



THE CHILD & ADOLESCENT PSYCHOLOGY CENTRE

Internship Programme in Clinical Psychology

2023–2024 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>

INTRODUCTION

AURORA, Ontario

The CAP Centre is located in Aurora, Ontario, a northern suburb of Toronto. Aurora is a well-established community with a historical small town feel, with ready access to shopping, entertainment, restaurants, farmers markets, parks, and hiking trails. The CAP Centre is steps away from regular public bus transportation that connects to the Toronto Subway system, as well as a quick walk to The Go Train, with a direct line back and forth to downtown Toronto. The drive to Aurora from Toronto is against traffic during rush hour, which makes it an ideal place to work while living in the city. Toronto is the fourth largest city in North America and one of the most diverse cities in the world, with over 50% self-identifying as members of a visible minority. Toronto is located on the shore of Lake Ontario, featuring a lovely water front with access to the beaches of Toronto Island, walking trails, world class restaurants, theatre, opera, ballet, art galleries, street festivals celebrating the rich diversity of the city, the famed Toronto Film Festival, and many exciting spectator sport opportunities.

THE CAP CENTRE

The Child and Adolescent Psychology (CAP) Centre is located in a home-like setting in the historical downtown core of Aurora, having become recognized within the community as a go-to resource for quality mental health services for children, adolescents and families. The CAP Centre benefits from a wide range of referrals from local schools, physicians, children's treatment centres, and hospitals. Perhaps the richest source of referrals come from clients who have benefited themselves from support from The CAP Centre. A steady stream of word of mouth referrals are perhaps the best endorsement of the quality of services provided by The CAP Centre.

THE CAP CENTRE INTERNSHIP BROCHURE

The CAP Centre is dedicated to:

- Offering the highest quality evidence-based assessment and treatment services;
- Creating a warm, welcoming environment for clients and staff alike;
- Encouraging a collaborative community of mutual support that encourages personal and professional growth among all staff, trainees, students and volunteers;
- Establishing ourselves in the community as experts in child and adolescent mental health;
- Taking opportunities to enhance public education about the training and scope of practice that differentiates registered clinical psychologists from other mental health providers.

CLINICAL SERVICES

The CAP Centre provides a range of clinical services to children, adolescents and families, including:

- Psychological assessments leading to the diagnoses of Learning Disabilities, attentional, social-developmental, and mental health disorders;
- Evidence-based, psychological intervention services to treat anxiety/mood, attentional, behavioural and self-regulation challenges;
- Family intervention services to facilitate communication between patterns and children and support positive approaches to parenting.

TRAINING OPPORTUNITIES

All training at The CAP Centre is focused on developing the unique knowledge base and skill set associated with the practice of clinical psychology. Trainees include: undergraduate psychology students who are interested in gaining experience in the field; graduate level practicum students in clinical psychology programmes; pre-doctoral clinical psychology interns, and psychologists in supervised practice. All staff participates in group supervision opportunities and are welcome to attend didactic seminars on a range of topics relevant to the practice of clinical psychology with children, adolescents and families. Along with scheduled

supervision sessions, regular informal consultations take place between clinicians regarding professional practice issues, ethical considerations, new standards of practice or guidelines covering the profession of clinical psychology, professional development opportunities, discussions about licensure including sharing of experiences or materials, or other issues of common interest. As The CAP Centre is housed under one roof, the opportunities to collaborate and consult with other psychology trainees, clinicians and supervisors frequent and easily accessible, resulting in a uniquely comprehensive and immersive training experience.

OVERVIEW OF THE INTERNSHIP PROGRAMME

PROGRAMME MISSION AND MODEL

The mission of The CAP Centre's Internship Programme in Clinical Psychology is to support interns to develop all the evidence-based assessment and intervention skills necessary to practice as Clinical Child and Adolescent Psychologists. Our developmental training model features staged and sequential skill building, moving towards increased clinical autonomy. As the year progresses the focus of training moves from skill building to the consideration of the processes underlying the practice of psychology. Our scientist-practitioner model of training emphasizes critical evaluation of research that informs evidence based practices. Interns are also encouraged to engage in ongoing programme evaluation so as to systematically track client progress and engage in critical reflection regarding treatment efficacy. A strong team consultation/ peer supervision focus is characteristic of the culture of The CAP Centre. Interns are encouraged to contribute to the training of students/ junior clinicians through taking increasing responsibility and leadership roles in group and individual supervision.

PROGRAMME GOALS AND OBJECTIVES

We strive to provide Interns with a strong theoretical foundation and a broad scope of experience with evidence-based, best practices in clinical psychology. Interns will gain experience working with a range of treatment modalities (such as CBT, DBT, ACT, family therapy/interventions), developing advanced clinical skills in differential diagnostics, psycho-educational assessment, and intervention. By the completion of the programme, interns will have seen a wide range of clients from preschool to late adolescence and will have treated a range of presenting problems representing a range of anxiety, mood, learning, attentional, and social-developmental disorders, so as to successfully complete each rotation. Interns will gain an awareness of issues specific to private practice, and will develop identities as clinical psychologists prepared with the range of necessary skills for work with children, adolescents and their families. All training will be guided by ethical principles, and grounded in evidence-based practices.

