

Doctoral Residency in Clinical Psychology 2025-2026

About CHEO

CHEO is a pediatric health care centre serving Eastern Ontario and Western Quebec. Since its opening in 1974, the hospital has provided specialized pediatric health care to children, youth and their families in English and French. Today, it is estimated that the hospital sees over 6500 admissions and 180,000 outpatient visits per year.

CHEO is part of a large health science complex affiliated with the University of Ottawa. The hospital has major responsibilities for clinical teaching and research in several health-care disciplines. The hospital is associated with the CHEO Research Institute, which has an international reputation for excellence in basic and applied research in children's health. Since 2004, the hospital has also been the home of the *Knowledge institute on child and youth mental health and addictions*, a provincially funded institute that is responsible for the promotion of evidence-informed service planning and delivery.

CHEO is one of the largest providers of mental health and developmental services for children, youth and their families in Ontario.

Psychology at CHEO

The discipline of Psychology at CHEO is based on the scientist-practitioner model. Psychologists at the hospital are active in the provision of clinical services, programme development and evaluation, research, and clinical training and supervision. Many psychologists hold cross-appointments with the University of Ottawa and Carleton University. Staff are also active in community service offering workshops and lectures to professional groups and the public.

Psychologists work in different areas of the hospital including the Mental Health programme, Development and Rehabilitation services, Pediatrics, and Oncology. Psychologists provide assessment and intervention services to children, youth, and their families, seen as both inpatients and outpatients. Assessment services are broad and can include psycho-diagnostic assessments as well as neuropsychological, cognitive, or developmental assessments. Treatment services include individual, group, parent and family therapies. Emphasis is placed on assessing and treating children within a family and social context. Liaison and consultation to schools or community agencies is often an important part of the assessment and intervention services. Consultation with other professionals within the hospital is also an integral part of the work of psychologists.

Psychology serves as the primary professional affiliation for psychologists working in the different programmes of the hospital.

The Psychology Residency Programme at CHEO

CHEO offers a pre-doctoral residency for **students enrolled in a Ph.D. programme in either clinical psychology or clinical neuropsychology**. Our residency has been accredited by the Canadian

Psychological Association since 1990. The training programme can accommodate both English speaking and bilingual (French-English speaking) residents.

The training programme provides residents with training experiences in assessment, treatment and consultation with a broad range of clinical populations affected by various mental health, health and developmental conditions. Residents benefit from intensive supervision and interaction with different professions on multidisciplinary teams. Residents also conduct a programme evaluation project and participate in didactic seminars. By the end of the residency, our residents will have developed the skills needed to qualify for registration as a child and adolescent clinical psychologist or neuropsychologist in any jurisdiction in Canada or to move onto postdoctoral training.

Philosophy and training model

The Residency Programme reflects our commitment to the scientist-practitioner model. In providing training within the scientist-practitioner model, we prepare residents for a range of career options, including clinical, research or academic positions. Our clinical training is provided by doctoral-level psychologists. Residents are encouraged to anchor their clinical service in the scientific literature and to critically appraise their interventions. Many members of the clinical training faculty contribute regularly to the scientific literature, and all faculty members are committed to keeping abreast of the latest research in their respective fields to inform their clinical practice. The supervision model is developmental with residents taking on more responsibility as they gain skill. Throughout the training, the ethical practice of psychology is emphasized.

The residency also emphasizes the importance of interdisciplinary teamwork. We value the contribution of our colleagues and encourage the participation of other disciplines, such as medicine and social work, in our training programme. Our model of training provides a range of experiences that allow residents to work collaboratively with other health professions while maintaining a strong sense of professional identity.

Training goals and objectives

Goal one

Residents will develop proficiency in psycho-diagnostic assessment with children and adolescents, using clinical interviews as well as socio-emotional, behavioural, cognitive and neuropsychological assessment measures.

Objectives:

1. Residents will develop competence in conducting comprehensive intake/diagnostic interviews.
2. Residents will develop competence in administering and interpreting psychometric measures of psychological and social/emotional functioning.
3. Residents will develop competence in administering and interpreting psychometric measures of developmental, cognitive, or neuropsychological functioning and academic achievement.
4. Residents will develop competence in providing feedback, both oral and written, to families, referring agents, community agencies and members of interdisciplinary treatment teams.
5. Residents will develop competence in planning and implementing comprehensive assessments that take into consideration relevant medical, developmental and social-contextual factors.

Goal two

Residents will develop proficiency in the use of different models of treatment for children, adolescents and their families. This includes supervision and training in individual, group and parent-mediated as well as family-based therapies.

Objectives:

1. Residents will develop competence in conducting individual therapy with children and adolescents. This may include development of skills in cognitive behavioural interventions, systemic or interpersonal approaches.
2. Residents will develop competence in conducting group-based interventions with children, adolescents and/or parents. This may include process-oriented groups, structured behavioural and/or cognitive-behavioural interventions and parent-training groups.
3. Residents will develop competence in planning, implementing and monitoring the effectiveness of different types of interventions
4. Residents will develop an awareness of client and therapist factors that affect treatment effectiveness.

Goal three

Residents will develop the ability to function within an interdisciplinary health care environment.

