



THE CHILD & ADOLESCENT PSYCHOLOGY CENTRE

Predoctoral Internship/Residency Program in Clinical Psychology

2018-2019 Academic Year

Director of Training: Daliah Chapnik, Ph.D., C. Psych.,
Professional Practice Leader: Caryn Moulton, Ph.D., C, Psych.

For more information, please visit:

<http://www.thecapcentre.com>

ABOUT US

Since 2008, The Child and Adolescent Psychology (CAP) Centre has given children, adolescents and their families the tools to cope with and overcome a wide array of impairing academic and mental health concerns. The CAP Centre was established by Dr. Daliah Chapnik and Dr. Caryn Moulton as a response to the demand for high-quality Psychological treatment in northern York Region in a comfortable home-like setting, and the practice has since experienced enormous growth in capacity.

The CAP Centre is located at 49 Wellington Street East in Aurora. The two story home-like establishment provides many comfortable spaces for training, assessment and treatment, including six offices, a large meeting area, lunch room and psychometry room. Full time office administration is available during office hours, and is responsible for conducting intake interviews, scheduling appointments, and administering all invoicing. The CAP Centre is a 5 minute walk from the Aurora Go Station and public transportation on Yonge Street.

The large team of Psychologists at The CAP Centre is prepared with an array of tools to assist children, adolescents, and their families with psychological concerns including anxiety and mood disorders, adjustment disorders, Attention Deficit Hyperactive Disorder (ADHD), Learning Disabilities (LDs), and Autism Spectrum Disorder (ASD). The practice is also committed to facilitating the professional development of Psychology students and Early Career Psychologists. As such, The CAP Centre provides supervised clinical experience for graduate students as well as Psychologists in Supervised Practice. Trainees benefit from quality supervision and gain valuable experience and hands-on learning in the diverse field of Psychology.

The CAP Centre team is comprised entirely of professionals trained in the field of Psychology, including Graduates of Masters and Ph.D. Clinical Psychology Programmes, Masters and Ph.D. level Clinical Psychology Practicum students, Psychologists in Supervised Practice, and Autonomous Psychologists. For assessment or treatment, clients are assigned to a suitable clinician to address their needs. All of The CAP Centre's practitioners work under the obligations and responsibilities set out by the College of Psychologists of Ontario (www.cpo.on.ca), and all treatment is grounded in evidence-based practice.

PHILOSOPHY OF TRAINING

The Clinical Psychology Internship/Residency program at The CAP Centre is designed to engender strong clinical skills in the context of a supportive team of colleagues. The program offers individualized supervision to meet the needs of each trainee. Through individual, group, and peer supervision, Residents will be exposed to a large team of Ph.D. level Psychology trainees and autonomous practitioners, with rich opportunities for collaboration and consultation. Opportunities to develop supervision skills will be provided to prepare Psychologists in training to take on mentorship roles within supervisory hierarchies in the future.

Residents will be exposed to a range of modalities, with the goal of developing advanced clinical skills in differential diagnostics, psycho-educational assessment, and intervention. Residents will gain experience working with clients from preschool to university age and their families. All practices will be grounded in ethical principles and evidence-based practices, preparing clinicians for a career in Clinical Psychology.

GOALS OF TRAINING

The primary goal of The Child and Adolescent Psychology (CAP) Centre Internship/Residency Program is to facilitate the development of strong clinical skills to prepare Residents to practice with confidence and ability in the areas of diagnosis, assessment and treatment. Residents will also be expected to develop an extensive understanding of professional and ethical responsibilities. They are encouraged and expected to practice critical thinking when making clinical decisions, supporting these decisions with evidence-based research collected in the therapeutic and assessment context. By the end of their internship, trainees are expected to have gained experience and developed skills in the following areas:

ASSESSMENT GOALS

- Psychological testing and interpretation of a range of psychometric assessment measures, evaluating cognitive, academic, memory, attentional, phonological processing, and visual motor integration skills
- Exposure to clients ranging in age from preschool to university
- Administration and interpretation of checklist measures including parent, teacher, and self report measures of attention, behaviour, social skills, and emotional symptoms
- Awareness of the Identification system and criteria for Individual Education Plans set out by the Ministry of Education
- Formulation and differential diagnostic skills
- Abilities to make appropriate, evidence-based recommendations while taking into account the services available within appropriate educational and clinical contexts
- Communication of diagnoses and responding to parental questions and challenges
- Strong report writing and oral communication skills

INTERVENTION GOALS

- Strong clinical intervention skills addressing a range of presenting problems (emotional, attentional, social-developmental, learning, family issues) with clients ranging from infancy through adolescence and their families

