



"Aerial Sunset Vancouver"  
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Vancouver



# BC Children's Hospital Psychology Residency

A CLINICAL RESIDENCY  
WITH AN EMPHASIS IN PEDIATRIC  
AND  
CHILD CLINICAL PSYCHOLOGY

For Applicants for the 2025 – 2026 Training Year

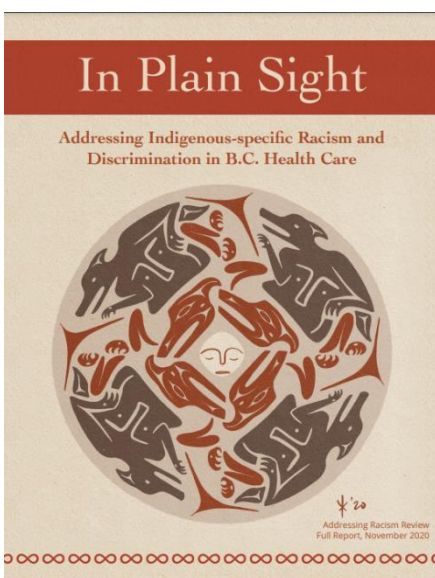
An agency of the Provincial Health Services Authority:



Our training program acknowledges the land on which we live, work, and play is the unceded territory of the Coast Salish peoples, including the territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlílwətaʔ/Selilwitulh (Tseil-Waututh) Nations.



Our program strives to reduce barriers for Indigenous youth and families, practicing cultural safety. Our agency refers to the “In Plain Sight report: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care.” (2020, IPS report).



*We extend this meaningful initiative to the provision of socially responsible and anti-racist training. Our training program aspires to ingrain cultural safety into every interaction; with anti-racism expectations being core to the quality, accountability and planning of each competency benchmark. We recognize the longstanding history and negative impacts of racism and discrimination against individuals who identify as Indigenous, Black or People of Color. We further acknowledge that systemic racism exists across Canadian institutions and within our own profession. Our program is committed to promotion of ongoing learning and improvement.*

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## PROVINCIAL HEALTH SERVICES AUTHORITY (PHSA) STRATEGIC DIRECTIONS

BC Children’s Hospital (BCCH), Sunny Hill Health Centre for Children (“Sunny Hill”), and BC Women’s Hospital + Health Centre are agencies of the Provincial Health Service Authority (PHSA). The three primary strategic directions of the PHSA are:

1. Improving quality outcomes
2. Providing better value for patients
3. Promoting healthier populations; contributing to a sustainable health care system

### BCCH & PHSA MANDATE

BCCH provides expert health care, including mental health, to the most seriously ill or injured children across British Columbia. It also includes Sunny Hill Health Centre. BCCH is an academic youth and family-centred health sciences centre leading the transformation of the health system for children and youth locally, provincially, and globally, caring for more than 200,000 children each year. BCCH supports PHSA strategic directions with an overall commitment to achieving the best health outcomes for children and youth. The PHSA strategic focus is on four key areas of province-wide responsibility:

- Clinical Policy
- Clinical Service Delivery
- Commercial Services
- Digital and Information Technology

Additionally, where appropriate, the operations of PHSA will contribute to:

- Implementation of the *Declaration on the Rights of Indigenous Peoples Act* and the Truth and Reconciliation Commission Calls to Action (2015), demonstrating support for true and lasting reconciliation.
- Implementation of a low carbon economy, through protection of clean air, land and water as described in the CleanBC plan.

### BC WOMEN’S HOSPITAL + HEALTH CENTRE

BC Women’s Hospital + Health Centre provides comprehensive maternal/fetal/newborn and specialized health services for BC women and their families. BC Women’s support for PHSA’s strategic directions is demonstrated through stated commitments to:

- Delivering the best care in response to the needs of women, newborns, and their families across the life continuum.
- Leading the way in innovation and knowledge sharing towards improving the health and lives of women and their newborns.
- Improving the health and wellbeing of communities by strengthening our system to reflect and respond to the lives of all women.

## **PSYCHOLOGY PROFESSIONAL PRACTICE**

The Department of Psychology at BCCH, established in 1974 and CPA accredited in 1995, offers diverse clinical training, teaching, and research opportunities. BCCH and Sunny Hill Psychologists report to program managers and directors, in addition to the Head of Psychology for both operations and practice. We have approximately 50 full time and part-time Registered Psychologists, in addition to several psychometricians working across agencies (and sites). We are engaged with the three provincial universities for training initiatives: University of British Columbia (UBC Point Grey and UBC Okanagan campuses), Simon Fraser University (SFU), and the University of Victoria (UVIC). BC Women's Hospital + Health Centre is a separate service that offers limited options as part of our pre-doctoral residency program (e.g., NICU).

## **AGENCY OVERVIEW & LOCATION**

BCCH is a teaching hospital affiliated with the University of British Columbia and has a strong research orientation and extensive community involvement. It is a tertiary care facility and the main referral centre for children and youth with complex medical problems from British Columbia and the Yukon Territory. BCCH is in the heart of Vancouver on a campus which includes BC Children's Hospital, BC Women's Hospital Health Centre, and the BC Children's Hospital Research Institute, and Sunny Hill Health Centre for Children.

## **BC CHILDREN'S HOSPITAL SITE**

About 80% of our psychology staff provide service at the BC Children's site, distributed across Mental Health Service ("Healthy Minds") and Pediatrics ("Medical Psychology Service"). As part of a teaching hospital, we have pursued an integrated mix of clinical services, training, teaching, research, and community partnerships. We provide clinical services, including assessment, treatment, and consultation, to the children and families of the province who have major medical or mental health presentations. We also provide consultation, training, and liaison to community teams that help support and care for youth and their families. In the last five years BCCH has provided services to approximately nine thousand patients each year.

As psychologists, we function as consultants and/or as members of multidisciplinary and interdisciplinary teams. Over the past 30 years, we have expanded our mandate from providing a small range of assessment activities to offering a wide range of services including: 1) psycho-diagnostic neuropsychological assessment, 2) consultations with care teams in the hospital and in the community; 3) short-term therapeutic interventions; 4) longer term psychotherapy, as well as 5) research and education/training.

## **SUNNY HILL HEALTH CENTRE FOR CHILDREN SITE**

Approximately 20% of our psychology staff deliver service at Sunny Hill, which is a provincial resource providing specialized tertiary care services to children with disabilities, including physical disabilities, sensory disabilities such as hearing loss and visual impairment, and developmental disabilities such as autism spectrum disorder and fetal alcohol spectrum disorder. In collaboration with families and community service providers, Sunny Hill provides leadership in clinical services, research, and education. It is a referral centre for children and youth up to 19 years of age who require interdisciplinary assessment, treatment, and follow-up. Services complement but do not duplicate those offered in the community and exclude acute health care services.