The following goals will be achieved through the development of specific skills:

1. DEVELOP COMPETENCE IN PSYCHOLOGICAL ASSESSMENT OF DIVERSE CLINICAL POPULATIONS AND PRESENTING PROBLEMS

- Administer, score and interpret psychological assessment measures;
- Conduct clinical interviews establish appropriate queries;
- Develop formulation and differential diagnostic skills in the areas of learning, attention, social-emotional functioning and social-communication;
- Work with clients ranging in age from preschool to university age;
- Make meaningful, applicable recommendations;
- Develop strong report writing and oral communication skills.

2. DEVELOP COMPETENCE IN PSYCHOLOGICAL INTERVENTION WITH DIVERSE CLINICAL POPULATIONS AND PRESENTING PROBLEMS

- Develop clinical diagnostic interviewing skills;
- Develop intervention skills using a range of evidence based treatments (CBT, DBT, ACT);
- Work with clients from preschool to university age and their families;
- Gain experience treating a range of presenting problems (emotional, attentional, social-developmental, learning, family issues) with clients ranging from preschool through adolescence and their families;
- Design and implement effective treatment plans;
- Effectively identify treatment goals and track client progress through the arc of therapy
- Engage in termination; recognize when the timing of termination is appropriate or premature.

3. DEVELOP A PROFESSIONAL IDENTITY BY APPLYING PSYCHOLOGICAL PRINCIPLES, ETHICS AND STANDARDS OF PRACTICE TO ALL CLINICAL, COLLEGIAL AND INTER-PROFESSIONAL ACTIVITIES

- Demonstrate an awareness of and adherence to all ethical and professional conduct responsibilities mandated by appropriate standards of practice, guidelines and legislation
- Adhere to the appropriate scope of practice within psychology
- Mentor and supervise junior trainees and take increasing leadership roles
- Use psychological language and apply psychological theory and principles within all clinical discussions;
- Represent the perspective of clinical psychology during inter-disciplinary consultations.

4. DEVELOP SKILLS NECESSARY FOR PRIVATE PRACTICE

- Develop client management skills;
- Become aware of business and ethical considerations associated with running a private practice;
- Develop an awareness of the scope of private practice

5. DEVELOP AN AWARENESS OF ISSUES RELATED TO DIVERSITY AND INDIVIDUAL DIFFERENCE IN THE PRACTICE OF CLINICAL PSYCHOLOGY

- Develop competence identifying the impact of diversity and individual difference on the functioning of children and their families;
- Develop competence in interacting with sensitive to the diverse needs of clients;
- Recognize limits to testing and diagnosis issues as related to individual difference.

6. DEVELOP COMPETENCE IN PROVIDING CLINICAL SUPERVISION

- Participate in group supervision actively, offering clinical input to junior student trainees;
- Train in a range of supervisory models;
- Provide individual supervision in assessment and intervention to junior student trainees.

7. DEVELOP AN APPRECIATION OF THE IMPORTANCE OF AND MONITORING OF A HEALTHY WORK-LIFE BALANCE

- Develop effective time management strategies to balance direct and indirect service responsibilities within a given work day;
- Develop efficient approaches to note taking, report writing, and work and case tracking;
- Develop self-awareness regarding own responses including the ability to manage boundaries and personal reactions to clients, families, supervisors and co-workers;
- Establish healthy self-care habits that promote well-being.

8. TRAIN IN SCIENCE AND PRACTICE THROUGH THE APPLICATION OF EVIDENCE BASED ASSESSMENT AND INTERVENTION TECHNIQUES

- Adhere to the scientist practitioner model grounding all work in evidence based approaches;
- Learn to gather clinical information in a systematic manner from multiple sources;
- Critically evaluate and apply clinical research;
- Engage in self reflection;
- Conduct a research project.

COVID-19 PANDEMIC INFORMATION

Described below is the intended programme structure and rotation experiences, which may require modification depending on limitations imposed by the COVID-19 pandemic. Interns may be involved with in-person client contact, virtual care, or a combination of the two. Our programme has thus far navigated the uncertain landscape with flexibility and creativity, and we will continue to honour our commitment to achieve programme competencies in the upcoming academic cycles to the extent that is possible. We cannot predict with any degree of certainty how the pandemic may impact future training cycles, but we can commit to being transparent with information, collaborating with interns to develop disruption contingency plans guided by intern training goals, and to expressly document adjusted goals and expectations (including supervision arrangements) in rotation contracts. Should disruptions to rotations occur in the future, we will make every effort to continue to provide the necessary training experiences to allow our interns to achieve programme goals and competencies.