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- Clinical interviewing skills geared at identifying client needs and informing clinical formulation and diagnostic queries
 - Effective treatment planning skills, focused on addressing the specific needs of clients, guided by principles of evidence-based practice
 - Strong client management skills, addressing the process of treatment including transference/countertransference and identifying and addressing therapy interfering behaviours
 - Effective and professional verbal and written communication skills in corresponding with referral sources including Physicians
 - Strong client management skills, including working with parents to facilitate home practice
 - Effective evaluation skills regarding client progress
 - Effective termination processes, including recognizing when the timing of termination is appropriate or premature
 - Ability to communicate and liaise with schools and other systems when necessary to facilitate and support intervention programs
 - Clear oral and written communication skills regarding diagnoses, treatment planning, and summaries of progress

PROFESSIONAL DEVELOPMENT GOALS

- Strong report writing skills with an emphasis on clear, concise, and accessible language that is comprehensible to clients and helpful to other professionals
- An awareness of and adherence to ethical principles including record keeping, limits of confidentiality, mandatory reporting obligations, issues of informed consent, and the establishment of comprehensive and timely note taking skills
- Establishing an understanding of considerations for unsuitable referrals such as those involving high conflict/custody and access issues, eating disorders, psychotic and psychiatric presentations, all of which The CAP Centre refers elsewhere
- Development the level of independence among Residents, while accounting for their goals and the level of competence

DEVELOPMENT OF SUPERVISORY SKILLS

- Residents may have the opportunity to provide supervision to junior trainees, under the guidance of their Clinical Supervisor.
- Through suggested readings, Residents will be expected to further their knowledge of theory and practice of supervision

PROGRAM STRUCTURE

The CAP Centre's Clinical Internship/Residency Program will begin the week following Labour day through the end of August (12 months). The program requires Residents to complete 1,500 hours of supervised practice, working 40 hours per week. Residents will be responsible for seeing a minimum of 5 clients a day (approximately 20-25 hours per week), a minimum of 50% of Resident's hours. The remainder of Residency hours will be spent preparing for upcoming sessions, scoring materials, writing reports, letters, and case notes, and participating in supervision. Specific allocation of time will be determined with the help of the Resident's Clinical Supervisor, and will take into account the skills and needs of the Resident.

SUPERVISION

Residents will receive an average of 4 hours of supervision per week, approximately 3 hours of which will be delivered within individual supervision. Individual supervision will be conducted within scheduled supervision sessions as well as in vivo during sessions with Clients. Goals of individual supervision will vary from Resident to Resident depending on specific needs, and will cover a number of specific issues such as:

- Preparation for intake interviews
 - Review of data and case formulation, including differential diagnosis
 - Discussion and development of treatment plans
 - Review and feedback of Resident's clinical notes, treatment plans, Doctor's letters, and termination notes
 - Discussion of clinical progress of clients
 - Discussion of client management, ethical, and procedural issues
 - Discussion of transference and counter-transference, boundaries, and containment
 - Establishing professional goals and regular tracking of progress towards said goals
3. Biweekly 2-hour group supervision sessions including all Residents, Supervisors, and Clinical Associates at The CAP Centre will be held, providing all team members with an

opportunity to present cases to the group and receive feedback. Residents will be encouraged to present cases during each group supervision session

- Indirect supervision will be provided as need be, focused on:
 - Review of Resident's case notes and provision of written feedback (i.e., queries, questions, indications of need for follow-up)
 - Editing and reviewing doctors letter and reports and providing written feedback
 - Reviewing videotapes and audiotapes of sessions and providing feedback

DIDACTIC TRAINING OPPORTUNITIES

In addition to individual and group supervision sessions, 2 hours of didactic training a week will be offered within two formats, alternating each week:

1. Case conceptualization sessions with a didactic focus will take place related to the clinical content relevant to the Residents' cases. Didactic training will cover the following:

- Ethical issues
- Jurisprudence
- Client management
- Record keeping
- Communication with referral sources
- Establishing and maintaining boundaries
- Transference/countertransference
- Addressing therapy-interfering behaviours
- Client retention and premature termination
- Clinical intervention techniques and practices

2. Structured, curriculum-focused didactic seminars will be conducted by Dr. Chapnik, Dr. Moulton, or Dr. Thornback in partnership with other The CAP Centre Clinicians or Community Partners, as relevant to the topic at hand. Seminars may focus on topics such as:

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- Theory and practice of Cognitive Behavioural Therapy (CBT); Acceptance and Commitment Therapy (ACT); Emotion-Focused Therapy; group and family therapy
 - Complex ethical issues
 - Achieving and maintaining “work-life balance”
 - Guidelines and standards of practice in Psychology
 - Issues relating to separation and divorce
 - Grief
 - Issues relevant to School Psychology and psychometric techniques
 - Suicide risk and safety planning
 - Clinical issues related to private practice

Note: The dedicated didactic sessions for the month of September will be completed during orientation week.