Psychology is involved in several specialty teams under the umbrella of the Child Development and Rehabilitation Program, including the BC Autism Assessment Network (BCAAN), Complex Developmental and Behavioural Conditions Team (CDBC), Visual Impairment Program (VIP), Hearing Loss Resource Team, the Neuromotor Team, and the Brain Injury Resource Team. The mandate of each team includes multidisciplinary assessment, diagnosis, recommendations, and referral to community services, as well as a leadership role in training, education and research for professionals working in this area across the province. Most children are seen on-site, as outpatients. Some outreach services are provided, primarily to northern British Columbia. The Acute Rehabilitation team provides inpatient rehabilitation services for children with central nervous system injuries and other complex medical conditions requiring extended care. Psychologists at Sunny Hill provide input to the Ministry of Education and Health regarding special education services and provincial assessment services.

## **RESIDENCY PHILOSOPHY & TRAINING STANDARDS**

### **MISSION STATEMENT**

The mission of our residency program is to provide exceptional clinical, ethical, and professional training; enabling residents to become highly competent, caring clinical psychologists, who can function in complex, interdisciplinary health, and mental health settings.

### **PHILOSOPHY AND OBJECTIVES**

In keeping with our commitment to the scientist practitioner model of our residency, we are committed to training exemplary clinical psychologists. We train psychologists who base their practice on knowledge, literature, and research, and who provide care that is respectful and appropriate to the needs of the youth (i.e., taking into account such things as their developmental level, age, gender, cultural background and other characteristics). Their practice as psychologists is based on clinical judgment drawn from direct

experience and expertise with varied assessment and therapy techniques. We are committed to training psychologists who will meet or exceed the national and provincial standards of practice for professional psychologists. Our training model is broad based and experiential, and we are committed to the belief that this is an opportunity for the trainees to get exposure to, and training in, a wide range of skills and in working with a very diverse population. It is a **training** year where the emphasis is on learning rather than on simply increasing clinical productivity.

In addition, the hospital has a strong commitment to treatment, teaching and research in child health. Advancing knowledge has been identified as a specific aspect of the directional plan for BC Children's and Women's Hospitals, with goals of "transforming care through fully integrated, internationally recognized research, clinical teaching, and care." (BC Children's & Women's Directional Plan Framework, 2023).

PHSA and the training program at BCCH are equally committed to the integration of cultural awareness, respect for value and dignity of all persons, and anti-racist and culturally safe healthcare. Vancouver is one of the most culturally diverse cities in North America and the population the hospital serves is equally diverse. For example, the hospital provides interpreters in over 35 different languages. We aim to provide residents with opportunities to practise psychology within a positive, multicultural milieu and a socially responsive setting. As a site, we continue to emphasize a comprehensive training experience, regarding the integration of cultural awareness throughout the year (more than didactics alone). We strive to facilitate case conceptualization and ongoing clinical discussion of cultural recognition for each and every child and their family, within all clinical and supervisory relationships/opportunities and experiences.

Following directly from our philosophy and values are a number of specific training standards and objectives for our residency program.

## **TRAINING STANDARDS**

[Based on Canadian Psychological Association \(2023\). Accreditation Standards for Doctoral and Residency Programs in Professional Psychology. 6<sup>th</sup> Revision.](#)

Foundational Competencies in:

1. Individual, social, and cultural diversity.
2. Indigenous interculturalism
3. Evidence-based knowledge and methods
4. Professionalism
5. Interpersonal skills and communication
6. Bias evaluation, reflective practice
7. Ethics, standards, laws, policies
8. Interprofessional collaboration and service settings



Functional competencies in:

1. Assessment
2. Interventions
3. Consultation
4. Program development and evaluation
5. Supervision

## RESIDENCY PROGRAM OUTLINE

### OVERVIEW

BCCH is proud of its long tradition of providing quality internship training (now referred to as a residency). We are beginning (2025-2026) our thirtieth year of a continuously operating CPA accredited psychology residency program on this campus. Our program is a broad-based clinical child psychology residency, including pediatrics, mental health, and developmental disabilities. The primary focus of the training is on children and youth, with an emphasis on family-based care.

There is a strong emphasis on specialized assessment skills across the developmental spectrum and on short-term therapeutic interventions. Some trainees may choose to emphasize specialized areas related to their academic backgrounds, but our program ensures that all trainees obtain a broad base of skills, so that they are prepared to practice with a diverse range of ages and presentations, in a variety of settings.

We have been successfully re-accredited by the Canadian Psychological Association for a 6-year term as of the 2017-2018 academic year. Our next site visit is in October 2024.

### STRUCTURE

All students begin with an orientation at the BC Children's site over the course of the first week, in which they learn about various rotations, meet potential supervisors, and become familiar with logistical support, plans, and policies of the healthcare environment.

We are a breadth-based residency. Each resident will complete:

1. A 6-month rotation in Mental Health (known as *Healthy Minds*)
2. A 6-month rotation in Pediatrics (known as *Medical Psychology*)
3. A rotation within the developmental disabilities service at Sunny Hill, threaded throughout the year

Within each six-month block, residents will complete both a major and minor rotation. Other clinical opportunities (i.e., exposures and experiences) may be threaded in as desired/available. In July, all residents participate in Camp OCD, an intensive day treatment program for youth with complex Obsessive Compulsive Disorder that has not yet responded to treatment, or is of high clinical severity. Camp takes place for three

weeks, Monday-Thursday afternoons. The month of August, at the end of the residency, is spent working on the completion of all residency requirements. Didactic activities and group supervision continue throughout the academic year.

As the residency seeks to develop a balance of both assessment and therapy skills across a broad range of patient populations, residents will gain experience in specialized assessments and various forms of short-term intervention and therapies. Residents carry some longer-term therapy cases and learn the skills required for short term inpatient assessment and therapeutic interventions.

Rotations for our residents are individually determined in consultation with the Clinical Lead<sup>1</sup> (Director of Training). The choices and emphasis for rotations may change from year-to-year depending on resident interests and goals, staff changes, and resources. We have been able to provide the rotations of interests to residents in any given year as one resident is typically assigned to one area of major rotation at a time. As such, residents are not competing for rotation supervisors.

To meet the goal of a broad-based residency with both assessment and therapy experience, the resident, and the Clinical Lead will meet and review the specific strengths and needs of the individual and devise a tailored program that is mutually satisfactory to both the student and the program. Goal-setting and evaluation reflect a competency-based approach to training.

We are committed to the idea that this is a training year for the residents—where they are exposed to a wide range of skills and work with diverse populations. This also implies the luxury of time to proceed at a slower pace or at a more in-depth level in working on a case (either therapy or assessment) than the staff psychologists may normally practice. This promotes resident confidence, in experiencing clinical acumen – regarding the benefits of longer-term work, in addition to the acknowledgment of when they may meet the point of diminishing returns (in their practice). By the end of the year, however, we would expect the residents to be carrying a more realistic case load to be better prepared for the day-to-day experience of working as registered/licensed psychologists.

