleep disorders, including sleep association disorder, limit setting disorder, sleep onset insomnia, night waking, parasomnias, such as night terrors and sleep walking, delayed sleep phase and nightmares.
• **The Neonatal Follow-up Clinic** provides assessment, intervention, consultation and early referral for infants and young children at risk of neurodevelopmental difficulties secondary to extreme prematurity, extremely low birth weight and/or early complex medical/surgical interventions. Multidisciplinary evaluations are scheduled at key ages from birth to age 5. The Psychologist conducts cognitive, developmental, and behavioural assessments and consults with other providers in a collaborative family centred approach. Opportunities for residents may include developing assessment skills with infants and preschoolers, participating in research, and working with families on developmental and behavioural issues. The Neonatal Follow-up clinic recently re-located to the Child Development Centre (CDC).

• **Orthopedics/Juvenile Amputee Clinic:** The psychologist’s role on the Orthopedic and Amputee Clinics spans a variety of adjustment issues in relation to medical procedures, rehabilitation, surgery and injury/amputation. This might include assessing the child’s and the families’ readiness for procedures (e.g., Ilizarov) and facilitating adaptive coping with pain and medical challenges over the course of treatment. Enhancing medical adherence, managing pain, and overcoming medical fears/trauma are frequent therapeutic objectives. The opportunity exists for residents to learn about the impact of invasive medical procedures or trauma injuries on children, and to assist in their adjustment with pain, coping, and disability.

• **Rheumatology Clinic:** The psychologist’s role on the Rheumatology Clinic is to assist children in coping with long-term, and often relapsing medical conditions (e.g. arthritis, uveitis, lupus, etc.). Often, the children are frustrated by the limitations imposed by their illness or by the medical interventions they must undergo, and the focus of Psychology is directed toward helping children find ways to cope with illness. This can include coping with pain or limitations to physical activity; managing anxiety around procedures and needles; managing unpleasant side effects of medications (e.g. nausea, vomiting); or assisting with pill swallowing. The opportunity exists for residents to attend clinic meetings, and to provide counselling to children who have a variety of long-standing medical conditions.

• **Burn Team:** The psychologist’s role is mainly in relation to pain management (e.g. debridements), disability adjustment (e.g. scars), medical compliance (e.g. wearing garments), and reactions to accidents (e.g. fear of fires). The Burn Team meets once weekly, and most referrals come via the physiotherapist/Coordinator of the Team. Psychology is involved in both inpatient and outpatient care. Residents can become directly involved in cases of disability adjustment and reactions of children who have been burned, including pain management. The base rate of referrals is highly variable and often the children are very young, age 2 to 3 years.

• **Vi Riddell Children’s Pain and Rehabilitation Centre:** Psychologists within the Vi Riddell Children’s Pain and Rehabilitation Centre provide consultation and support to children and adolescents involved in a variety of pain programs including the Headache and Functional Abdominal Pain clinics, the Complex Pain clinic, and the Intensive Pain and Rehabilitation program. The psychologists provide individual and group treatment to improve youths’ abilities to cope with pain and to improve their functioning despite pain. These
interventions include: cognitive behavioural approaches, self-hypnosis, acceptance and commitment therapy, relaxation and imagery, graduated behavior rehearsal, reactivation and pacing.

There are also opportunities to participate in a new one-day workshop (“The Comfort Ability”) focusing on pain management that includes both youth and parent components. The Complex Pain clinic provides opportunity to participate in multidisciplinary team assessments along-side nurses, physiotherapists, family therapists, and anesthesiologists. Whereas the Intensive Pain and Rehabilitation Program provides opportunities to participate in a 6-week day treatment program designed to increase functioning for children and adolescents with persistent pain who have not benefited from outpatient treatment.

- **Sensory (Hearing) Clinic:** The psychologist’s role on the Sensory Clinic is to help children and families cope with hearing loss and medical procedures. In the case of young children, this often involves helping the child and parents adjust to the use of hearing aids, and preparation/follow-up regarding cochlear implants. With older children the psychologist’s role includes helping children with a range of behavioural concerns associated with hearing loss such as social isolation and bullying. The psychologist also conducts intellectual assessments. The clinic team meets on a regular basis through team meetings, clinic conferences, and chart reviews. Residents can also provide individual treatment for children with emotional concerns related to hearing loss. Some activities, such as counseling with signing interpreters, intellectual assessments of children with significant hearing impairment, and surgical preparation may be less appropriate for direct resident involvement, but may provide observational opportunities.

