



THE CHILD & ADOLESCENT PSYCHOLOGY CENTRE

Internship Program in Clinical Psychology

2020-2021 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 M.A./M.Sc. and Ph.D. Clinical Psychology programmes, M.A./M.Sc. and Ph.D. level Practicum students, Ph.D. level Interns, 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 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, Interns 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.

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

GOALS OF TRAINING

The primary goal of The Child and Adolescent Psychology (CAP) Centre Internship Program is to facilitate the development of strong clinical skills to prepare Interns to practice with confidence and ability in the areas of diagnosis, assessment and treatment. Interns 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

- 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 Interns, while accounting for their goals and the level of competence

DEVELOPMENT OF SUPERVISORY SKILLS

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

AVAILABLE RESOURCES

- Interns will have access to a wide array of reference books and periodicals through the CAP Centre's library. There is access to a computer to score test protocols equipped with scoring programmes. The Centre is equipped with psychometry resources, including test kits, rating scales and protocols. Intervention resources such as evidence based manualized treatment protocols are also available.
- The CAP Centre is located in a 2 story century home with 6 offices and a common room. A shared resource/scoring room is available for Interns to use when they do not have dedicated office space, although all efforts are made to ensure that they have their own office space for the majority of their time on site. A microwave, fridge, and coffee maker are available to the Interns. The CAP Centre has full time admin staff whose job it is to ensure that clients are greeted and to offer Interns support in their administrative responsibilities (i.e., entering payments and recording session details for invoicing purposes). The CAP Centre's greatest resource is the large team of colleagues that provides a rich opportunity for consultation. Biweekly group/peer supervision sessions provide an invaluable support and an environment that is rich with learning and opportunities for collaboration.

PROGRAM STRUCTURE

The CAP Centre's Clinical Internship Program will begin the week following Labour day through the end of August (12 months). The program requires Interns to complete approximately 2000 hours of supervised practice, working 40 hours per week with 3 weeks vacation and one week leave for training. All Interns are expected to work one evening a week. Two full time Internship positions will be offered. Internship hours will be comprised of a combination of direct service (i.e., intervention, assessment) and indirect service (i.e., preparation for sessions, report writing, letter writing, case-note writing, and supervision). Specific allocation of time will be described below in the description of the rotations offered, and will take into account the skills and needs of the individual Intern.

SUPERVISION

Interns will receive a minimum of 3 hours of individual supervision per week provided by at least 2 Supervisors who are clinically responsible for the cases. Individual supervision will be conducted within scheduled supervision sessions and in-vivo: during co-therapy sessions, joint intakes or feedback sessions, or during testing sessions that are observed by or conducted by the Supervisor. Supervision is focused on the following areas:

- Preparation for intake interviews
- Review of data and case formulation, including differential diagnoses
- Discussion and development of treatment plan
- Review and feedback of Intern's clinical notes, treatment plans, doctor's letters, and termination notes
- Discussion of clinical progress of clients
- In vivo supervision during intakes and feedbacks, with detailed evaluation of the Intern's performance
- In vivo supervision of assessment sessions, including observation of Supervisor (i.e. ADOS administration)

- 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. One hour a week of group supervision delivered in biweekly 2-hour group supervision sessions including all Interns, 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. Interns will be encouraged to present cases during each group supervision session
4. At least 1 hour of Indirect supervision will be provided weekly, including:
- Review of Intern's case notes and provision of written feedback (i.e., queries, questions, indications of need for follow-up)
 - Editing and reviewing of treatment plans, doctors letters and reports and providing written feedback
 - Reviewing videotapes and audiotapes of sessions

DIDACTIC TRAINING

In addition to individual and group supervision, 2 hours a week (8 hours a month) of didactic training will be offered. 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 well as through structured web-based training platforms, as relevant to the topic at hand. Seminars may focus on topics such as:

- Theory and practice of various clinical intervention techniques such as Cognitive Behavioural Therapy (CBT); Acceptance and Commitment Therapy (ACT); Dialectical Behavioural Therapy (DBT); Emotion Focused Skills Training (EFST)
- Ethical/Legal issues in Psychology
- Achieving and maintaining "work-life balance"
- Guidelines and standards of practice in Psychology
- Issues relating to high conflict / custody and access