Interns are expected to comply with any and all federal and provincial, regulations including but not limited to wearing personal protective equipment (PPE), engaging in proper hand hygiene, engaging in active staff screening, maintaining appropriate physical distancing, abiding by travel restrictions, isolation procedures, and other Infection Prevention and Control procedures within the context of providing clinical services.

PROGRAMME STRUCTURE

The CAP Centre's Clinical Internship Program will begin the week following Labour day through the end of August (12 months). The programme requires Interns to complete approximately 1800 hours: 37.5 hours per week with 10 days of vacation and 5 days leave for training. 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 protected for indirect service hours, and the interns' schedules will take into account the skills and needs of the individual trainee.

SUPERVISION

Interns will receive 4 hours of supervision per week, including a minimum of 3 hours of individual supervision and 1 hour of group supervision. Interns will be supervised by at least 3 supervisors who are fully licensed psychologists.

Individual supervision involves:

- Review of data and case formulation, including differential diagnoses;
- Discussion and development of treatment plans;
- Review and feedback about 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 observation / review of recordings of assessment sessions: intern observing supervisor; supervisor observing intern;
- Discussion of client management, ethical, and procedural issues;

THE CAP CENTRE INTERNSHIP BROCHURE

- Discussion of the arc of therapy, mechanism of change/client progress and barriers to progress;
- Discussion of transference and counter-transference, boundaries, and containment;
- Establishing professional goals and regular tracking of progress towards said goals.

Group supervision involves :

- Bi-weekly 2-hour group supervision sessions includes all Interns with the Director of Training and Professional Practice Lead with input from individual Supervisors, and other Clinical Associates with a focus on psychological processes and issues of client management.

DIDACTIC TRAINING / SEMINARS

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, other The CAP Centre clinicians/supervisors and / or community partners as well a participation in the GTA seminar series 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 CBT, ACT, DBT, Collaborative and Proactive Solutions (CPS) Structural/Systems Family Therapy;
- Ethical/Legal issues in Psychology and review of relevant legislation;
- Achieving and maintaining “work-life balance”;
- Review and application of legislation, standards and guidelines governing the practice of Registered Clinical Psychology in Ontario;
- Issues related to school psychology;
- Advances in psychometric measures;

THE CAP CENTRE INTERNSHIP BROCHURE

- Self harm, suicide risk and safety planning;
- Assessment and treatment of Autism Spectrum Disorders;
- Working with specific disorders: ADHD, Anxiety Disorders / OCD / Selective Mutism, mood disorders;
- Clinical and management issues related to private practice;
- Preschool behavioural / social-developmental assessment;
- Models of supervision and supervisory skill development;
- Parenting/ family therapy techniques.

CLINICAL ROTATIONS

All interns complete two major and two minor rotations that correspond with the nature of the clinical work that the interns will encounter throughout their internship year. The intervention major rotation begins in September and continues throughout the year. The first 6 weeks are spent exclusively in the intervention rotation and then the assessment rotation will begin once the intern has established comfort with their intervention case load. The minor rotations of ASD intervention and assessment (including preschool assessment) and family intervention are specifically called minor rotations because they reflect the types of specialized training that interns will gain during their internship year and are thus highlighted. Interns may wish to spend more time in one or other of the minor rotations. The minor rotations begin right away with dedicated supervision with the minor rotation supervisors who are also the DoT and PPL of the programme, and therefore time that is not spent in clinical supervision associated with the minor rotations will be spent in discussing training goals and experiences (DoT) and issues to do with client management/professional practice issues (PPL). The range of experiences covered through the rotations is expected to prepare interns with the range of necessary skills for practice in child and adolescent clinical psychology. The skills that an intern will build will be relevant to private practice work, as well as being useful in other clinical settings, such as hospitals and mental health treatment centres.

PSYCHOLOGICAL ASSESSMENT WITH CHILDREN AND ADOLESCENTS (MAJOR ROTATION)

Interns will be trained in psychological assessment with preschool aged through university aged clients, emphasizing differential diagnoses of learning, attention, behavioural and social-emotional disorders. Interns will be expected to complete one assessment every 6 weeks, spending the equivalent of 1.5 full days a week in a combination of direct and indirect service hours. All responsibilities associated with this rotation should be able to be completed during regular work hours.

All Interns will have experience diagnosing Learning Disabilities, ADHD, ASD and mood/anxiety disorders with clients ranging from school age to university age. Further training in assessment of ASD (i.e., preschool assessment) is offered within the minor ASD rotation (described below). Emphasis will be on developing the following skills:

- Clinical interviewing of clients and families;
- Interviewing of other collateral sources, such as teachers, physicians;
- Conducting school visits;
- Reviewing of student records and previous assessments;.
- Establishing appropriate assessment queries;
- Designing appropriate assessment plans;
- Psychometric testing techniques;
- Interpreting of data and formulation;
- Clear report writing;
- Communicating diagnoses in accessible language orally and through written reports in a way that “tells the story” in a meaningful way to clients and families;
- Communicating results to other professionals, such as to other psychologists, mental health providers, referring physicians and school team members;
- Consideration of developmental issues, issues related to diversity and individual difference, and contextual information.