- **Pediatric Eating, Feeding, and Swallowing Service:** offers a multidisciplinary approach for the evaluation and treatment of infants, children and adolescents with a variety of feeding problems. The team consists of a clinical psychologist, dietitians, occupational therapists and speech language pathologists. Children/adolescents may have a primary feeding problem without any other diagnosis or may have comorbid diagnoses such as an Autistic Spectrum Disorder or Intellectual Disability. Feeding problems may be associated with premature birth or other medical conditions which may have interfered with the development of eating skills. The psychologist works closely with other team member, initial assessments are often jointly conducted. Psychological treatment may take the form of parent counselling or individual work with children and adolescents.

- **The Pediatric Centre for Weight and Health (PCWH)** is part of Alberta Health Services’ provincial Pediatric Weight Management initiative, a comprehensive approach to preventing and managing pediatric obesity. The PCWH at Alberta Children's Hospital is a multidisciplinary, family-focused clinic that serves children and adolescents who have a body mass index (BMI) greater than or equal to the 85th percentile and (i) have co-morbidities or (ii) have previously been unsuccessful with weight management interventions. The psychologist's role in the PCWH clinic includes assessment, treatment, and consultation.
Assessments are family-centered and focus on identifying readiness for healthy lifestyle change (e.g., motivation, confidence, available support, strengths/barriers/maintaining factors) as well as assessing for the presence and extent of associated social-emotional issues (e.g., poor self-esteem, negative body image, symptoms of anxiety/mood disorders, social distress related to weight, disordered eating patterns, etc.). Treatment (individual or group) may include motivational interviewing, behaviour modification, cognitive behavioural therapy, mindfulness strategies, and/or parenting education and training. The psychologist works closely with other team members within the PCWH (pediatrician, nurse, social worker, dietician, exercise specialist, outreach coordinator).

- The **Neurology Clinic** serves children with a wide range of neurological disorders, including epilepsy, neuromotor and neuromuscular disorders (e.g., Cerebral Palsy, Spina Bifida), traumatic brain injury, migraine headaches and somatoform disorders. The Neurology team includes pediatric neurologists, nurse specialists, Neurophysiology technicians, speech/language pathologists, occupational therapists, physiotherapists, social workers, pharmacist, dietician, and clinical psychologists. Reasons for referral to Psychology are wide-ranging, and include: differential diagnosis of learning, behavioural and emotional disorders; assessing and treating chronic headache, as well as assessing and treating a variety of mental health concerns that are related to neurological complaints or interfere with medical treatment including: conversion disorders, medical phobias, medical non-compliance, and Post-Traumatic Stress Disorder related to medical trauma. These children and families present diverse, interesting, and often complex and challenging psychological and social issues. A psychology resident in this clinic has the opportunity to participate in many forms of assessment with children ranging in age from preschool to adolescence and to provide individual therapies using various theoretical orientations as needed. The ACH also has one of the only pediatric Biofeedback clinics in Canada, which is used predominately for treating patients with chronic headache conditions. Residents have the opportunity to learn how to provide Biofeedback assisted assessment and treatment for headache.

**DESCRIPTIONS OF MINOR ROTATIONS**

Minor Rotations offer training in service areas not chosen as Major rotations so that residents can tap the breadth of training opportunities the Discipline of Psychology has to offer.

A Minor Rotation can range from 1 to 1 ½ days per week over a five-month period, or two can be combined for shorter durations. Therefore, residents can expect to have significant exposure in two or more areas beyond their Major Rotations during the year.

In addition to the minor rotations listed in the tables on pages 11 and 12, we offer a minor rotation training in clinical research:
• **Clinical Research:** In order to more fully experience the scientist-practitioner model, this Minor Rotation allows the resident the opportunity for exposure or participation in clinical research. The resident can observe and discuss research projects of clinicians. The resident might also become a temporary member of an ongoing research project, develop a small, time-limited project, or take on the development of a research protocol that would be completed by staff after the resident has completed the Residency, with the resident getting full credit for his or her contribution. Any original research is, of course, subject to approval by the appropriate Research Committee. In order to illustrate the research and scholarly interests of Psychology staff, a listing of recent publications is included at the end of this Brochure.

**INTER-SESSION**

A two-week Inter-Session period follows the end of the first clinical rotation. The intent of this period is to help residents complete work from the first rotation, meet new supervisors and become oriented to the second rotation. Part of the Inter-session may be spent in focused reading and inservice experiences directed at preparing the resident for clinical assessment and treatment of children and families seen in the next rotation.