## ROTATIONS

Our program refers to the APA Guidelines (August 2020) “A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties” to communicate the “type and intensity of education and training opportunities” available at our site, listed as the following:

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<sup>1</sup> Within our institutional framework, the term Clinical Lead is used in lieu of Director of Training

1. **Major Area of Study:** the highest level of education and training available in that area of study. At our site, the resident should be dedicating 2-3 days of training within the Major Area of Study.
2. **Emphasis Area of Study (Minor Area of Study):** the level just below the Major Area of Study, with distinctly different expectations for the type and intensity of the education and training experience. At our site, the resident should be dedicating approximately 1 day a week of training within the Emphasis Area of Study (Minor). An example of this might be participation and leadership in running a group psychotherapy experience.
3. **Experience:** this level of training is specific to more than an Exposure but less than an Emphasis. At our site, an example of an experience would be the resident's participation in one unique assessment experience.
4. **Exposure:** the level of training and education is a structured learning activity to acquaint the resident with a specialty area. At our site, an example of an exposure would be where the resident observes a unique assessment experience (i.e., a neuropsychological assessment or a Gender assessment).

\* Not all rotations are available every year.

## MEDICAL PSYCHOLOGY

Clinic/Service Area	Ages Seen	Major Rotation	Minor Rotation	Experience	Exposure	Inpatient/Outpatient
Cardiology	0 – 19	X	X	X		IP/OP
Child Protection	3 - 19		X	X	X	OP
Complex Pain	0 – 19	X	X	X	X	OP
General Medical Psychology	0 – 19	X	X	X	X	IP/OP
Generation Health Clinic	6 – 17	X	X	X	X	IP
Hematology, Oncology, BMT	0 – 19	X		X		IP/OP
Multi-Organ Transplant/Renal	0 – 19		X		X	OP
Neonatal Follow-up	0 – 5			X	X	OP
NICU	Infant & caregiver	X	X	X	X	IP
Neuropsychology	0 - 19	X		X	X	IP/OP

## **Cardiology**

**Supervisors:** *Winnie Chung, PhD, RPsych; Penny Sneddon, PhD, RPsych*

As part of a multidisciplinary team, psychologists provide services to youth and families affected by acute or chronic cardiac conditions that are having a challenging impact on the youth's quality of life. Common areas of focus include medical trauma (e.g., cardiac arrest), life-sustaining treatment adherence, coping with symptoms (e.g., chest pain, dizziness), coping with illness (e.g., dysautonomia), managing anxiety/mood in the context of a chronic health condition, and preparing for surgery. There are opportunities for residents to provide short-term interventions for inpatients and consultation with members of the youth's healthcare team. Residents also have opportunities for family-based work/supporting parents and longer-term outpatient clinical work.

## **Child Protection Service Unit / Child and Family Clinic**

**Supervisors:** *Katherine O'Donnell, PhD, RPsych; Carol Somers, PhD, RPsych; Laura-Lynn Stewart, PhD, RPsych; Audrey Wexler, PhD, RPsych*

The Child Protection Service Unit is a multidisciplinary team that provides expert assessments for children and youth who are suspected of having been physically, sexually, or emotionally abused or neglected. Psychologists on the team conduct comprehensive and holistic assessments to understand the child's emotional, social, and behavioural functioning, as well as the impact of the abuse and/or family dysfunction. Residents are provided with opportunities to observe and participate in psychology assessments, attend multidisciplinary rounds, present journal articles to the multidisciplinary team, and partake in monthly cultural safety discussions.

## **Complex Pain Service**

**Supervisors:** *Katelynn Boerner, PhD, RPsych; Erin Moon, PhD, RPsych*

The Complex Pain Service (CPS) serves children and youth with chronic pain, complex pain and/or persisting (non-cancer) pain that significantly impairs daily functioning. The CPS follows a multidisciplinary "3 P" approach to pain care including psychology, physiotherapy/physical activity, and pharmacology. Psychology care includes mental health assessment and short-term therapy focused on psychoeducation on the mind-body connection in chronic pain and evidence-based strategies for managing pain and improving functioning. Residents attend multidisciplinary patient rounds and intake assessments and provide consultation to the multidisciplinary team, parents, teachers, and community care providers. Residents may also observe or co-facilitate The Comfort Ability® Program workshops that teach youth and caregivers cognitive behavioural strategies for managing functional symptoms (including chronic pain).

## **General Medical Psychology**

**Supervisors:** *Tara Jukes, PhD, RPsych; Lindsay McBride, PhD, RPsych; Janine Slavec, PhD, RPsych; Penny Sneddon, PhD, RPsych; Hope Walker, PhD, RPsych*

Psychologists in general medical psychology deliver assessment, therapy, and consultation through both inpatient and outpatient services. Within the dynamic inpatient service, patients are seen while hospitalized due to injury or illness (e.g., medical trauma, surgery, exacerbation of chronic illness, somatization, pain, avoidant/restrictive food intake disorder, etc.) across a variety of medical services (e.g., general pediatrics, neurology, gastroenterology, respirology, surgery, and pediatric intensive care units). Psychologists provide assessment and short-term intervention to youth and their families where psychological functioning is impacting coping, engagement or adherence to medical care, or preventing discharge home; residents may also have opportunities to provide support to parents coping with their child's hospitalization. The inpatient medical psychology team provides consultation to members of the interdisciplinary team, and works closely with physicians, nurses, and allied health practitioners to deliver multidisciplinary and integrated interventions to improve youth mental health. Residents in this rotation have the opportunity to collaborate and work closely with our colleagues in Consultation/Liaison Psychiatry through daily rounds and shared cases.

Outpatient medical psychology provides services to the 27+ ambulatory clinics at BCCH (e.g., Rheumatology, Allergy, Neurology, Gastroenterology). Outpatient referral concerns are wide-ranging and include supporting adjustment to diagnosis/managing chronic illness, treatment adherence, supporting restoration of function, processing medical trauma, and treatment of anxiety or mood concerns that have arisen or worsened in the context of a chronic health condition. Residents also gain foundational skills through co-leading groups for common presenting medical psychology concerns (e.g., needle phobia, coping with illness) as well as see individual therapy cases.

## **Generation Health Clinic**

**Supervisors:** *Madelaine Gierc, MPH, PhD (Kin), PhD (Psychology), RPsych; Sandy Klar, PhD, RPsych; Sarah Schmidt, PhD, RPsych*

Generation Health Clinic is family-centered healthy living program for children/teens living with obesity and co-occurring health conditions (e.g., type 2 diabetes, hypertension, dyslipidemia, chronic pain, anxiety, autism spectrum disorder). Our interdisciplinary team (i.e., physicians, psychologists, social workers, dietitians, and exercise professionals) works with families to understand contributing factors, identify health goals, and make realistic/sustainable health behaviour change. Residents gain experience in interdisciplinary assessment and case planning, eating disorder screening, and psychoeducational group facilitation. There may be opportunities to provide individual (1:1) support to families with unique needs, such as ADHD-related binge eating episodes or restrictive eating behaviours. A background in health psychology and behavioural medicine is recommended but not required.