- Issues related to School Psychology
- Advances in Psychometric measures
- Treatment of depression, suicide risk and safety planning
- Eating Disorders
- Assessment and treatment of Autism Spectrum Disorders
- Obsessive Compulsive Disorder
- Establishing relationships with community partners / connecting clients to community resources
- Clinical and management issues related to private practice
- Preschool assessment
- Collaborative Problem Solving
- Grand Rounds
- Presentation of clinical research findings associated with a research project focused on the outcomes of the EFST group

CLINICAL ROTATIONS

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

1. PSYCHOLOGICAL ASSESSMENT WITH CHILDREN AND ADOLESCENTS

- Interns will conduct a full year major rotation in psychological assessment completing 12 psycho-diagnostic assessments, the equivalent of 1.5 full days a week. While 4 assessment blocks a week are earmarked in a Intern's schedule, only 2 are expected to be dedicated to testing/direct client contact, with the remaining 2 blocks intended for indirect service, such as scoring and report writing. In this manner, all assessments should be able to be completed during regular work hours.
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- All Interns will have experience assessing Learning Disabilities, ADHD, ASD, and mood/anxiety disorders and will involve a clients ranging from preschool to university age. Time will be allocated within the Intern's schedule for report writing. 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 in accessible language and "telling the story" in a meaningful way

- Consideration of developmental issues and contextual information
- Interviewing of referral sources, Teachers and other collateral resources
- Conducting school visits
- Reviewing of Student Records

Approach to Assessment:

- A developmental approach to training is used. To begin with, the Intern will observe a more senior clinician conduct at least 2 intake and feedback interviews. The Intern is eventually expected to conduct intakes and feedbacks independently.
- The Intern will prepare for and conduct all testing. Testing is usually scheduled in 2 hour blocks, and is typically completed in 3-4 testing sessions. The test battery includes:
 - The Wechsler Intelligence and Achievement Test Battery (WISC-V, WAIS-IV, WPPSI-IV)
 - The Wide Range Assessment of Memory and Learning, Second Edition (WRAML-2)
 - The Beery VMI / Bender Visual Motor Gestalt Test, Second Edition
 - The Comprehensive Test of Phonological Processing (CTOPP-2)
 - The Test of Everyday Attention for Children (TEA-Ch)
 - Checklist measures (Conners-3, CAARS-2, BASC-3, CBCL, MASC-2, CDI-2, Piers-Harris-2, BAI-2, BDI-2)
- The Intern will also review report cards and conduct teacher interviews
- The Intern will schedule supervision time to discuss work in progress and formulation of the case so as to prepare for the writing of the report
- The first draft of the report will be submitted to Supervisor at least one week prior to the scheduled feedback so as to allow for adequate editing and supervision time
- Interns will observe Supervisor conducting tests that require specialized training (i.e., ADOS). Interns who have a particular interest in a specific population (i.e., Autism Spectrum, preschool assessment) will be given the opportunity to focus a portion of their caseload accordingly

2. MENTAL HEALTH INTERVENTION WITH CHILDREN AND ADOLESCENTS

- Interns will be trained in implementing evidence based treatment methods to address mental health and behavioural challenges with opportunities to treat Anxiety, OCD, Depression, ADHD, ASD, emotional dysregulation, among other clinical presentations. Interns are expected to conduct 12 therapy sessions a week, the equivalent of 2.5 days a week. Emphasis will be on:
 - Cognitive Behavioural Therapy (CBT), which is often the treatment of choice at The CAP Centre
 - Dialectical Behavioural Therapy (DBT)
 - Acceptance and Commitment Therapy (ACT)
 - Creating treatment plans based on best-practices
 - Monitoring and evaluating client progress and establishing ongoing goals
 - Developing strong client management skills
 - Developing comprehensive, efficient, and timely note-taking skills, with session notes completed by the end of the day of each session
 - Recognizing and fulfilling reporting obligations
 - Recognizing and following up on safety risks and including families in safety planning
 - Communicating with parents regarding progress and involving them in home practice
 - Consultation with teachers and other community resources when needed

Approach to Intervention:

- A developmental approach to supervising Intervention is taken. Interns will begin by observing intakes, and will then be observed (in vivo / video). One co-therapy case to be conducted with a Supervisor will be allocated in addition to the Intern's independent case load
- Following an initial diagnostic assessment, reviewed by and formulated with the Supervisor, Interns will create treatment plans and submit to the Supervisor at least 5 days prior to the third treatment session, when typically feedback is given to the family