**WRAP-UP**

The last two weeks of the Residency are dedicated to completion activities: case closures, final documentation, evaluations and the like. This is often one of the busiest times of the training year with the conclusion of clinical work, year-end review and the granting of Certificates of Successful Completion.

**EDUCATIONAL ACTIVITIES**

**Psychology Educational and Training Series.** Residents participate in the monthly Psychology Educational and Training Series. This will include serial and focused presentations and discussions in the areas of assessment, intervention, and special clinical topics/professional issues. These activities provide opportunities to reflect upon the integration of theory and research with daily clinical practice, including reviews of relevant literature.

Residents are encouraged to take advantage of the wide range of educational opportunities provided through the Discipline of Psychology, the Hospital and various Child Health and Child and Adolescent Mental Health programs and clinics. These include presentations by local experts as well as by nationally and internationally recognized authorities.

**Intern Interhospital Seminar Series.** Attendance at the monthly Intern Interhospital Seminar Series is for the most part optional, although attendance at some presentations is mandatory.
These seminars give residents from the ACH residency and interns from the Calgary (Adult) Residency an opportunity to meet each other and share experiences. They include topics of interest to both child and adult-focused interns/residents and are presented by members of the training staffs of the various Calgary hospitals and other agencies.

**Best Practice Rounds.** This is a forum for presentations of empirically supported assessment and intervention modalities. Residents present in the latter part of the training year on a topic of their choice.

**Training in Supervision.** The Discipline offers practicum experiences to graduate students enrolled in the Program in Clinical Psychology at the University of Calgary (CPA Accredited). Residents will participate in the Discipline’s training program to gain expertise in clinical supervision. This includes didactic sessions on the ethics of supervision, models of supervision, and reviews of relevant literature. Resident’s supervisory sessions with graduate students are directly supervised.

**Training in Crisis Intervention.** Psychologists based at ACH, CDC and RRDTC assess and treat children and families experiencing life-threatening medical and mental health emergencies (e.g., serious accidents, diagnosis of serious illness, suicidal ideation and gestures, child abuse). Such situations may arise in the course of residents’ participation in a particular rotation and afford an opportunity for supervised training in crisis intervention. Residents will be closely supervised by Psychology staff and will collaborate with other professionals.

**Training in Cultural Diversity and Individual Differences.** AHS, Calgary Zone has a strong commitment to multicultural issues. A Multicultural Committee was struck in 1990, and several Psychology staff played key roles in the development of this committee, which now has a broader perspective as a Diversity Committee. The Diversity Committee’s goals include: increasing awareness in staff of different cultures and their traditions; facilitating communication and understanding through inservice training, workshops, cultural days and special events; and providing support to children and families from diverse groups, such as accessing trained healthcare interpreters. AHS, Calgary Zone, has an active involvement in innovative approaches to health care for First Nations People including the Aboriginal Liaison Program at ACH.

Consistent with the AHS commitment, the Residency attempts to enhance our residents’ exposure to issues of cultural and individual diversity. The Residency requires 40 hours of focused work in the area of cross-cultural psychology. This can be met through a combination of attendance at didactic and educational presentations and direct clinical work with children and families from culturally diverse groups. Other seminars and presentations will be arranged to meet the particular needs and interests of residents. Cross-cultural issues and topics pertaining to other issues of individual diversity (e.g., counselling gay and lesbian clients) are presented in the Psychology Educational and Training Series and the Intern Interhospital Seminar Series. Apart from these specified educational and training opportunities, residents will have clinical contact with children and families from culturally and individually diverse groups in their rotations.
RESIDENT FUNCTIONS, RESPONSIBILITIES AND EXPECTATIONS

The Residency experience is designed to be an integrated and intensive training experience in child clinical and pediatric psychology. The resident will also have substantial responsibility for major professional functions in the context of appropriate supervisory, administrative and educational support. A careful balance will exist between caseload and training experiences.