### **Hematology, Oncology, Bone Marrow Transplant**

**Supervisors:** *Joanna Chung, PhD, RPsych; Winnie Chung, PhD, RPsych; Jocelyne Lessard, PhD, RPsych*

The Oncology/Hematology/Bone Marrow Transplant service works with children and youth who have a pediatric cancer or blood disorder and are undergoing treatment. Psychological assessment, treatment, and consultation are key contributions made by a Medical Psychologist within this team to meet the clinical needs of a child and their family. For residents, there will be skill development in clinical psychology services to children and youth who are in the phases of active diagnosis, treatment, relapses, and/or palliative care. The work involves consultation and support to parents, siblings, or other care providers in the home or community. As well, opportunities are available for specialized training in Oncology Long-Term Follow-Up program and in group therapy. Residents are encouraged to attend multidisciplinary medical and psychosocial team rounds, as well as a variety of didactics. This rotation is best suited for those seeking a major rotation to develop medical psychology skills working within a single yet diverse population, who is served by a large medical and allied health pediatric team.

### **Multi-Organ Transplant and Renal Programs**

**Supervisors:** *Anisha Varghese, PhD, RPsych*

This service works to support the mental health needs of patients followed under three multidisciplinary teams: Multi-Organ Transplant (MOT; kidney, heart, liver) and Renal (i.e., Chronic Kidney Disease and Dialysis). Patients are primarily followed on an outpatient basis, though patients are also seen when admitted to inpatient wards and/or during their dialysis treatments. This rotation offers a rich diversity of experience with clinical assessment, consultation, and therapy for patients and their families with complex health needs and co-existing acute or chronic mental health concerns. Typical referral concerns include procedural anxiety, coping with an acute deterioration in health, promoting behavioural functioning, and managing anxiety and mood secondary to chronic health concerns. Opportunities to work with parents in supporting their child with a chronic health condition may be possible. Therapeutic approaches are primarily cognitive behavioural and acceptance and commitment-based, while approaches from emotion focused family therapy are used for parent work.

### **Neonatal Follow-up (NFU)**

**Supervisors:** *tbd*

This multidisciplinary team provides sequential clinical and neurodevelopmental assessment of surviving infants during infancy and early childhood and promotes early interventions to minimize the severity of perinatally acquired disability. NFU recruits infants from the NICU who are at the highest risk of disability or about whom little was known about potential outcomes. This includes children born with extremely low birth weights <800g, and/or gestational ages <25 weeks; intraparenchymal/ intracranial

haemorrhage; hypoxic ischemic encephalopathy; periventricular leukomalacia; severe retinopathy of prematurity; congenital diaphragmatic hernia; discharged with home oxygen. Patients also include those infants who underwent extra corporeal life support at BCCH and children and families who participate in funded studies (e.g., neurodevelopmental trajectories of very preterm children <32 weeks gestation from birth to mid-school-age). In clinic, comprehensive developmental and psychological assessments are conducted with a multidisciplinary team. Residents provide families with support and education and help to develop individualized intervention plans addressing cognitive, behavioural, and emotional challenges to foster positive long-term developmental outcomes for youth. Supervision includes case discussions and professional development, making the clinic an ideal environment for advancing skills in early childhood development and family-centred care.

### **Neonatal Intensive Care (NICU)**

**Supervisors:** *Alice Tobin, PhD, RPsych*

BC Women's Neonatal Intensive Care Unit is the largest NICU in the province. We provide medical and surgical care for babies after birth who need special attention. Some of the reasons include preterm birth, low birth weight, difficulty breathing and infection. Residents provide supervised consults including parent support for coping with hospitalization, assess infant mental health, and engage in interdisciplinary team consults across the NICU in mixed acuity wards, complex care unit, and mother-baby unit. Residents have exposure to complex neonatal cases that are clinically, ethically and psychosocially vexed and contribute to NICU's interdisciplinary responses to these cases (including routine multidisciplinary rounds and special SIMFONIC rounds: *Supporting Infants with Medical Ongoing Need for Intensive Care*).

### **Neuropsychology**

**Supervisors:** *Jennifer Engle, PhD, RPsych, ABPdN; Dina McConnell, PhD, RPsych; Vilija Petrauskas, PhD, RPsych, ABPP*

The Neuropsychology service works with children and youth who have medical conditions impacting their cognitive functioning. This includes moderate to severe brain injury, encephalitis, stroke AVM rupture, cardiac arrest, hypoxic ischemic injury, multiple sclerosis, etc. Children are also seen who are being treated for brain tumor, leukemia, and lymphoma; more specialized training in epilepsy surgery and oncology are also available. Residents have opportunities attend multidisciplinary rounds, present at an epilepsy surgery conference, and attend a variety of relevant didactics. Because of the specialized nature of the neuropsychology rotation, academic preparation and practicum experience within the area of neuropsychology are necessary. Only those who have prior experience with neuropsychology assessments will be considered for a major rotation.

## HEALTHY MINDS

Clinic/Service Area	Ages Seen	Major Rotation	Minor Rotation	Experience	Exposure	Inpatient/Outpatient
Adolescent Psychiatry & CAPE	12 – 19	X	X			IP
Child Psychiatry	5 – 11	X				IP
Eating Disorders	8 – 18	X	X	X	X	IP/Day/OP
Gender						
Infant Psychiatry	0 – 6		X	X	X	OP
Mood & Anxiety	0 – 19	X	X			OP
Neuropsychiatry	6 – 18	X	X	X	X	OP
OCD	0 – 19		X	X	X	OP
Teaching & Consultation	0 – 19		X	X	X	OP

### **Adolescent Inpatient Psychiatry & Consultation Clinic (P2 unit), Child & Adolescent Psychiatric Emergency Unit (CAPE)**

**Supervisors:** Leah Burgess, PhD, RPsych

Psychology on P2 & CAPE is a generalist service and provides brief consultations through to comprehensive psychodiagnostic assessments including, psychosocial, emotional, personality, cognitive, neurodevelopmental/autism, and DSM-based diagnostic assessments to inform treatment. Presentations include the spectrum of acute mental health concerns spanning trauma (acute, chronic and complex); mood, psychosis, anxiety, dissociative, somatic, substance use, and personality disorders; suicidal ideation/attempts; behavioural issues; comorbid diagnoses, etc. Interventions provided include short-term psychodynamic oriented supportive psychotherapy, parental counselling, family therapy, DBT/CBT skills, and psychoeducation. Residents have opportunities to conduct assessments, provide short term interventions, and attend multidisciplinary rounds.