- Weekly supervision will focus on client progress and client management
- Group supervision or grand rounds will also focus on specific cases or clinical issues relevant to intervention cases
- In cases of reported or clients' suspected self-harm, suicidal ideation or attempt, potentially dangerous behaviours, abuse, or suicidal ideation, Intern will immediately contact Supervisor and if Supervisor cannot be reached, will inform the office manager of the situation who will contact the Supervisor or another member of the Supervision team

4. EMOTION FOCUSED SKILLS TRAINING (EFST)

Interns will learn to implement Emotion Focused Skills Training techniques to increase parents' feeling of efficacy in dealing with their own children's emotions and mental health challenges. Emphasis will be on:

- Understanding how parents' own emotions get in the way of supporting their loved ones
- Teaching validation skills
- Improving boundaries within the family
- Repairing family relationships
- Interns will participate in running a 2-day Emotion Focused Skills Training parent workshops. Emphasis will be on:
 - Running experiential activities to help families understand workshop material on an emotional level
 - Teaching Emotion Focused Skills to caregivers, so that they can facilitate their child's adaptive functioning
 - Facilitating a non-judgmental environment.
 - Trainees will also have the opportunity to use EFST with individual families

Sample Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
9 am	co-therapy w/ supervisor	therapy	Late start (out of office)	assessment	supervision
9:30 am					
10am	supervision	prep			
10:30 am	therapy *	therapy			
11am					
11:30 am	Prep**	prep		break/Lunch	assessment
12pm	lunch	lunch	prep	Biweekly group supervision and paperwork**** during off weeks	
12:30 pm					
1 pm	therapy	therapy	therapy		lunch
1:30 pm					didactic seminars
2 pm	prep	prep	prep	prep	
2:30 pm	therapy	therapy	assessment***	assessment	
3 pm					
3:30 pm	prep	prep			paperwork
4 pm	therapy	therapy			
4:30 pm			prep	prep	
5 pm			therapy		
5:30 pm					
6 pm			prep		
6:30 pm			therapy		
7 pm					
7:30 pm			prep		

- *"therapy" sessions are 50 minutes long
- **"prep" includes preparation for sessions, phone calls, and writing case notes
- *** "Assessment" includes intakes feedbacks, testing, supervision, scoring, phone calls, report writing. 2 periods of direct service/wk, remaining can be used for indirect service
- **** "paperwork" includes case notes, doctor's letters, treatment plans, reports, scoring, group prep, phone calls

EVALUATION OF INTERNS

Formal written evaluations are to be conducted a total of three times throughout the Internship (the Intern Evaluation Form found in Appendix A).

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

After six months of the Internship, a second formal meeting will be conducted to allow the Intern to present feedback to the Intern. This evaluation will refer to the initial written evaluation, discussing progress from initial goals as well as objectives of the Intern. Results of the written evaluation will be sent to each Intern'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 Intern, based on previous evaluations. The Intern 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 Intern's University.

DUE PROCESS POLICY

In the event that Supervisors identify issues of *significant concern* with a Intern's performance (as defined by one rating at a level 5: "Not able to perform activity satisfactorily, functioning below expected level" in the category of "Professional Ethics" [Section 4], or at least 3 level 5 ratings across other sections of the "Intern Evaluation Form" found in Appendix A) the following procedure will be implemented:

- A. Verbal Notice** - Within 1 business day of receiving information regarding issues of significant concern regarding Intern Performance, the Intern will be given a verbal notice, informing the Intern that the problematic behaviour has been identified and that Supervisors are addressing the problem. The Intern will be given a copy of the Due Process Policy to consult at this time.
- B. Written Notice** - Written notice will be provided to the Intern at the time of or immediately following verbal notice.
- C. Hearing:**
 - 1.** The Supervisor(s) will arrange a meeting with the Intern to discuss the specific areas of concern / unsatisfactory performance. In cases of breaches of Professional Ethics, this meeting will be arranged within one business day of being given verbal and written notice. In cases of other areas of concern, this meeting will be arranged at the mutual convenience of the Intern and Supervisor, but not longer than 5 business days following verbal /written notice.
 - 2.** Concerns will be documented during this meeting and notes placed in the Supervision File.
 - 3.** Interns will be given up to 5 days to respond to the concerns (responses to Professional Ethics concerns will be required within 1 business day.) A meeting will be scheduled according to this timeline to discuss the Intern's response and (if still deemed necessary by the Supervisor following this

discussion), remediation options will be discussed. As part of a remediation plan, Supervisors will increase supervision and guidance, identify other appropriate resources such as additional didactics, reading, and in some cases, individual therapy, etc., and Intern's suggestions will be considered and added when appropriate, The Supervisor will create a document detailing the remediation plan and specific timelines including specific goals. This document will be finalized within 5 business days following the meeting, at which time the remediation plan will be reviewed and signed by the Intern and Supervisor and included in the Intern's supervision file.