Within the “family centered” care model of ACH, the resident will be responsible for the full range of clinical services, including history taking, assessment, diagnosis, treatment, follow-up and consultation. Psychological assessment may include all or part of cognitive, psycho-educational, objective and projective personality, behavioural, play and familial techniques. The resident may have a preferred clinical intervention model, and refinement of his/her specific approach will be supported. However, the resident is expected to become familiar with other major clinical frameworks and gain exposure to the broader range of approaches employed by psychology staff. Caseload requirements will be dependent on the area to which the resident is assigned and will take into account the resident’s goals for the Residency. Given the multi-disciplinary nature of professional care across the training sites, residents will gain specific training in consultation with other health care professionals and community agencies. Where assigned to a clinic or program, the resident will be expected to be involved in clinic or program functioning. Prerequisite skills (at the Practicum level) in all areas of clinical functioning are expected. In the event of a lack of skill in any area deemed critical to clinical functioning, outside reading and/or compensatory practice may be assigned.

The hours of training will generally average 38.75 hours per week. Psychology may, at times, conduct evening programs; residents may choose to participate, although this is not mandatory. Residents are expected to amass between 1600 and 2000 hours of supervised experience, which is consistent with the expectations of the CPA accreditation program. Residents are expected to work toward a minimum of 12 hours of direct client contact per week, but no more than 15 hours per week. Clinical activities will comprise no more than two thirds of a resident’s time, with supervision, didactic seminars, literature reviews, and research options allocated for the remainder of the time. The resident will comply with all AHS and Discipline regulations, including recording of professional time, personnel requirements, confidentiality, and the release of patient information. In addition, residents will be expected to complete Discipline, Hospital, and AHS, Calgary Zone orientations.

The Residency has developed policies and procedures to protect the rights of residents. These are reviewed with the residents in the Orientation period and included in the Orientation Manual.

Resident Advisor. At the beginning of the residency year, a staff member from the Discipline of Psychology is appointed by the Director of Training as the Resident Advisor. This individual is chosen from staff members who will not have any direct supervisory duties with the residents for that particular year. Although the role of the Resident Advisor is intended for personal and professional support, it is also a safety valve for any concerns related to dilemmas, disagreements
or possible harassment. The Resident Advisor would chair the tribunal should it be necessary to adjudicate a resident’s appeal about decisions related to probation or termination.

A Residency Professional Issues Group conducted jointly by the residents and the Resident Advisor is offered to each year’s residency class at the beginning of the Residency year. The group is intended to provide a forum for sharing professional identity and developmental issues and whatever other content deemed appropriate by the group. The group is collegial and confidential in nature and therefore not evaluative. It is not a therapy group. After residents have had the opportunity to meet on several occasions, they can then decide whether they would like to continue meeting.

**ADMINISTRATION OF THE RESIDENCY**

The Training Committee plays a central role in the administration and operation of the Residency. The Director of Training chairs the Committee, which consists of the Discipline Leader, primary supervisors, a psychologist representative from each of the three major sites (ACH, CDC, RRDTC) and all three residents. As full members of the Training Committee, the active participation of the residents is critical. Rotational supervisors are only required to attend during the period they supervise a resident. Attendance is optional for minor supervisors. The Committee usually meets on a monthly basis.

The Committee is charged with the overview of the selection process of new residents, approval of the residents’ year long plans, and liaison with residents. It advises the Director of Training about the operation of the Residency. Designated members of the Training Committee carry out other activities, such as the revision of residency policies and procedures under the leadership of the Director of Training.

**SUPERVISION AND EVALUATION**

Residents can expect a minimum of four hours of individual supervision per week from a primary supervisor and/or rotation supervisor. Although evaluation is an ongoing process, formal written evaluations will occur at the mid-point and at the end of each rotation. Evaluation is an interactive process between the resident, the primary and/or rotation supervisor and the Director of Training, and will be communicated to the resident’s Director of Clinical Training in summary format. In an effort to maintain quality training, residents must evaluate their supervisors and the rotations.

Two meetings (Program Retreat and Program Review), attended by the residents as an integral part of the Training Committee, are held near the end of each Residency year. These meetings review and address areas such as the accuracy and appropriateness of the brochure, application and selection procedures, orientation to the hospital and Residency, rotational assignments, supervisory assignments and process, seminar program, evaluation, and personal/professional needs and logistical supports. They give residents and staff an opportunity to reflect on what
worked well as well as challenges during the year in regards to the residency program. Discussion and plans for philosophical and structural changes to the Residency are encouraged, as well as residents’ suggestions about specific modifications to the program. A formal audit of the Residency’s success in achieving its goals and objectives is also undertaken when the training year has been completed.