CLINICAL ROTATIONS

The CAP Centre's Residents will be required to systematically evaluate and improve their clinical practices by reviewing existing literature of empirically-validated treatments. All Residents will be expected to develop strong abilities in assessment, intervention, and consultation practices. As assessments vary depending on specific referrals, our training model introduces trainees to diverse clinical populations, and various clinical presentations. Rotations are specific to addressing the nature of presenting problems, including:

1. LEARNING DISORDERS, GIFTED AND INTELLECTUAL DISABILITIES

Assessment

- Residents will be expected to demonstrate proficient abilities in psycho-educational and psycho-diagnostic assessments. Emphasis will be on developing the following skills:
 - Clinical interviewing
 - Establishing appropriate queries
 - Designing appropriate assessment batteries
 - Psychometric techniques
 - Interpreting of data and formulation
 - Clear report writing
 - Communicating diagnoses

Intervention

- Residents will be encouraged to provide services to families following psycho-educational assessments. Emphasis will be on developing the following skills:
 - Providing parents with psycho-educational understanding of assessment results and resulting diagnoses
 - Facilitating access to community resources
 - Reviewing Individual Education Plans (IEPs)
 - Supporting clients and families through Ministry of Education identification process

Consultation

- Residents will be encouraged to provide consultation services. Emphasis will be on developing the following:
 - Presenting clinical data and psycho-educational information to school teams
 - Presenting clear and concise summaries to other professionals (i.e., family doctors)
 - Conducting presentations on areas of interest to community groups or agencies

- SOCIAL AND BEHAVIOURAL DISORDERS (ADHD, OPPOSITIONAL DEFIANT DISORDER, CONDUCT DISORDER, AUTISM SPECTRUM DISORDER)

Assessment

- Residents will be supported to develop strong assessment skills of Social and Behavioural Disorders. Emphasis will be on:
 - Clinical interviewing
 - Establishing appropriate queries
 - Designing and implementing appropriate assessment batteries (using cognitive, social behavioural, attentional and personality measures)
 - Observing more senior clinicians conducting specialized measures when necessary or appropriate (i.e., ADOS)
 - Consideration of developmental issues and contextual information
 - Interviewing of Teachers, conducting school visits
 - Reviewing of Student Records
 - Clear report writing
 - Communicating diagnoses in accessible language

Intervention

- Residents will be presented with intervention opportunities with clients with social and behavioural disorders. Emphasis of intervention methods will be on:
 - Communicating psycho-educational information regarding diagnoses
 - Facilitating clients' access to resources
 - Developing clients' emotion regulation skills, behavioural regulation skills and social skills

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- Working with families on increasing communication and implementing effective parenting strategies

Consultation

- Residents will be encouraged to provide consultation services. Emphasis will be on developing the following:
 - Attending school meetings (presenting data to school teams, speaking to Special Education professionals and school administrators)
 - Presenting clear concise summaries of results to collateral resources (family physicians and other referral sources), as well as community partners (i.e. private mental health practitioners, community mental health centres)

- ANXIETY AND MOOD DISORDERS

Assessment

- Residents will be trained in conducting clinical interviews, as well as implementing emotional, personality, and behavioural assessment measures. Emphasis will be on:
 - Clinical interviewing
 - Establishing appropriate queries
 - Considering differential diagnostic issues
 - Considering of developmental issues and contextual information
 - Implementing rating scale measures
 - Conducting clinical assessment measures
 - Reviewing of Student Records
 - Interviewing collateral resources (i.e., teachers, clinicians, physicians)
 - Communicating diagnoses

Intervention

- Residents will be trained in implementing evidence based treatment methods for mood and anxiety disorders. Emphasis will be on:
 - Cognitive Behavioural Therapy (CBT), which is often the treatment of choice at The CAP Centre

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- Dialectical Behavioural Therapy (DBT)
 - Acceptance and Commitment Therapy (ACT)
 - Family therapy
 - Emotion-Focused Therapy (EFT)
 - Creating a treatment plan based on evidenced-based, best practices
 - Monitoring and evaluating client progress and establishing ongoing goals
 - Developing strong client management skills
 - Developing comprehensive, efficient, and timely note-taking skills
 - Recognizing and fulfilling reporting obligations
 - Recognizing and following up on safety risks and including families in safety planning

Consultation

- Residents will be encouraged to provide consultation services. Emphasis will be on developing the following:
 - Attending school meetings (presenting data to school teams, speaking to Special Education professionals and school administrators)
 - Presenting clear, concise summaries of results to collateral resources (i.e., family doctors and other referral sources), as well as community partners (private mental health practitioners, community mental health centres)

EVALUATION OF RESIDENTS

Formal written evaluations are to be conducted a total of three times throughout the Residency.