APPROACH TO SUPERVISION IN ASSESSMENT:

One hour a week of supervision is dedicated exclusively to the intern's case load. A developmental approach to training is used. To begin with, the intern will observe their supervisor conduct at least 1 intake and feedback interview to model the skills involved. The intern will then be observed conducting their own interviews until they are ready to do so independently. The interns are eventually expected to conduct most intakes and feedbacks independently, although a supervisor may participate in intakes, feedbacks and/or testing sessions, according to the case demands.

The intern will be prepared for and will conduct all testing activities. Testing is usually scheduled in 1.5-2 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)
- Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)
- Checklist measures (Conners-3, CAARS-2, BASC-3, CBCL, MASC-2, CDI-2, Piers-Harris-2, BAI, BDI-2)

One hour of weekly individual supervision will be dedicated to assessment, and will focus on preparation for intakes/developing assessment queries; reviewing intake information, observations communicated by teachers during interviews; and school records; review of assessment plans; review of work in progress and adjustments to assessment plans; formulation of the case so as to prepare for the writing of the report; editing reports; preparation for feedback session. Interns are responsible for ensuring that they have prepared thoroughly for supervision, ready to review interview information, scored data, or written reports at the appointed times.

MENTAL HEALTH INTERVENTION WITH CHILDREN AND ADOLESCENTS (MAJOR ROTATION)

Interns will be trained in implementing evidence based treatment methods to address a range of mental health and behavioural challenges, including anxiety, OCD, depression, and behavioural/attentional /emotional dysregulation in clients aged 7-18+. Interns are expected to conduct 10 therapy sessions a week, the equivalent of 2.5 days a week. Emphasis will be on development of the following skills and techniques:

- 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;
- Responsive client management skills;
- Preparation of comprehensive notes by the end of the day of each session;
- Recognizing, seeking timely supervision about, and fulfilling mandatory reporting obligations and all ethical responsibilities;
- Recognizing when risk assessment is necessary, and following through with with safety planning in a timely manner;
- Communicating with parents regarding progress and involving them in home practice;
- Identifying and managing barriers to progress;
- Accounting for issues of individual difference, environmental contexts, and diversity whenever formulating, treatment planning and establishing goals, tailoring communication in a manner that demonstrates open-mindedness and respect for these issues at all times;
- Recognizing and taking clinical responsibility for own reactions with clients, seeking supervision regarding counter-transference or other factors so as to approach all clients in a boundaried, respectful, and clinically informed manner;
- Consultation with teachers and other community resources when needed.

APPROACH TO SUPERVISION IN INTERVENTION

Following an initial diagnostic assessment, reviewed by and formulated with the supervisor, interns will create treatment plans which will be presented to the family during the third treatment session. 1.5 hours of individual weekly supervision will focus on intervention cases, in particular development and implementation of treatment plans, tracking and discussion of client progress, and addressing barriers to progress when they arise. Biweekly group / peer supervision will focus on themes or processes involved in intervention, especially reflecting on client progress through the “arc of therapy”, professional practice and ethical issues, and other client management issues. Individual supervisors will participate in group supervision at the time when their supervisees present their cases, so as to provide input in a manner that best supports the individual supervisor’s work with the intern.

AUTISM SPECTRUM DISORDER: ASSESSMENT AND INTERVENTION (MINOR ROTATION)

The prevalence of Autism Spectrum Disorders (ASD) in Canada is 1 in 66 children aged 5-17 (2018: National Autism Spectrum Disorder Surveillance System). Thus, any psychologist beginning a career in psychological assessment and treatment of children and adolescents should be trained in differential diagnosis of ASD and treatment of the symptoms that most often present in children diagnosed with ASD. The CAP Centre conducts assessment of all levels of ASD, but provides intervention services for children typically with Level 1 ASD, in most cases with clients who have been diagnosed at The CAP Centre. The minor rotation of Autism Spectrum Disorder is comprised of 2 components: assessment and intervention. Interns are expected to be involved in at least 1 assessment that involve a differential diagnosis of ASD, and are expected to carry at least 1 intervention case with a client diagnosed with ASD. Interns will be exposed to preschool assessment processes in children presenting with symptoms of ASD so as to delve into differential diagnoses in younger children. Interns will also have the opportunity to help with programme development of an intervention model developed at The CAP Centre to treat emotional dysregulation and anxiety in individuals with ASD. This rotation typically accounts for .5 day a week for the whole year, and interns will be engaged in 30 minutes of supervision biweekly dedicated to this minor rotation.