**FACILITIES**

The Discipline of Psychology is a contributing profession within Child Health, Child Development and Child and Adolescent Mental Health. Psychology staff members have permanently assigned offices within their areas of assignment across the sites, as well as access to playrooms and interview rooms with observational and audio-visual capability. A well equipped Psychology test library and a biofeedback room are located at the ACH site. The CDC also provides a formally designated Resident’s office, test library and interview, assessment, treatment rooms with observational and audio-visual capacity. A Resident workspace within a student office, as well as a test library and assessment and treatment rooms, with observational and audiovisual capabilities, are located in the Child and Adolescent Mental Health Specialized Services at the RRDTC.

Within each resident office there is lockable file space, bookshelves, and a private phone line with electronic voice mail. Residents can also book appropriate therapy rooms. Residents most often utilize the clinical space allocated to the programs and clinics associated with their major rotation. Each resident office is wired for internet access and provides a computer and linked printer. In addition, there are other computer stations that are accessible to residents. Each resident is given an E-mail account at the beginning of the training year.

The ACH site has an in-house library of current books and periodicals related to child and family health and mental health issues. In addition, the library is integrated into the network of the University of Calgary’s general and medical collections and has full on-line card and search capabilities. Each resident is issued hospital library access as part of the Orientation and has full use of these facilities. The library also has an Inter-Library Loan service that residents can access. The small Psychology library contains relevant professional (e.g. copies of Standards and Codes of Ethics) and scholarly scientific literature.

ACH also provides a wide range of recreational facilities for staff and social functions in which residents can choose to participate.

As part of a teaching hospital, the Discipline liaises with the University of Calgary and the Behavioural Research Unit at the CDC. A number of Supervisory staff hold cross appointments at the University and actively teach in Clinical Psychology, Applied Psychology, Psychiatry and Pediatrics.
ACCREDITATION

The 2018-2019 year will be the 33rd year the Residency has been in existence. It was fully accredited by the Canadian Psychological Association for a five-year period in November 1987. It was thereafter re-accredited by both the Canadian and American Psychological Associations for additional 5 year periods in 92-93, 97-98 and 02-03 and a 7-year period in 07-08. During the 15-16 year the Residency was re-accredited by CPA for a six year term. Accreditation by the American Psychological Association voluntarily ended on August 31, 2008 in accordance with the APA Committee on Accreditation decision to stop accrediting programs in Canada.

The CPA Accreditation Panel can be reached at the following address: Canadian Psychological Association, Accreditation Panel, 141 Laurier Ave. West, Suite 702, Ottawa, Ontario K1P 5J3; Phone: (613) 237-2144

As a member of the Association of Psychology Post Doctoral and Internship Centres (APPIC), the Residency conforms to the guidelines and uniform notification and acceptance dates. The Residency will participate in the APPIC computer-matching program. For details, see Applications, Deadlines and Notification section.

ELIGIBILITY, STIPENDS, AND DATES

Applicants to the Residency must meet certain eligibility requirements before they are considered. They must have achieved doctoral candidacy and had their dissertation proposal approved by their university within graduate programs in CPA or APA accredited clinical or professional psychology programs prior to the residency application due date. They must have completed supervised practica training in basic assessment and therapy with a minimum of 600 hours (including direct and non-direct hours). Successful candidates typically have 1000 hours or more, with a significant proportion of work with children and families. We received 52 completed applications for three Residency positions for the 2017-2018 training year. In accordance with Canadian Immigration policy, priority must be given to Canadian citizens and to graduate students attending Canadian Universities who can demonstrate that they are eligible to work in Canada.

Three pre-doctoral residency positions are offered with a stipend of $37,500 each. Residents are eligible for a basic medical benefits package, three weeks’ vacation, and 11 statutory holidays. Completion of a Criminal Record Check is required prior to commencing employment.

As a full time training program, the Residency will commence on September 4, 2018 and finish August 23rd, 2019.
APPLICATIONS, DEADLINES AND NOTIFICATION

Enquiries should be directed to:

Dr. Laura Kaminsky, Director of Training
Pre-doctoral Residency in Pediatric and Child Psychology
c/o Diabetes and Endocrine Clinic
Alberta Children’s Hospital
2888 Shaganappi Trail NW
Calgary, AB T3B 6A8
Phone: (403) 955-7032; Fax: (403) 955-7639
e-mail: laura.kaminsky@albertahealthservices.ca

All applications should be made using the APPIC online application process.