4. Following an established and reasonable timeline allowing for adequate training and remediation (but not longer than two months following the establishment of the remediation plan), the Intern's progress with remediation will be reviewed in accordance with the outlined goals during a meeting with the Supervisor, Director of Training and Professional Practice Leader (referred to herein as the Supervisory Committee). The members of the Supervisory Committee will independently rate the Intern's performance, and if 2 of the 3 members rate the Intern's performance in the areas of concern at least a level 4 ("Can perform the activity but requires supervision"), the Supervisor will continue to closely supervise the Intern until the Supervisor determines that the Intern's performance in the areas of concern are at a level 3 ("Performs activity well at an acceptable and typical level of performance").

- D. **Appeal** - At any point during the above process, the Intern may wish to write a letter of appeal to submit to a third party consultant, Cheryl Ackerman, Ph.D., C.Psych. (an experienced child and adolescent Psychologist in private practice) who will review the letter of appeal, consult with the Intern, facilitate a discussion between the Intern and the Supervisor(s), and provide alternate suggestions towards further remediation or resolution of the concerns. Alternatively, the Intern may wish to consult with their Director of Clinical Training for the described support and input.
- E. Dr. Ackerman (or the DCT, if this has been the person of choice of the Intern, as above) will also be engaged by the Supervisory Committee if the area of concern cannot be

satisfactory resolved (i.e., the Intern remains at a level 5 in the identified areas after the remediation process has been fully undertaken, outlined above). At this point, Dr. Ackerman or the DCT will be asked to offer further remediation suggestions and support further discussion about the concerns and possible options for their resolution.

- F. If all of the above stages of remediation (steps A-E) do not lead to a satisfactory outcome (i.e., the Intern remains at a level 5 in the identified areas after the remediation process has been fully undertaken, outlined above) all supervision notes will be shared with Intern's Director of Clinical Training (CDT), and a meeting will be scheduled as soon as possible that includes the DCT, Intern, Supervisory Committee, and Dr. Ackerman (if she has been involved in remediation). The purpose of this meeting is to inform the DCT of what has happened (if the DCT has not been involved previously) and/or to discuss next steps, which may include consideration of the DCT's input. However, it is up to the discretion of the Supervisory Committee whether further remediation steps will be considered, or whether the Intern's position will be terminated at this point.
- G. The decision regarding termination will be made by the Supervisory Committee in consultation with Dr. Ackerman and will be shared with the Intern in writing.
- H. If termination is decided upon, the Intern will be given 2 weeks notice, and will be expected to finish up case notes, reports, and engage in appropriate termination or transfer of clients to the best of their ability in that time line.
- I. If terminated, Interns will be paid for their final two weeks, but will not be offered pay in lieu of untaken vacation or sick days.

GRIEVANCE POLICY

Any Intern believing that they have been discriminated against through the action of another Intern, a Supervisor, or another employee, or any Intern who wishes to express concerns with any aspects of the Internship program may file an informal grievance by following the following procedure:

1. The Intern 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 Intern 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 Intern 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 Cheryl Ackerman, Ph.D., C.Psych. If Dr. Ackerman has already participated in a due process consultation with the Intern (such as being a third party consultant as part of an appeal process, or having been consulted for input regarding remediation), the consultant will be designated as Irwin Butkowsky, Ph.D., C.Psych.

STIPEND

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

All Interns 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 Intern, and will be discussed with the Supervisor and Director of Clinical Training.

APPLICANT QUALIFICATIONS

The CAP Centre is currently offering two available positions for Interns. All Internship candidates must have been enrolled in a quality Clinical Psychology Doctoral program with relevant coursework in child and adolescent psychology (i.e., coursework in assessment and

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

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 January 7, 2020.

Applicants must register for the Internship 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 Internship 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, 2019. Interviews will take place in January 2020.

Questions regarding the Clinical Internship 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 THORNBAC, 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).