### **Child Psychiatry (P1 unit)**

**Supervisors:** Leanne Mak, PhD, RPsych

The P1 Child Psychiatry Inpatient program provides services to children (ages 5 to 11) who are experiencing tertiary level mental health concerns and related challenges. Children may be referred to the P1 program for medication review, diagnostic clarification, multidisciplinary assessment, intervention, and planning for transitioning back to their communities. Common presenting problems include significant emotional



and behavioural dysregulation, anxiety symptoms, mood concerns and suicidality, and trauma-related symptoms. These presenting problems often occur in the context of neurodevelopmental disorders (e.g., Autism Spectrum Disorder, Intellectual Developmental Disorder, Fetal Alcohol Spectrum Disorder). Residents have opportunities to complete cognitive and social emotional assessments, and to provide consultation and brief intervention, as well as support with the child's transition back to the community. As part of this experience, residents work closely with a multidisciplinary team (psychiatrists, nurses, speech and language pathologists, teachers, social workers, and occupational therapists), and attend rounds and discharge conferences.

### **Gender Clinic**

**Supervisors:** *tbd upon meeting*

Residents will have the opportunity to develop experience in the assessment and management of children and youth presenting with gender-related distress (gender dysphoria). Residents will learn the key determinants of positive health outcomes for this population, and laws and ethics governing transgender rights. Mental health and readiness assessment for puberty-suppressing hormones or gender-affirming hormone therapy, as informed by World Professional Association of Transgender Health (WPATH) Standards of Care, will include evidence-based assessment of child/adolescent, family, and community supports primarily through interview and questionnaires. It will also include liaising with community therapists, school staff, or other significant supports. Residents may attend clinical and didactic rounds with the multidisciplinary team which includes endocrinology, nursing, social work, and psychology. Additionally, there may be option for involvement in needle-phobia group therapy for gender diverse youth and caregivers.

### **Infant Psychiatry**

**Supervisor:** *Janet Mah, PhD, RPsych*

This is an outpatient, multidisciplinary clinic specializing in families of children from birth up to age 6. Psychologists in this clinic offer transdiagnostic service across both neurotypical and neurodiverse populations, for both externalizing behavioural and internalizing emotional difficulties. Residents gain experience with short-term, family-based interventions, including virtual parent groups, individual consultations, and parent-child dyadic programs. Consultation and intervention integrates behavioural (e.g., Behavioural Parent Training, Supporting Parents with Anxious Childhood Emotions), attachment (e.g., Circle of Security, Video-feedback Intervention to Promote Positive Parenting and Sensitive Discipline), and emotional (e.g., Emotion-Focused Family Therapy, Dialectical Behaviour Therapy skills) approaches. Opportunities for preschool cognitive assessments, in-person treatment for selective mutism, consultations with school or community clinicians, and resource development for knowledge dissemination (e.g., webinars/podcasts to the public) are also available.

## **Mood & Anxiety**

**Supervisors:** *Rosalind Catchpole, PhD, RPsych; Alison Nutini, PhD, RPsych*

The Mood and Anxiety Disorders Clinic offers consultation, assessment and treatment for youth presenting with the wide-ranging constellation of symptoms characterized by anxiety and mood disorders. Residents will work within a multidisciplinary team. And will have the opportunity to participate in individual and group psychotherapy targeted to children and youth. Psychodiagnostic assessment experience is also available. Additionally, specialized assessment and treatment of youth with selective mutism is also a unique training opportunity.

## **Neuropsychiatry**

**Supervisors:** *Randall Gillis, PhD, RPsych*

This is an outpatient, multidisciplinary clinic specializing in children and teens who are neurodivergent (e.g., Autism Spectrum Disorder, genetic disorders, Tourette Syndrome). We offer mental health assessment and intervention for youth who are neurodivergent and have co-occurring mental health challenges (e.g., anxiety, OCD, depression, body-focused repetitive behaviours, tics, emotion regulation challenges). Residents gain experience with short-term, evidence-based interventions that are modified for youth who are neurodivergent (e.g., Behavioural Parent Training, Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, and Comprehensive Behavioural Intervention for Tics). Opportunities for consultations with school or community clinicians, and resource development are also available. There may also be opportunities to become involved with our Self-Injurious Behaviour Clinic and to gain exposure to other disciplines such as psychiatry, occupational therapy, speech and language pathology and social work.

## **Provincial OCD Program**

**Supervisors:** *Ainsley Boudreau, PhD, RPsych, Katherine McKenney, PhD, RPsych, Janine Slavec, PhD, RPsych*

The OCD Clinic provides provincial specialized consultation for children and youth aged 6-19 with moderate to severe Obsessive-Compulsive Disorder (OCD) and related disorders (e.g., Trichotillomania, Excoriation Disorder, other body-focused repetitive behaviours) who have not responded to community treatment. The clinic offers multidisciplinary assessment, diagnosis, and psychoeducation to youth and their families, as well as consultation, training, and education to community providers. A primary focus of the clinic is short-term intervention offered through various modalities, including outpatient group (in-person, virtual), brief one-week intensive in-person treatment, and the summer intensive program. Treatment takes a group family-based approach, with opportunities for residents to co-facilitate groups for youth, their parents, or both. Opportunities for individual treatment are also available.

## **Provincial Specialized Eating Disorders Program**

**Supervisors:** *Jennifer Coelho, PhD, RPsych; Sharon Hou, PhD, RPsych; Tina Wang, PhD, RPsych*

The Provincial Specialized Eating Disorders Program for Children & Adolescents offers assessment, treatment, and team-to-team consultation for pediatric eating disorders. The program includes outpatient, day treatment, and inpatient streams. Residents would have opportunities to attend multidisciplinary team rounds and participate in group-based interventions (including skills groups and meal support groups), collaboration and consultations with interdisciplinary team members. There may also be opportunities for conducting diagnostic and/or psychoeducational assessments or observing and/or providing individual therapy for children and youth with eating disorders, depending on the resident's interest and experience. The program has opportunities for training in evidence-based and evidence-informed interventions for eating disorders, including family-based therapy and dialectical behaviour therapy.

## **Teaching and Consultation Clinic**

**Primary Supervisors:** *Ainsley Boudreau, PhD RPsych; Amrit Dhariwal, PhD RPsych*

The Teaching and Consultation Clinic offers a variety of assessment, individual treatment, and group treatment opportunities, many of which may be tailored to the resident's training needs. Individual assessment and treatment for OCD, tics, ASD/behavioural challenges are available. Group offerings include a Cognitive Behavioral Therapy (CBT) Group for Teens with Anxiety and their parents, the DBT "Bridge" Program (i.e., Building Regulation in Dual Generations) for parents of children under 10, and the Mind-Body Together (MBT) group. The CBT group is an online evidence-based program that teaches teens anxiety management strategies and requires parent involvement through separate parent psychoeducation sessions. "Bridge" promotes positive parenting and child mental health for parents including parenting skills for behaviour management, emotion regulation and mindfulness. MBT is a patient-centered, evidence-based, multi-family group for adolescents (and their parents) affected by functional somatic and neurological disorders. Clinical facilitation focuses on group cohesion and belonging, validation of diagnostic mistrust, and mental health destigmatization, and content delivery includes introduction to rehabilitative and psychotherapeutic approaches to treating somatization.