Applicants are encouraged to review the CCPPP document entitled, “Guiding Principles in the Preparation of and Selection of Applicants for Internship,” which is available from: http://www.ccppp.ca/en/docs/CCPPPGuidingPrinciplesintheSelectionofApplicantsfor.doc

The application consists of two parts:

1. APPIC Application for Psychology Internship (AAPI) for the 2018-2019 year which may be accessed at: http://www.appic.org.

2. Supporting materials required include:
   1) A current curriculum vitae;
   2) Official graduate transcript;
   3) Letters of reference from three professionals, two of whom can attest to your applied psychology experiences. Applicants should be aware that the Residency may directly contact referees who provide letters to obtain further information. Although we will accept letters in any format, we would prefer that referees follow the CCPPP Guidelines for Letters of Reference. These Guidelines are available on the CCPPP website: http://www.ccppp.ca/en/letters-guidelines.html
   4) A cover letter which describes what you hope to achieve from the Alberta Children’s Hospital Residency and indicates your first choices for major rotations in both domains of Pediatric (please specify preferred medical clinic or clinics) and Child Clinical (Mental Health, Child Abuse or Developmental). Please review rotation selection and descriptions in the brochure on pages 10 – 22. Your choices will not affect your eligibility.
   5) Please note, only applicants with a minimum of 10 child integrated reports will be considered for interviews.
**Deadline for application is November 15, 2017.** The Residency participates in the APPIC computer-matching program and successful applicants will be notified accordingly. Applicants must obtain an Applicant Agreement Package from National Matching Services Inc. and register for the Matching Program in order to be eligible to match to our program. Applicants can contact NMS through the Matching Program web site at [www.natmatch.com/psychint](http://www.natmatch.com/psychint) or at National Matching Services Inc., 595 Bay Street, Suite 301, Box 29, Toronto, Ontario M5G 2C2.

Please note our endorsement of the following statement:

*This internship site agrees to abide by the APPIC Policy that no person at this training facility will communicate, solicit, accept or use any ranking-related information from any intern applicant prior to Match Day.*

**Applicants will be notified on December 1, 2017, if they will be offered an interview.** Applicants are responsible for their own travel expenses and arrangements. Telephone interviews will be conducted with those applicants unable to visit in person. Applicants unable to arrange a personal interview will not be penalized. **Interviews will take place January 4-5 and 8-10, 2018. However, requests for alternate dates are considered if needed.**

For those applicants interviewing in-person, they will meet at minimum two members of the training staff, have a tour of at least the ACH site, and have a private conversation with one of the current residents. These conversations are strictly confidential and the residents do not share information with anyone, including training staff. The in-person visit is for up to three hours. Applicants who elect to interview by phone will be interviewed by two staff via conference call and then have a private conversation with a current resident.
PRIMAR Y AND ROTATIONAL SUPERVISORS

Dr. Kris Belanger

Dr. Andrea Bliss
Ph.D., 2013, University of New Brunswick, Clinical Psychology. MAPS, Obsessive Compulsive Disorder (OCD) Program. Interests include assessment and treatment of OCD and related disorders in children and youth.

Dr. Carol Brewis
Ph.D., 1982, University of Utah, Educational Psychology. Child Abuse Service. Adjunct Professor, Program in Clinical Psychology, Department of Psychology, University of Calgary. Interests include trauma-focused child assessment and therapy, consultation, and clinical supervision/training.

Dr. Torie E. Carlson
Ph.D., 2002, Counselling Psychology, Ball State University. Psychologist in Vi. Riddell Pediatric Pain and Rehabilitation Centre. Clinic interests include: assessment and treatment of acute and complex pain in children and adolescents, burns, medical hypnosis and biofeedback.

Dr. Dianne Creighton
Ph.D., 1980 Queens University, Developmental Psychology. Neonatal Follow-up Clinic. Research Assistant Professor, Paediatrics, Cumming School of Medicine, University of Calgary. Associate Alberta Children's Hospital Research Institute. Interests include early identification of neurocognitive and neurodevelopmental impairments in infants and young children born at risk due to perinatal difficulties, prematurity, or complex medical interventions.

Dr. Kelley Drummond
Ph.D., 2013, University of Toronto, School and Child Clinical Psychology Program. Treatment Resistant ADHD clinic. Interests include assessment and diagnosis of developmental disabilities, including autism spectrum disorders, as well as assessment and treatment of learning, behavior, mood and anxiety disorders.