Appendix A
RESIDENT EVALUATION FORM
THE CHILD AND ADOLESCENT PSYCHOLOGY (CAP) CENTRE

Name of Intern: _____ Dates: ____/____/____ to ____/____/____

Supervisor: _____

Methods of Observation: _____Discussion _____Videotape _____Co-therapy _____Seminar
Other Please Specify _____

Evaluation is a collaborative process designed to facilitate and pinpoint areas of strength and weakness. It should serve as a vehicle for change in defining goals and evaluating performance. Please complete this evaluation form evaluating the Intern’s skill, competence, performance using the following rating scale:

- (1) Not able to perform activity satisfactorily, functioning below expected level
- (2) Can perform activity but requires supervision
- (3) Performs activity well at an acceptable and typical level of performance
- (4) Performs activity with more than acceptable and typical level of performance
- (5) Performs activity with outstanding ability, initiative and adaptability
- (NA) Not Applicable.

1. PSYCHOLOGICAL ASSESSMENT

1. Accurately perceives, identifies and clarifies nature of client/patient's presenting problem	1	2	3	4	5	NA
2. Effectively conducts diagnostic and intake interviews	1	2	3	4	5	NA
3. Is able to integrate information from multiple sources of information	1	2	3	4	5	NA

4. Is able to demonstrate proficiency with regard to the administration, scoring and interpretation of psychological test data	1	2	3	4	5	NA
5. Communicates an in-depth understanding of the client's situation both verbally and in written psychological reports	1	2	3	4	5	NA
6. Integrates assessment results with therapy process	1	2	3	4	5	NA
7. Demonstrates proficiency in interpreting psychological assessment data to client/patient	1	2	3	4	5	NA

2, INDIVIDUAL INTERVENTION

1. Is able to develop and initiate a treatment plan	1	2	3	4	5	NA
2. Assures that the treatment plan is carried out with integrity	1	2	3	4	5	NA
3. Is able to develop rapport and a therapeutic alliance with patient/client	1	2	3	4	5	NA
4. Is able to manage transference and counter transference issues	1	2	3	4	5	NA

5. Is able to work effectively with client/patient towards the amelioration of presenting problems and issues	1	2	3	4	5	NA
6. Is resourceful and flexible in implementing intervention	1	2	3	4	5	NA

3. CONSULTATION

1. Actively seeks the opportunities for consultation, advocacy and outreach	1	2	3	4	5	NA
2. Is able to assess consultee's needs accurately	1	2	3	4	5	NA
3. Follows through on agreed upon strategies	1	2	3	4	5	NA
4. Is able to establish trusting collaborative relationships with consultees	1	2	3	4	5	NA
5. Establishes and maintains effective collegial relationships with other professionals	1	2	3	4	5	NA
6. Actively seeks help, supervision and expansion of own knowledge regarding consultation	1	2	3	4	5	NA

4. PROFESSIONAL ETHICS

1. Demonstrates a working knowledge of and adheres to ethical guidelines	1	2	3	4	5	NA
2. Demonstrates appropriate professional demeanor and behavior	1	2	3	4	5	NA
3. Is aware of professional limitations and need for consultation	1	2	3	4	5	NA
4. Completes commitments in a prompt and professional manner	1	2	3	4	5	NA

5. ADMINISTRATION AND SUPERVISION

1. Is consistent and punctual in attendance and comes prepared, i.e., has a general sense of topic areas which warrant discussion	1	2	3	4	5	NA
2. Identifies, discusses and prioritizes goals for supervision	1	2	3	4	5	NA
3. Is open and responsive to feedback and supervisory suggestions	1	2	3	4	5	NA

4. Flexibly uses supervision and is receptive to alternate forms of supervision, i.e., cotherapy, live observation, etc.	1	2	3	4	5	NA
5. Uses supervision as a vehicle for establishing and consolidating one's own professional identity	1	2	3	4	5	NA
6. Is timely in note taking skills	1	2	3	4	5	NA
7. Prepares thorough and complete notes	1	2	3	4	5	NA

6. LEARNING SKILLS

1. Was an effective presenter and teacher during the course of the case presentations and/or group supervision	1	2	3	4	5	NA
2. Actively participated in seminar topics and discussions	1	2	3	4	5	NA
3. Was well-prepared for presentation of case presentations in supervision	1	2	3	4	5	NA
4. Was receptive to feedback provided by other Interns and training staff regarding case formulation	1	2	3	4	5	NA

J. GENERAL COMMENTS

Please give a general impression of the trainee's level of professional development including particular strengths and weaknesses. Please make recommendations for further training, noting the areas needing special attention, supervisory problems along with suggested approaches.

Date Reviewed with Intern: _____

Intern's Signature: _____

Supervisor's Signature: _____