The **Family Therapy Clinic** is an arm of the Teaching and Consultation Clinic. Multidisciplinary learners initially work as co-therapists with their supervisor and work towards full independence by the end of the rotation. A broad spectrum of presentations is typical, including: depression, anxiety, somatization, chronic physical illness, complex trauma, unresolved grief and loss, behavioral problems, and personality disorders. The preferred focus is addressing the dynamics and interactions among multiple (3+) family members that sustain the presenting problem. Acceptable foci include: dyadic parent-child therapy, couples therapy in the service of co-parenting a child, and parent-only

therapy addressing the parent-child relationship. Treatments provided in this clinic demand a high evidence base and are influenced by attachment theory and psychodynamic principles (e.g., Mentalization-Based Treatment, Circle of Security, Watch Wait & Wonder, Short-Term Psychodynamic Therapy, Emotionally-Focused Therapy).

## SUNNY HILL HEALTH CENTRE

Clinic/Service Area	Ages Seen	Major Rotation	Minor Rotation	Experience	Exposure	Inpatient/Outpatient
Acute Rehabilitation Unit	0 – 19			X	X	IP
BC Autism Assessment Network	0 – 19		X	X	X	OP
Complex Developmental & Behavioral Conditions	0 – 19		X	X	X	OP
Neuromotor Program	0 – 19		X	X	X	OP

### Acute Rehabilitation Unit

**Supervisors:** Karley Talbot, PhD, RPsych

The Acute Rehabilitation Unit at Sunny Hill is the only pediatric inpatient rehabilitation unit in BC. The unit offers patient- and family-centered, specialized, and intensive rehabilitation services to children and youth with a range of cognitive and physical disabilities. Residents have opportunities to attend multidisciplinary team rounds, participate in facilitating parent support groups for children with brain injuries, and collaborate and consult with interdisciplinary team members. There may also be opportunities for conducting neuropsychology brain injury screening assessments and/or other brief cognitive assessments (i.e., level of consciousness, post-traumatic amnesia, etc.) for tracking of brain injury recovery, or observing and/or providing individual therapy for patients, siblings, and/or parents struggling with a variety of mental health conditions (e.g., medical trauma, anxiety, grief and loss, depression, adjustment difficulties, somatization), depending on the resident’s interest and experience.

### British Columbia Autism Assessment Network (BCAAN)

**Supervisors:** Hilda Ho, PhD, RPsych; Rashmeen Nirmla, PhD, RPsych; Jaime Semchuk, PhD, RPsych; Mary Turri, PhD, RPsych

As part of an interdisciplinary team, the BCAAN Psychology team works with children and youth who have been referred for an assessment for Autism Spectrum Disorder (ASD), including differential diagnosis of co-occurring conditions. Depending on the referral, psychologists may conduct the autism assessment (including the ADOS-2 and ADI-R),

assess for co-occurring conditions (e.g., Intellectual Developmental Disorder) to support another clinician conducting the autism assessment, or complete both components of the assessment. Collaboration with interdisciplinary team members is a hallmark of BCAAN (e.g., Developmental Pediatrics, Speech and Language Pathology, Psychiatry). Residents in BCAAN develop specialized skills in psychological and developmental assessment for children and youth with ASD and social communication and behavioural differences more broadly. This may also include those with low incidence conditions (e.g., Mild to Profound Intellectual Developmental Disorder, genetic syndromes, Fetal Alcohol Spectrum Disorder), medical complexities, and motor and/or communication differences. Opportunities for completing cognitive and adaptive behaviour assessments, alongside other measures as relevant to the referral (e.g., academic, executive functioning, social-emotional) may be available. Given the specialized nature of an ASD assessment, opportunity to directly participate/administer the ADOS/ADI-R will depend on prior experience and training, as well as amount of time dedicated to this Sunny Hill rotation.

### **Complex Developmental Behavioural Conditions Clinic (CDBC)**

**Supervisors:** *Rachel King, PhD, RPsych; Michelle Kozey-Hayes, PhD, RPsych*

As part of an interdisciplinary team, the CDBC Psychology team provides assessment services to children and youth who have difficulties in multiple areas of functioning. Primary referral concerns include Fetal Alcohol Spectrum Disorder (FASD), Intellectual Developmental Disorder, and other neurodevelopmental conditions (e.g., ADHD, Specific Learning Disorders, prenatal exposures). Children seen in CDBC may also have co-occurring conditions such as medical complexities, genetic syndromes, motor differences, communication differences, and mental health and/or psychosocial complexities. Collaboration with interdisciplinary team members (e.g., Developmental Pediatrics, Occupational Therapy, Speech and Language Pathology, Social Work) is a central component to all assessments. Residents in CDBC can develop skills in complex tertiary-level psychological assessments for children and youth from across the province of BC. Assessments may include cognitive, academic, executive functioning, memory, adaptive behaviour, attention, and social emotional functioning. Exposure to FASD assessment is a prioritized goal for CDBC residents.

### **Neuromotor Program**

**Supervisors:** *Jennifer Engle, PhD, RPsych, ABPdN; Tim Johnston, PhD, RPsych*

The Neuromotor Program at Sunny Hill provides assessment services to children and youth who are deaf/hard of hearing, blind, low vision, or who have a severe neuromotor condition. Children who are referred for assessments typically have complex needs and services can include assessment, diagnosis and consultation by a physician, occupational therapist, recreation therapist, physiotherapist, psychologist, social worker, audiologist, and speech - language pathologist. Opportunities through this program would include learning how to complete comprehensive and valid assessments for

children and youth in the context of their motor, vision, and hearing needs. Residents who come with extensive assessment experience or who show a demonstrated interest in developing competency in specialized assessments will be considered for a rotation with the neuromotor program.