The initial written evaluation will be completed by the Supervisor at the end of third month of Residency, and will be reviewed in a meeting with the Resident. The Supervisor will discuss perceived areas of strengths and weaknesses demonstrated by the Resident, and strategies by which they may further develop their skills throughout their Residency.

After six months of the Residency, a second formal meeting will be conducted to allow the Supervisor to present feedback to the Resident. This evaluation will refer to the initial written evaluation, discussing progress from initial goals as well as objectives of the Resident. Results of the written evaluation will be sent to each Resident's University to document his/her progress.

Towards the year end, the Supervisor will conduct a final meeting to discuss the overall progress of the Resident, based on previous evaluations. The Resident will be given an opportunity to review the year and offer any suggestions or recommendations they may have to improve the program. Results of the written evaluation will be sent to the Resident's University.

DUE PROCESS POLICY

In the event that Supervisors and other members of The CAP Centre identify issues with Resident performance, the following procedure will be implemented:

- A. **Notice** - The Resident will be given a notice, informing the Resident that the problematic behaviour has been identified and that Supervisors are addressing the problem. Informal remediation procedures will also be outlined.
- B. **Hearing** - A face-to-face meeting will be scheduled with all registered Supervisors, intended to give the Resident an opportunity to hear the Supervisors' concerns and respond to them. At this time, a formal written description of concerns, as well as a performance remediation plan outlining training options would be initiated.
- C. **Appeal** - The Resident then has an opportunity to send a written letter of appeal to the Professional Practice Leader (Dr. Caryn Moulton) about any problems he/she may have with the actions taken by the Supervisor in regards to the problematic behaviour. In the event that the Professional Practice leader is the Resident's immediate Supervisor, the letter will be addressed to the Director of Training (Dr. Daliah Chapnik).
- D. Once The CAP Centre becomes an APPIC member, Residents will have the opportunity to consult with the APPIC Service, Informal Problem Consultation (IPC), regarding unresolved Resident performance concerns. In accordance with the process of the Informal Problem Consultation, a formal complaint may then be filed with the APPIC Standards and Review Committee (ASARC).

GRIEVANCE POLICY

Any Resident believing that he/she has been discriminated against through the action of another Resident, a Supervisor, or another employee, or any Resident who wishes to express concerns with any aspects of the Residency program may file an informal grievance by following the following procedure:

1. The Resident should first discuss his/her grievance with his/her immediate Supervisor.
2. If the grievance remains unresolved, he/she may discuss any concerns with the Director of Training (Dr. Daliah Chapnik) to determine a suitable remediation process. In the event that the Resident is under the direct supervision of the Director of Training, he/she is encouraged to discuss concerns with the Professional Practice Leader (Dr. Caryn Moulton) at this point.
3. If the grievance remains unresolved, the Resident should then discuss his/her concerns with whomever they have yet to speak with from the team of Supervisors (Dr. Kristin Thornback, Dr. Caryn Moulton, Dr. Daliah Chapnik)
4. If the grievance remains unresolved, a third party outside The CAP Centre will be consulted to facilitate discussions, designated as Irwin Butkowsky, Ph.D., C.Psych.

STIPEND

For the entire duration of the Resident program the full academic year, full time Residents will receive a stipend of \$35,000, paid in biweekly instalments. Full time Residents will also receive an allowance of \$1,000 for attending conferences, as well as \$500 to purchase relevant training manuals. A Resident's compensation and evaluation will not be effected by the number of clients seen.

All Residents will receive 15 days of vacation, 5 sick days, and 5 business days to attend conferences or attend job interviews. Specific dates will be determined by the Resident, and will be discussed with the Supervisor and Director of Clinical Training.

APPLICANT QUALIFICATIONS

All Residency candidates must have been enrolled in either a CPA or an APA accredited Clinical Psychology Doctoral program. The CAP Centre is currently offering two available positions for Residents.

Residents must have completed all requirements of their doctoral program, excluding completion of the dissertation. It will also be required for Residents to complete a minimum of 600 practicum hours, including at least 300 direct client contact hours of assessment and/or group and individual treatment.