ASSESSMENT OF ASD

Interns will be exposed to diagnostic issues and testing techniques as related to Autism Spectrum Disorder. Interns will have the opportunity to be involved in at least one assessment exploring a differential diagnosis of ASD. This rotation will provide training in:

- Identifying markers to inform a query of ASD;
- Clinical interviewing skills covering necessary developmental history specific to ASD;
- Observation of ADOS-2 administration;
- Optional: interns who are interested may choose to complete ADOS-2 training either in house [via video] or through external training. Those who are trained in the ADOS-2 administration will be offered experience and supervision with ADOS-2 administration and scoring as part of this rotation;
- Developing an understanding of the mechanisms underlying ASD so as to provide psychoeducation to clients and their families regarding the associated strengths and processing challenges and the interface between ASD and learning, emotional, behavioural and attentional disorders;
- Optional: Interns who are interested will gain experience with preschool assessment, including:
 - Observation of senior clinician completing at least one complete preschool assessment, including interview, testing administration, and feedback session;
 - Supporting in interviewing, data collection, teacher interviewing and completing a daycare or school visit (when applicable/possible);
 - Support with report writing;
 - If desired, especially once having observed a complete assessment, the intern may assume clinical responsibility for preschool assessment.

INTERVENTION WITH ASD

Children and adolescents with ASD diagnoses often experience associated challenges with dysregulation/anxiety management/frustration tolerance and social communication skills.

As a component of this minor rotation, interns will conduct intervention with at least one client with an ASD diagnosis. The following skills will be developed:

- Interns will often engage in psychoeducation with families to support them to understand their child's lagging skills associated with ASD;
- Interns will treat emotional dysregulation through psychoeducation and modified CBT/DBT/ACT strategies; Interns may choose to participate in programme development and evaluation of the "comfort zone model" for emotion regulation in ASD developed at The CAP Centre.
- Interns will use modified CBT strategies to treat symptoms of anxiety;
- Interns will use elements of social skills programmes such as "Peers" or "Navigating the Social World;"
- If enough clients show interest, interns who are interested have the opportunity to recruit for and co-lead a social skills group for children on the Autism Spectrum.

FAMILY INTERVENTION (MINOR ROTATION)

When working with children and adolescents, there is often the need to support parents and families in ways that are necessary to promote mental health in the identified client. For this reason, a minor rotation in parenting/family intervention is offered to support interns to develop necessary skills to round out their clinical training. The following skills will be developed:

- Conducting family therapy sessions using Structural Family Therapy and Systemic Family Therapy approaches;
- Supervision of family therapy can be conducted in vivo through co-therapy experience;
- Training and practice in parenting techniques such as the “Collaborative and Proactive Solutions” approach.

Interns will be engaged in 30 minutes of supervision biweekly associated with this rotation.

SAMPLE WORK WEEK

The following is a typical schedule of our 2022-2023 interns. All interns have the same proportion of direct to indirect service hours, realistically accounting for 1/3 of their work week. Expectations are that interns will book a minimum of 12 direct service hours per week, thus completing approximately 10 direct service hours, when accounting for inevitable cancellations and missed sessions. Assessments are expected to take 6 weeks from beginning to end, transitioning from one assessment to the next consecutively. One to two days can be spent working off site. Dedicated office space is assigned to interns for direct service hours, with possible sharing of space for indirect service work. The work week is 37.5 hours (not including a half hour for lunch). Prep/indirect services hours are scheduled following every intervention session so as to allow interns to produce notes between appointments and longer blocks are also protected for scoring, report writing, reading, prep and research. This supports the expectation that interns complete all session notes on the day that service was provided and that all indirect service activities including reading, report writing and documentation can be completed during the working day.

37.5 hours (excluding 30 minutes lunch M, W, Th, F)
 12 hours direct service, 18 hours indirect service, 3 hours individual supervision, 1 hour group supervision

	Monday onsite 9:30-6:15	Tuesday Whole day offsite (1-6) Morning off	Wednesday onsite 9-6	Thursday onsite (9:30-6:15)	Friday onsite / offsite (9:30-5:30)
9 am					
9:30 am	indirect service		prep - indirect direct service assessment	indirect service	didactic seminars
10am			5-6 of these blocks should be scheduled in 6 weeks: intake, 3-4 testing sessions, feedback		
10:30 am					
11am					
11:30 am			indirect service	lunch	
12pm					lunch
12:30 pm				biweekly group/peer supervision (2 hours). On "off" weeks back to back 30 minute virtual supervision sessions minor rotations (ASD/family intervention)	
1 pm	lunch	virtual Supervision (assessment)	lunch		indirect service
1:30 pm	therapy - direct		therapy-direct		
2 pm		indirect service			
2:30 pm	note taking - indirect		note taking - indirect	break	
3 pm	therapy - direct	virtual supervision (intervention)	therapy - direct	therapy - direct	virtual therapy - direct
3:30 pm					
4 pm	note taking - indirect	Break	note taking - indirect	note taking - indirect	
4:30 pm	therapy - direct	virtual therapy - direct	therapy - direct	therapy - direct	indirect service
5 pm					
5:30 pm	note taking - indirect	note taking -indirect	note taking - indirect	note taking - indirect	
6:00 p.m. 6:15 pm					