**SAMPLE RESIDENT SCHEDULE: BLOCK ONE (Starts Sept)**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
9-10	Group Supervision	Play Therapy Supervision	MOT Rounds & Clinic Outpatients	CAP Seminar: Supporting families with death, dying, and bereavement	
10-11					
11-12	Med Psych Outpatient	Multi-organ transplant (MOT) Supervision			Med Psych Supervision
12-1		Psychology Rounds			
1-2	Allied Health Inpatient Medical Psychology Rounds		Intake Clinic Phone Calls		
			Med Psych Outpatient		
2-3	Med Psych Inpatient: PICU/Pediatrics	Dialysis outpatient	Play Therapy Case	Coping with Illness Supervision	Med Psych Inpatient Follow Up
3-4		Intake Clinic with Dr. Piper	Med Psych Inpatient & Supervision	Coping with Illness Group	
4-5					Med Psych Outpatient

## SAMPLE RESIDENT SCHEDULE: BLOCK TWO (Starts March)

	Monday	Tuesday	Wednesday	Thursday	Friday
9-10	Group Supervision		Sunny Hill Assessment CDBC	Mood & Anxiety Supervision	School Meeting (Neuropsychiatry)
10-11					
11-12	Neuropsychiatry Supervision	Neuropsychiatry Rounds		Circle of Security Supervision	
12-1					
1-2	Neuropsychiatry Assessment	Psychology Staff Meeting		Circle of Security Group	Pediatric Grand Rounds
2-3					
3-4	Parent phone call (Neuro)	Mood & Anxiety (Selective Mutism) Outpatient	Neuro Supervision	Sunny Hill Supervision	Neuropsychiatry Outpatient
4-5					

## SUPERVISION

Resident's rotations and experiences are coordinated through the Clinical Lead at BC Children's. Group supervision occurs weekly at BC Children's with the Clinical Lead. Case-by-case supervision is with the individual psychologists managing the cases. Direct individual supervision is guaranteed to meet the minimum requirement of 4 hours per week.

Our program emphasizes thoughtful and developmentally determined supervision. Our program applies a "Competency Based Approach" (Falender & Shafranske, APA, 2008) supervision model based upon the following:

## **THE FIVE STEP MASTERY MODEL**

The residency is based on a mastery model with the following training steps:

1. Observation (Resident of Staff).
2. Joint Assessment /Treatment (Shared responsibility for case management).
3. Observation (Staff of Resident- the observation is direct, face to face- in room).
4. Resident Solo (Staff pre and post sessions, planning and debriefing with the Resident).
5. Arms-Length Supervision (Resident carrying case load and going over each case at regularly scheduled supervision).

It is the individual psychologist's responsibility to select an appropriate teaching case to work with the resident and to monitor and record the progress directly. It is not expected that the resident would reach the highest levels in the first block of rotation, unless they had prior experience in the area.

## **OMBUDSPERSON POSITION**

This position is given to an experienced psychologist, who is decidedly (for this reason or another) not going to be involved in resident supervision or training for one residency year, and who is not on the Training Committee. This position is held for one academic year and can be renewed for the next, if appropriate. This person is identified to residents after the orientation period in September. The Ombudsperson is primarily utilized for consultation and support on matters that are not egregious and that would not normally require the Director of Training or the Head of Psychology to intervene. This person is an alternative to consultation with the Director of Training, regarding general matters. If something of an egregious nature arises from consultation with the Ombudsperson, the Ombudsperson informs the Director of Training or Head of Psychology as appropriate, and the routine grievance procedure would take place as directed by Department and/or hospital policy. The Ombudsperson can advocate for the resident if there are conflicts of interest that exist within the program.

## **ACCOMMODATIONS**

Applicants to our program and residents within our program who are requiring accommodations for any component of their application process or respective training year are encouraged to speak to the Director of Training to ensure these may be considered and applied to the best of our ability.



## RESEARCH

The Department of Psychology at BCCH and Sunny Hill are actively involved in research. Graduate students, post-doctoral fellows and psychologists participate in various projects, often in collaboration with medical colleagues in their programs. Some research projects of department members include:

- [Family centred care outcomes in children and youth who have experienced significant mental health concerns](#)
- [The effect of behavioural treatment on selective mutism](#)
- [Predictors of treatment outcome in children and youth with eating disorders](#)
- [Family-based psychotherapies for young people presenting with physical symptoms affected by somatization](#)
- [Epilepsy surgery](#)
- [Pain reactivity and the effects of neonatal pain exposure](#)
- [Evaluation of treatment anxiety in children with high-functioning autism](#)
- [Parenting contributors to treatment engagement and adherence](#)
- [Improving social-emotional functioning in children with chronic illness](#)

In keeping with the scientist-practitioner model that serves as the basis for residency training, each resident is expected to present a paper at the end of the residency year, applying some theoretical or research model to the practical setting. Research is defined in its broadest terms and includes everything from creating an annotated bibliography of books associated with common hospital situations, to program evaluation. This might involve, for example, completing a literature review and the work leading up to a formal research proposal on some applied, hospital relevant topic. Alternatively, it could also take the form of an in-depth case study tied to how different therapy approaches would predicate different interventions and different therapeutic outcomes. Designated time is available for this project.

## STAFF

In total, there are approximately 45 – 50 psychologists working across our site, who are involved in the training program in any given year. All are doctoral-level, fully registered members of the College of Health and Care Professionals of BC or are in the process of obtaining registration in British Columbia and have extensive experience in the health care field.

As would be expected with a large group, approaches to assessment and therapy are extremely varied. As such, no one specific school of psychology or therapeutic perspective prevails. Consequently, emphasis for the residents is on developing their own therapeutic style and in acquiring a broad base of foundational skills that can be applied in a range of settings. The opportunity to observe and work with psychologists with

unique expertise in various health and mental health areas is one of the main assets of the program.

Residents have the opportunity for discussion of general professional issues, ongoing research projects, and psychologists' special interests. Residents also have the opportunity for discussion with other professional disciplines and to attend departmental meetings, program meetings, and Health Centre rounds. Discussions with staff psychologists may also focus on resources available to children in systems outside of health care, including education, child protection, and various social service agencies. Over the year, residents will gain knowledge of ethical and practical considerations around sharing of information to best support a child.

## **PROFESSIONAL AND EDUCATIONAL PROGRAMS**

### **PRACTICE COUNCIL**

Psychologists meet monthly on a more formal basis to talk about particular clinical experiences that they find difficult or puzzling. The emphasis is on a supportive, problem solving approach to what are often very complex situations. Ethical issues and issues of psychologists working in a medical setting are frequently discussed in the context of particular presentations.

### **PSYCHOLOGY AND CLINICAL ROUNDS**

Over the last academic year, the Psychology Department organized monthly rounds. These rounds are divided into two target audiences, on alternating months. One set of rounds (Psychology Rounds) is organized as a closed presentation for the Department of Psychology. Usually one member of the department is responsible for each session and may include a staff presenter and/or speakers from the community. Sessions focus on discussions of recent research and/or theoretical or ethical issues which might be relevant to members of the Department. Residents present at least once over the course of the year. The other set of rounds (Clinical Rounds) is open to benefit any hospital personnel or interested individuals from the community.

In addition to the above professional and educational programs, residents are free to attend any of the various Medical or Allied Health Professional rounds presented at either of the hospital sites, and any of the various research days and speakers at the BC Children's Hospital Research Institute.