Upon application, Residents will be required to provide a cover letter and application outlining training goals for their Residency and describing their interest in working at The CAP Centre.

Applications will be submitted electronically online on the APPIC system, and will be reviewed by The CAP Centre's Supervisors. An interview will be offered to top rank-ordered applicants either by phone or in person.

Equal employment opportunity will be given to all applicants, regardless of cultural or ethnic backgrounds, race, religion, gender, sexual preference and disability. Necessary accommodations will be made on a case-by-case basis to encourage diversity and allow for all applicants to feel comfortable.

APPLICATIONS

The deadline for receipt of applications is November 1, 2018.

Applicants must register for the Residency Match, using the online registration system on the Match website: <http://www.natmatch.com/psychint>

Applications are to be submitted using the AAPI Online Centralized Application Service. Please do not mail any printed documents to The CAP Centre.

The AAPI Online may be accessed at <http://www.appic.org> by clicking on “AAPI Online.”

Applications for The CAP Centre Clinical Psychology Residency should include:

- (1) AAPI Online Application
- (2) Cover Letter
- (3) Graduate Transcripts
- (4) Curriculum Vitae including educational background, clinical experience, research experience, administrative experience, publications and presentations, awards and scholarships, and relevant workshops and seminars taken
- (5) Three letters of reference, including from one individual familiar with the applicant’s research skills, and another individual familiar with the applicant’s clinical skills. Referees must use the APPIC Standardized Reference Form (SRF)
- (6) Supplemental Material: A case conceptualization of an assessment and treatment of a client. This should include the presenting problem, relevant background information, psycho-diagnostic and/or psychometric testing, case conceptualization, and treatment progress, including specific interventions

The interview notification date will be December 1, 2018. Interviews will take place in January 2019.

Questions regarding the Clinical Residency Program or Application Process should be directed to:

Phone: (905) 841-7886

Fax: (905) 841-0057

admin@thecapcentre.com

Contact for Director of Training:

Daliah Chapnik, Ph.D., C. Psych

Director of Training

CAP Centre

49 Wellington Street East

Aurora, Ontario L4G 1H6

Tel: 905-841-7886 ext.102

CLINICAL SUPERVISORS

DR. DALIAH CHAPNIK, PH.D., C. PSYCH **DIRECTOR OF TRAINING**

Dr. Daliah Chapnik is a founding partner of The CAP Centre whose practice focuses on psychological assessment of children and adolescents from toddler to university age. She received a Diploma in Child Study from The Institute of Child Study in 1990. After several years as an elementary school teacher, she earned her Ph.D. from the Ontario Institute for Studies in Education (OISE) at the University of Toronto in 2003. A former consulting psychologist to a number of children's mental health agencies in York Region as well as the York Region District School Board, Dr. Chapnik brings a range of experience to her work at The CAP Centre. She provides comprehensive assessment services including gifted testing and identification of learning, attentional, autism-spectrum, behavioural, and social-emotional disorders.

DR. CARYN MOULTON, PH.D., C. PSYCH. **PROFESSIONAL PRACTICE LEADER**

Dr. Caryn Moulton is a founding partner of The CAP Centre and has several years experience working with children, adolescents, and families. She earned her Ph.D. from the Ontario Institute for Studies in Education (OISE) at the University of Toronto in 2005. Dr. Moulton has worked in several children's mental health agencies and school boards. Using her extensive training and experience in Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy, Dr. Moulton's practice focuses on psychological assessment and treatment of children, adolescents, and their families. Her clinical focus includes, but is not limited to, anxiety and mood disorders, Attention Deficit-Hyperactivity Disorder, and family/parenting issues.

**DR. KRISTIN THORNBACK, PH.D., C. PSYCH.
CLINICAL SUPERVISOR**

Dr. Thornback earned her Ph.D. from York University in 2016 and is registered with the College of Psychologists of Ontario in the area of Clinical Psychology working with children, adolescents, and families. Dr. Thornback has trained at Kindercare Pediatrics, Markham Stouffville-Hospital, the Toronto Catholic District School Board, the Hincks-Dellcrest Centre (now The SickKids Centre for Community Mental Health), the Centre for Addiction and Mental Health, and Peel Children's Centre. Dr. Thornback provides comprehensive assessment and evidence-based treatment for a range of difficulties including anxiety, anger, attention deficits, behaviour problems, depression, parenting concerns, complex trauma, and social/relationship difficulties. Her approach to therapy is integrative, incorporating components of Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), and Emotion-Focussed Family Therapy (EFFT).