WORK-LIFE BALANCE

Our programme works hard to support work-life balance in our interns. We achieve this through a dedicated focus on self-evaluation, modelling, and empowering self-advocacy. Dedicated prep time is protected within interns' schedules, such as reserved indirect service prep time between intervention clients so as to facilitate the interns' ability to manage note-taking responsibilities. In addition, we tend to schedule at least one off-site work day a week reduce commuting time and allow for a more relaxed day of indirect service hours, virtual service delivery and/or supervision time. Some supervision is often conducted through virtual platforms.

Weekly group supervision sessions are intended to be team-building and offer an opportunity for some informal social time as we eat lunch together. There are three scheduled group lunches where we can connect and socialize as a team. Historically, the team has been an inclusive group that has arranged to socialize together on their own accord. We encourage collegiality, and strive to create a work environment that is supportive and collaborative.

Interns also sit on the internship Training Committee which meets 3 times a year, in the fall, winter and late spring, providing a forum for routine discussion and proactive resolution of potentially emerging work-life balance concerns. Interns are encouraged to raise potential concerns with supervisors and/or the Director of Training as they emerge to facilitate collaborative problem-solving. The DoT has an "open door policy" with interns at all times and is available to field and mediate issues as they occur, or they can be discussed during scheduled biweekly supervision sessions.

The focus of supervision and didactics often turn towards the topic of work-life balance. Should an intern not be able to complete a portion of his or her residency due to illness, pregnancy/childbirth, etc., an appropriate schedule to complete the programme requirements may be negotiated between the intern and the programme. This may depend on the length of the leave of absence, supervisor availability, institutional policies, and physical space. Financial support cannot be guaranteed beyond the regular contract period. Such unique cases would be addressed on an individual basis. Certificates of Completion will be issued only to interns who have met minimum programme requirements.

DIVERSITY AND ACCESSIBILITY

The CAP Centre is committed to employment equity, welcomes diversity in the workplace, and encourages applications from all qualified individuals, including members of visible minorities, Aboriginal persons, and persons with disabilities.

The CAP Centre will make all efforts to accommodate interns' needs associated with disabilities so as to encourage access to and full engagement with the range of training experiences offered. For example, first floor office and washroom facilities and direct entry points to a first floor office (with ramp access) will be made available to interns with physical accessibility needs. FM audio systems and large print materials can be arranged for interns with vision or hearing impairment. The Director of Training will be happy to provide additional information to interns with specific questions about access and accommodations.

Diversity training takes many forms within the internship programme. Interns will work with diverse populations within their rotations, as interns will be assigned representatives from as diverse backgrounds as possible, depending on the composition of the referral pool. Potential personal biases are discussed with respect to cultural and individual differences, and self-reflection and self-awareness are encouraged during supervisory meetings. A diversity series is included in didactic programming. Examples of didactics topics are: differential diagnoses (i.e., discussion and analysis of over and under-representation of diverse groups in diagnostic categories); psychoeducational testing (i.e., recognizing the inappropriateness of applying standardization norms to diverse populations and identifying and reporting threats to reliability when interpreting data; assessment of children whose first language is not English; conducting intake and feedback sessions with parents whose first language is not English); selective mutism (i.e., discussion of the impact of newcomers' experiences on trust of individuals outside the family); client management (i.e., overcoming communication barriers with parents who do not speak English, use of interpreters, recognition of cultural sensitivity to authority and recognizing the impact of tone and the content/meta-message of communications with parents); recognizing limitations on parents' capacities to engage in homework and home practice due to cultural barriers. Beyond these experiences, our interns are encouraged to attend formal

training opportunities offered by other associations such as the College of Psychologists of Ontario, and Communication Disabilities Access Canada.

We will be inviting speakers to present during our diversity didactic series about working with clients from a range of cultural, racial and ethnic backgrounds. In addition to exploring issues related to ethnic and racial diversity, we will be inviting guest speakers to present on issues of individual difference such as physical disability and gender diversity. These opportunities will encourage interns and staff to become more familiar with the scope of issues falling under the diversity umbrella. Given the limitations of the current available literature in this area, we strive to expand the conceptions of what diversity, equity and inclusion means within the context of the practice of child and adolescent clinical psychology.