Dr. Taryn Fay-McCl ymont
Ph.D., 2009. The Ohio State University, Clinical Child Psychology. Postdoctoral Fellowship in Pediatric Neuropsychology, 2011, Alberta Children’s Hospital. Pediatric Neuropsychologist in the Hematology, Oncology, and Transplant (HOT) and Neurosciences Programs; Adjunct Associate Professor, Dept. of Pediatrics, Cumming School of Medicine, University of Calgary. Interests include neuropsychological and neurobehavioral outcomes of neurological and medical disorders in children and adolescents.
Dr. Brooke Fletcher  
Ph.D., 2015, University of Toronto, School and Clinical Child Psychology. Gastrointestinal Clinic. Interests include assessment and treatment of functional gastrointestinal disorders, psychosocial adjustment to chronic illness, and various anxiety disorders (including trauma).

Dr. Daniel Garfinkel  

Dr. Megan Hancock  
Ph.D. 2014, University of Western Ontario, Clinical Psychology. Vi Riddell Pain and Rehabilitation Centre and Rheumatology Clinic. Interests include psychosocial adjustment to chronic illness and pain management. Interests also include the assessment and treatment of children and adolescents with various mental health disorders (including trauma), as well as the assessment of learning difficulties and ASD.

Dr. Cailey Hartwick  

Dr. Laura Kaminsky  
Ph.D. 2001, University of Calgary, Clinical Psychology. Director of Training Pre-Doctoral Residency in Pediatric and Child Clinical Psychology and Practicum Programs & Psychologist in the Diabetes and Endocrine Clinics. Adjunct Assistant Professor, Department of Pediatrics, University of Calgary. Interests include clinical supervision, psychosocial adjustment to childhood health conditions, motivational interviewing and adherence to diabetes care, group therapy for teens with poorly controlled diabetes, needle phobia and learning disabilities in youth with Endocrine disorders (e.g. Turner syndrome).

Dr. Laurel Korotana (Wallace)  
Ph.D. 2015, University of Calgary, Clinical Psychology. Neurosciences and Sleep Clinics. Interests include psychosocial adjustment to chronic illness, somatization, trauma and anxiety.

Dr. Céline Koryzma  
Ph.D., 2013, University of Victoria, Clinical Psychology. Pediatric Centre for Weight and Health. Interests include the treatment of obesity and related disorders in children, adolescents and adults, and the role of mindfulness in treating disordered eating, anxiety and depression.
Dr. Kristin Lalji (Rostad)  
Ph.D., 2012, University of Calgary, Clinical Psychology. Mood, Anxiety and Psychosis Service (MAPS). Interests include early onset psychosis, treatment of anxiety and comorbid disorders as well as assessment for ASD, ADHD, and learning disabilities.

Dr. Melanie Loomer  
Ph.D., 1993, University of Waterloo, Clinical Psychology. Sensory and Feeding Clinics. Interests include developmental disabilities, learning difficulties, hearing loss, internalizing disorders, behaviour management, eating and feeding difficulties and adjustment to disability.

Dr. Kendra MacLeod  
Ph.D., 2009, University of Cincinnati, Clinical Child Psychology. Cardiorespiratory, Orthopedics and Amputation Clinics. Primary clinical focus is on assessment and treatment of biopsychosocial factors impacting illness/symptom presentation and adjustment. Specific interests include: medical trauma/anxiety, somatic symptom disorders, adherence to medical regimens, adjustment to illness/injury/trauma, medical hypnosis, pain and adaptive stress management.

Dr. Sandra J. Mish  
Ph.D., 2008. University of Victoria, Clinical Psychology, Neuropsychology specialization. Rehabilitation Psychologist/Neuropsychologist for Vi Riddell Children’s Pain & Rehabilitation Centre, and Dr. Gordon Townsend School Rehabilitation and Education Program. Interests include rehabilitation, with a focus on skill building and transition planning, as well as consultation and neuropsychological/psychoeducational assessments of children and youth with neuromotor issues and neurological and medical disorders.

Dr. Jennifer Mullane  

Dr. Jerilyn Ninowski  
Ph.D., 2010, University of Calgary, Clinical Psychology. Autism Spectrum Disorder Diagnostic Clinic + Consultative Diagnostic Clinic. Interests include: assessment and diagnosis of developmental disabilities, including Autism Spectrum Disorders, common co morbid externalizing and internalizing disorders, and behaviour management.