### **SEMINARS**

Several seminars are offered yearly to support resident learning. These typically fall into the following categories: ethical issues, play therapy, assessment, Equity, Diversity, & Inclusion/Social Responsiveness, supervision, psychosis, and psychopharmacology.

Seminars are taught by multidisciplinary staff including psychologists, psychiatrists, and pharmacists.

## **EQUITY, DIVERSITY, INCLUSION, AND CULTURAL HUMILITY**

Our program is committed to ensuring that social responsiveness with regard to diversity, cultural humility and inclusion are upheld throughout every aspect of training. Each resident is expected to complete an online, interactive course, specific to cultural safety, at the onset of their residency, in addition to attending and participating in engagement experiences that will be interspersed throughout the residency. Beyond these, the residents are also expected to approach clinical work from a standpoint of cultural safety at all times, considering both the historical and sociocultural context of every client. Anti-racism is upheld through updated curricula and ongoing consideration of how our profession is practiced- with every client. Awareness of the Truth and Reconciliation Commission Calls to Action (2015) is at the forefront of practice with Indigenous youth, and ongoing understanding of the impact of colonialism and the outcome of intergenerational trauma is required.

## **QUALIFICATION CRITERIA FOR APPLICANTS**

Please note that we have created the following list of criteria in response to questions frequently asked by resident applicants and in order to help clarify our decision-making process. However, it is important to note that not meeting full criteria on any one area does not necessarily eliminate you as a candidate. Of particular importance in the selection process is the fit between an applicant's interests and goals and our program's model of training. Candidates should refer to the Canadian Council of Professional Psychology Programs' (CCPPP) website for guidance on pre-residency preparation that we believe is optimal for applicants to have (<https://ccppp.ca>). No one candidate is likely to meet all of the required and preferred criteria listed below:

### **General Academics**

1.     Required:     All requirements for academic coursework at a degree-granting doctoral program in clinical psychology (**clinical, combined school/clinical**) except the dissertation must be completed. The dissertation proposal must be successfully defended prior to the November application deadline.

          Preferred:    Date collection at least begun and ideally completed by the beginning of residency.
2.     Required:     From a CPA/APA accredited clinical psychology program.

          Preferred:    Added focus or emphasis on child and adolescent psychology.

## Course Requirements

In addition to the course outline required by clinical programs generally, the following additional course/training is important:

1. Required: Assessment course or equivalent experience.  
Required: Additional child assessment course or equivalent experience.  
Required: Graduate level developmental psychology course.
2. Required: Therapy course and or equivalent experience.  
Preferred: Therapy course/experience with children.
3. Required: Ethics course.  
Preferred: Broad-based course that includes experience-based dilemmas and scenarios.

## Experience

1. Required: At least 600 total hours and at least 300 hours of direct practicum experience that has been approved by your graduate program. Trainees should have some experience with both assessment and therapy.  
Preferred: It has been our experience that more than 1200-1400 hours do not substantially increase your chance of being selected as a resident, nor do they necessarily improve the quality of your residency once you arrive. We value a diversified practicum experience portfolio particularly inclusive with working with children, youth, and families and/or working within hospitals or multidisciplinary treatment centres. We appreciate past experience in a pediatric health care centre.

## Citizenship and Language

1. Canadian citizens or those with permanent residency status will be given preference when all qualifications are equal. Non-Canadian citizens will be considered subject to Immigration Canada requirements. Applicants who are not currently authorized to work in Canada are advised to contact the Clinical Lead/Director of Training, Dr. Emily Piper to discuss immigration considerations prior to making an application. Recent changes to immigration policy and enforcement have prompted several applicants to seek legal advice before embarking on cross-border applications.
2. Fluency in English is required.

## **COVID-19 Vaccination**

While residents are not required to be vaccinated for COVID-19, all employees are required to submit their vaccine status for hospital records.

## **Criminal Records Check/Drug Testing**

The provincial government has legislated that all people who will be working with children must undergo a criminal records check prior to commencing employment. The check is for any conviction which might make you a danger to children. The hospital receives no specific details of the record (these remain confidential) - only that the person does or does not pass the screening. There is currently no pre-employment drug test, nor randomly-selected drug tests while employed at our site.

## **RESIDENCY SPECIFICATIONS**

### **DURATION AND COMPENSATION**

There are three (3) full time CPA accredited residency positions that are being offered for the upcoming match year (2025/2026). These positions are for one full year, starting the Wednesday after Labour Day in September. Benefits include: paid sick leave and holiday time (approximately 2 weeks). There is also a comprehensive benefits package which includes extended medical benefits and dental coverage.

**The compensation is \$54,296 + 15.83% base benefits (\$8,595.06) = \$ 62,891.06**

### **APPLICATION INFORMATION**

**Application deadline:** November 1, 2024 (11:59PM, PST)  
**Interview notification:** December 1, 2024  
**Residency match #:** 182611

All interviews are conducted over the virtual platform Zoom for this cycle of applications. In-person interviews can be arranged if desired. Interview format (i.e., virtual vs. in-person) does not impact applicant standing in any way.

The Psychology Residency program conforms to the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is a member of the Canadian Council of Professional Psychology Programs (CCPPP). We participate in the computer matching process sponsored by APPIC. Completed applications are rated independently by members of the Clinical Training Committee and are ranked.

The chosen residents may choose to come for a site visit after the match, but this is not by any means required. In order to facilitate convenience for planning for interviews we

will adhere to the Canadian Council of Professional Psychology Program's (CCPPP) plan to interview most candidates during the first two weeks of January 2025. We will take part in APPIC's computerized matching on selection day. You must fill out an application and be registered with APPIC to take part. You can also obtain information about our Residency program on the APPIC website and the CCPPP website ([www.ccpvp.ca](http://www.ccpvp.ca)).

**Note: This site agrees to abide by the APPIC policy that no person at this facility will solicit, accept, or use any ranking-related information from any applicant.**

**The office of Accreditation for the Canadian Psychological Association is:**

Accreditation Office  
Canadian Psychological Association  
141 Laurier Avenue West, Suite 702  
Ottawa, Ontario K1P 5J3  
1-888-472-0657

**A completed application may be completed and submitted online at the APPIC website and includes:**

1. Completed common APPIC Application for Psychology Internship (AAPI), and the "Academic Program's Verification of Internship Eligibility and Readiness". <http://www.appic.org/>
2. A cover letter indicating student's plans and special interests (e.g., preferred rotations) at our site (part of the on-line APPI).
3. Current curriculum vitae (part of the on-line APPI).
4. Three letters of reference, one of which should be from either the Clinical Lead (i.e., Director of Clinical Training) or the dissertation supervisor. Note, the program may contact referees directly to get further information (part of the on-line APPI).
5. Official university transcripts of your graduate record (part of the Supplemental Materials section of the on-line APPI)

## **CONTACT INFORMATION**

Address all enquiries to: Dr. Emily Piper, Clinical Lead, Director of Training  
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