ACCREDITATION

The CAP Centre's Internship Programme in Clinical Psychology is accredited by the Canadian Psychological Association. Information regarding our accreditation status can be obtained from the CPA Accreditation Office at:

Office of Accreditation, Canadian Psychological Association
141 Laurier Avenue West, Suite 702,
Ottawa, Ontario,
K1P 5J3,
email: accreditation@cpa.ca
1-888-472-0657

EVALUATION OF INTERNS

Training plans will be developed with each intern at the start of each major and minor rotation and articulated within rotation contracts in consultation with supervisors. Written evaluations of intern performance are to be conducted mid and end of each rotation by their major rotation supervisor(s) with the contribution of comments from their minor rotation supervisor(s). The Director of Training will meet with interns individually following their mid year evaluation in order to review their evaluation and receive feedback on the interns' experiences. A letter of summary of the interns' progress will be written by the Director of Training and sent to the Director of Clinical Training of the interns' graduate school. The intern's final evaluation will be written by the Director of Training at the end of the internship and will be sent to each intern's University to document his/her progress.

Interns will complete an informal verbal evaluation of their supervisor and their rotation experiences at the mid point and written evaluations at the end of each rotation, as well as a final written evaluation of the programme as a whole. The Director of Training will meet with each intern mid and end year to discuss the intern's progress, hear about their experiences and review their evaluations. The Director of Training will invite any suggestions or recommendations the interns may have to improve the programme at any time, and will be available for and receptive to feedback about any aspects of the interns' experiences. A formal process has been established for interns to launch grievances, outlined in the Intern Handbook that is reviewed during orientation week. If a candidate would like to consult these policies, please contact the Director of Training (drdaliah@thecapcentre.com) who will be happy to forward a copy of the documents.

SALARY AND STIPENDS

For the entire duration of the Internship, the full academic year, interns will receive a stipend of \$38,000, paid in biweekly installments. Full time Interns will receive reimbursement for up to \$1,000 towards fees associated with training or conferences, as well as up to \$500 for purchase of manuals, books, games or other materials necessary for clinical practice. An intern's compensation and evaluation will not be affected by the number of clients seen.

VACATION AND SICK DAYS

All interns will receive 10 days of vacation, 5 sick days, and 5 business days to attend conferences or attend job interviews.

APPLICANT QUALIFICATIONS

The CAP Centre is currently offering two available positions for interns. All internship candidates must have been enrolled in a CPA accredited Clinical Psychology Doctoral programme (or equivalent) with relevant coursework in child and adolescent clinical psychology, including coursework in developmental psychology, psychodiagnostics/psychopathology in children and adolescents, and assessment and intervention techniques with children and adolescents. A letter that will be sent to Directors of Clinical Training to establish programme equivalency of applicants from non-accredited sites is included in Appendix A. Interns must have completed all requirements of their doctoral programme, ideally including their dissertation. This will allow the intern to devote the necessary time to their training and protect work-life balance. Only applicants who have completed a minimum of 600 practicum hours, including at least 300 direct client contact hours of assessment and/or group and individual treatment will be considered. It is also required that applicants have some direct service experience applying evidence based techniques including CBT, DBT and/or ACT with children and/or adolescents. Unfortunately, we are unable to consider candidates who are not Canadian or eligible to work in Canada.

An interview will be offered to top rank-ordered applicants by email on the notification date. Interviews will be conducted virtually.

Consistent with our diversity policy, 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.

APPLICATION PROCESS

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 send or email applications materials 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)

Our Application Deadline has been extended to December 9, 2022. Our interview notification date is December 16, 2022 and we are asking for candidates to let us know by 11 am on December 19, 2022 whether they will be accepting the interview. If an applicant wishes to apply to our site after the application deadline and/or notification date, please send an email to notify the DoT first. We will make an effort to accept late applications whenever possible and will let applicants know if we are unable to review the application.

Interviews will take place during last two weeks of January, 2023.

We are offering 2 internship positions and will be entering Phase II and the Post Match Vacancy service if we have remaining positions. Please email the DoT (contact below) to inform her of Phase II or post match applications. The DoT will provide direction about how to submit the application if the AAPI portal is closed.

Questions regarding the Clinical Internship Programme or application process should be directed to CAP Centre Admin:

Phone: (905) 841-7886

Fax: (905) 841-0057

admin@thecapcentre.com

The Director of Training is happy to answer any questions that prospective applicants may have. The preferred mode of contact is email, but phone calls can be arranged. Contact for Director of Training (DoT):

Daliah Chapnik, Ph.D., C. Psych

49 Wellington Street East

Aurora, Ontario L4G 1H6

Tel: 905-841-7886 ext.102

drdaliah@thecapcentre.com

CLINICAL SUPERVISORS

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

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 LEAD / CLINICAL SUPERVISOR**

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. RACHEL HORTON, PH.D., C. PSYCH.
CLINICAL SUPERVISOR**

Dr. Horton earned her Ph.D from York University in 2013 and is registered with The College of Psychologists of Ontario in the area of Clinical and School Psychology working with children, adolescents, and families. She has trained at a number of children’s mental health agencies including Thistletown Regional centre, Integra Foundation, The Centre for Addiction and Mental Health (CAMH) and Surrey Place Centre and has received specialized training in infant mental health and attachment. While at The CAP Centre, Dr. Horton provides comprehensive assessments and evidence-based therapies to children, adolescents, and their families dealing with issues related to anxiety, depression, learning and attention difficulties, autism spectrum disorders, behavioural and social challenges, as well s parenting, attachment, and family issues.