Dr. Nicki Ottenbreit  
Dr. Sarah Owens  
Ph.D., 2015. University of Calgary, Clinical Psychology. Nephrology, Urology, Diabetes and Endocrine Clinics. Interests include psychosocial adjustment to illness and/or hospitalization, adherence to medical treatment, as well as assessment/treatment of internalizing and externalizing disorders which are related to health and medical care.

Dr. Erin Pougnet  

Dr. Alice Prichard  

Dr. Deanne Robbins  

Dr. Fiona Schulte  
Ph.D. 2009, University of Toronto, Social and Behavioral Health Science. Postdoctoral Fellowship in Paediatric Psychology, 2010, Alberta Children’s Hospital. Haematology, Oncology, and Transplant Program, Research Assistant Professor, Department of Oncology and Paediatrics, University of Calgary. Interests include assessment of individual and group treatment for psychosocial adjustment and outcomes for patients, siblings and parents at diagnosis, during treatment and into survivorship.

Dr. Karen Serrett  
Ph.D.,1992, Louisiana State University, Psychology (School/Clinical). Collaborative Mental Health Care program. Interests include early intervention, behavioural challenges/behavioural management, FASD, developmental disabilities, ADHD, and learning difficulties.

Dr. Joanne Vallely  
Ph.D. 2012, Clinical Psychology, University of New Brunswick. Psychologist in The Vi Riddell Pediatric Pain and Rehabilitation Centre. Clinic interests include: assessment and treatment of acute and complex pain in children and adolescents, psychosocial adjustment to chronic and life-threatening illnesses, and internalizing disorders.
**Dr. Caroline Westwood**  
Ph.D., 2002, University of Calgary, Applied Psychology. Neuropsychiatry Service. Interests include individual play therapy, community consultation, psycho-educational and social-emotional assessments, group therapy (CONNECT attachment based care-giver group, creative expressions, social skills training) and treatment planning.

**Dr. Jessica Yott**  

**SUPERVISORY TEAM MEMBERS**

**Ms. Mary Ellen Baldwin**  
Dip. C.S., 1981, University of Toronto, Institute of Child Study (Assessment and Counselling). Fetal Alcohol Syndrome Clinic. Interests include anxiety and mood disorders, fetal alcohol exposure and brain development, and developmental disorders in children.

**Ms. Medi Bryce-Lund**  
M.A., 1986, University of Victoria; Educational Psychology. Autism Spectrum Diagnostic + Consultative Diagnostic Clinic. Primary interests include assessment and diagnosis of developmental disabilities in preschool children with a specific interest in Autism Spectrum Disorders. Additional interests include early intervention, parent education, and behavior management in young children.

**Mr. Peter Laycock**  

**Mr. Tyson Sawchuk**  

**Ms. Annette Vance**  
**DISCIPLINE OF PSYCHOLOGY STAFF**

**Ms. Laurie Burton**  
B.Sc. (Honors), 2002, Trent University, Psychology. Psychometrist, Mental Health Outpatient, and Day Treatment Services. Interests include psychometric assessment and social skills groups.

**Dr. Kirstie Kneppers**  

**Ms. Sona Sandhu**  
B.Sc, 2003, University of Manitoba. Psychometrist, Medical Psychology, and Neonatal Follow-up Clinic. Interests include psychometric assessment and child development.

**Ms. Frances Scrimshaw**  

**TRAINING AFFILIATES**

**Dr. Deborah Dewey**  
Ph.D., Director, Behavioural Research Unit, Alberta Children's Hospital  
Professor, Departments of Pediatrics and Community Health Sciences, Faculty of Medicine, University of Calgary, Adjunct Professor, Faculty of Kinesiology, University of Calgary.

**Dr. Melanie Noel**  
Ph.D. 2013. Dalhousie University, Clinical Psychology. Assistant Professor, University of Calgary and Alberta Children’s Hospital Research Institute (ACHRI). Dr. Noel’s research expertise is in the area of anxiety/fear and pain memories as cognitive-affective mechanisms underlying trajectories of pediatric pain. The overarching aim of her research is to understand and harness the influence of cognitive behavioral factors on children’s pain trajectories using a developmental framework.

**Dr. Keith Yeates**  
 RESEARCH AND SCHOLARLY INTERESTS OF PSYCHOLOGY STAFF

To illustrate the research and scholarly interests of the Psychology staff, a listing of representative publications appear below:


Schulte, F. Biological, Psychological and Social Health Needs in Cancer Care: How Far Have We Come? (In Press). *Current Oncology*.