DR. PATRICIA DELMORE-KO PH.D., C. PSYCH. CLINICAL SUPERVISOR

Dr. Delmore-Ko earned her PhD in Developmental Psychology from the University of Waterloo in 2000 and is registered with The College of Psychologists of Ontario in the area of School Psychology, working with children, adolescents and families. She has worked as a school psychologist across the GTA and at The CAP Centre as a clinical associate, conducting comprehensive psychological assessment to understand and support students with various cognitive, behaviour, social/emotional and/or academic needs. In the school setting, she has worked on interdisciplinary school teams, provided individual counselling to students in distress, supported school staff and students during crises, and has collaborated with Kinark Child and Family Services to implement Triple P parenting practices. Dr. Delmore Ko has supervised and mentored MA and PhD candidates applying for autonomous practice with the College of Psychologists of Ontario, and is looking forward to supervising The CAP Centre's interns in their assessment work.

DR. ALEXANDRA SUTHERLAND, PH.D., C. PSYCH. CLINICAL SUPERVISOR

Dr. Sutherland earned her PhD in Clinical Psychology from Queens University in 2010, and is registered with The College of Psychologists of Ontario in the area of Clinical and School Psychology, working with children, adolescents and families. Dr. Sutherland completed Supervised Practice and remained as a clinical associate at The CAP Centre, providing in depth assessment and intervention services using a range of modalities including CBT, DBT and family interventions. Currently, her focus is on the wellbeing of children and youth in the school and home settings. She offers private practice services assessment and therapeutic services to children, adolescents and families in Central Toronto and works in a school setting, where she conducts in depth assessments, provides short-term therapy, consultation with other professionals, and develops and implements professional development presentations to staff and parents.



Appendix A

(Note: This letter is sent to DCTs of UNACCREDITED graduate programmes only, and is provided here so as to inform students from unaccredited programmes about prerequisite programme requirements before applying to our site).

Date:

Dear Director of Clinical Training,

I have received an application for The Child and Adolescent Psychology Centre's Internship Programme in Clinical Psychology for the _____ cycle from one of your students, _____ . I am writing to ask you to provide some information about your clinical programming so as to determine whether the applicant has the necessary prerequisites for our internship programme. In addition to the following, if you have a statement regarding how your programme is equivalent to an APA/CPA accredited programme, please forward this to me. I appreciate your attention to this, as we would very much like to consider your student(s) now and in the future, but require this information to be able to do so. We will retain this information for future reference.

Name of programme: _____

Ph.D. _____

Psy.D. _____

Ed.D. _____

Department: _____

University/Institution Name: _____

Is your institution provincially / state chartered university or is it private? _____

Does this programme require a minimum of three years full-time residence? (Y/N) _____

If the programme offers distance options, please explain equivalency, if applicable:

Is there a definable body of students? _____

Are the following courses offered: (Y/N)

- Biological bases of behaviour _____
- Cognitive affective bases of behaviour _____
- Social bases of behaviour _____
- Individual behaviour _____
- History and scientific foundations of psychology _____
- Ethics _____

- Research design and test construcon (or equivalent) _____
- Assessment methodology / formulation / diagnosis _____
- Intervention methodology _____
- Interpersonal dynamics/relationships _____
- Methods of supervision _____

Does the programme have core faculty that is doctoral trained in accredited programmes (or equivalent)? _____

Is there one faculty responsible for practicum and internship training? _____

Is the Director of Clinical Training someone different than the Head of the Department? _____

Does the programme have a formal policy of that discourages students from working outside the programme? _____

Are students allowed to end internship before defending their thesis? _____

If yes, what are your requirements regarding progress on dissertation before students are allowed to begin internship? _____

Please confirm the following regarding the specific candidate:

- have they completed 600 hours of practicum? _____
- of the 600 hours were 300 direct service with clients? _____
- did the student receive experiences in assessment, intervention and consultation? _____
- did the student write reports and clinical notes? _____

If there are any comments or you would like to add about any of the questions asked, please do so. Also, please feel free to contact me at 905 841 7886 (ext. 102) or drdaliah@thecapcentre.com to discuss any of the above.

Thank you very much for your time,



Daliah Chapnik, Ph.D., C.Psych.

Director of Training

The Child and Adolescent Psychology (CAP) Centre

49 Wellington Street East

Aurora, Ontario

L4G 1H6