Objectives:

1. Residents will develop skills in working collaboratively with other professionals as members of interdisciplinary teams. Residents will develop a sense of their professional role and respect for the roles of other professions.
2. Residents will develop competence in providing consultation to other professionals in the care of children, adolescents and their families. This may include developing, implementing and evaluating inpatient and outpatient interventions in concert with other members of the treatment team.
3. Residents will develop the ability to understand health information relevant to assessment, treatment and consultation services. This includes obtaining relevant information from the client's health record and the scientific literature. This can also involve liaison with other health care professionals.

Goal four

Residents will develop the ability to apply ethical and professional principles to the care they provide children, adolescents & their families.

Objectives:

1. Residents will develop an awareness and understanding of the provincial and federal legislation and standards relevant to the practice of psychology in Ontario.
2. Residents will participate in a range of clinical and didactic activities that enhance their understanding of ethical principles.
3. Residents will develop an awareness of the limits of their clinical competence, based on their level of professional training and experience.

Goal five

Residents will develop the skills required to integrate science and clinical practice.

Objective:

1. Residents will demonstrate initiative in seeking out and critically evaluating the scientific literature relevant to their clinical work.
2. Residents will gain exposure to key concepts and methods in programme evaluation. Through the programme evaluation experience, residents will develop an understanding of the unique challenges of conducting quality improvement activities within a clinical setting.

Goal six

Residents will develop an awareness of, and sensitivity to, cultural and individual differences in their clinical, research and professional activities.

Objectives:

1. Residents will gain experience working in a health care setting with children, adolescents and families representing a diversity of cultures and individual differences. They will develop an ability to consider the role of cultural and individual factors in the selection, administration, and interpretation of psychological tests. They will also develop an awareness of how individual differences influence treatment and consultation services.
2. Residents will participate in didactic activities on individual and cultural differences relevant to clinical practice.

Goal seven

Residents will develop a sense of their professional identity as future psychologists.

Objectives:

1. Residents will become knowledgeable in models, skills, and ethical principles related to supervision.
2. Residents will gain experience in providing supervision, through participation in peer consultation, group supervision, and, whenever possible, line-supervision of practicum students.

Organization of training activities

The residency programme is designed to provide residents with specialized training in specific areas of interest while ensuring a breadth of training in a range of areas relevant to child and adolescent clinical psychology. The residency offers two tracks: **Child Clinical Psychology and Child Neuropsychology**. Prior to the start of the training year, the Director of Training works with incoming residents to set up an individual training plan for their specific rotations.

Child Clinical Psychology Track (three positions)

Objective

The Child Clinical Psychology Track is intended to prepare residents for the practice of clinical psychology with children and adolescents across the developmental span. By the end of the residency year, it is expected that residents will have developed the skills needed to become registered as a clinical child and adolescent psychologist in any jurisdiction in Canada or to move into postdoctoral training.

Organization of the training year

Residents participate in two six-month rotations involving a major and a minor rotation. The focus of the major rotations is on providing in-depth training in the areas selected. The focus of the minor rotation is to expose residents to clinical areas outside their primary interests. The resident and supervisor jointly establish individual rotation-based training goals.

In addition, residents participate in the Family Therapy Training Experience, the Individual Psychotherapy Training Experience, & a Professional and Clinical Issues Seminars (internal seminars & City-Wide seminars). Residents also complete a programme evaluation project that is often based in one of their clinical rotations. Residents also develop their supervision skills by participating in group supervision and when available, the line supervision of practicum students. Residents also attend monthly psychology discipline meetings. Attendance at hospital rounds and research seminars is highly encouraged, but optional. The table below provides an overview of the Child Clinical Psychology track.

Organization of resident programme – child clinical psychology track

First Rotation (September – February) / Second Rotation (March – August)	
Major rotation	Three days per week
Minor rotation	Half day per week
Family therapy training exercise	Three hours per week
Individual psychotherapy experience	Four hours per week
Seminars/meetings/rounds	Four hours per week
Programme evaluation experience	Two hours per week

Child Neuropsychology Track (one position)

Objective

The child neuropsychology track within the psychology residency programme prepares residents for the practice of clinical neuropsychology with children and adolescents. By the end of the residency, it is expected that residents will have developed the skills needed to become registered as a child neuropsychologist in any jurisdiction in Canada or to move into postdoctoral training in child neuropsychology. Depending on the resident’s training activities during the year, the person may also have the skills needed to become registered as a child psychologist.

Organization of the training year

Residents participate in two six-month major rotations for three days per week. The focus of the major rotations is on providing in-depth training in the areas of Oncology, Rehabilitation and Behavioural Neuroscience and Consultation Liaison. Residents can also participate in a range of ancillary activities such as attending neurology and neuroradiology grand rounds, and tumour board meetings.

- The rotation in Oncology involves the assessment of children and adolescents who are being treated or have been treated for cancer, primarily leukemia or brain tumours. Consultation is provided to the treating team, families and schools. Assessments may involve monitoring the effects of the disease or treatment and making recommendations for educational and career programming. Residents attend neuro-oncology and psychosocial rounds.
- In the Rehabilitation programme, residents are involved in two types of assessments. First, residents can assess and follow children and adolescents who have sustained a brain injury and are discharged from hospital. Second, residents can participate in the multidisciplinary assessment of children and youth being referred for possible fetal alcohol spectrum disorder (FASD) or fetal alcohol effects.
- In the Mental Health (MH) Neuropsychology team rotation, residents provide inpatient and outpatient services to children and youth who are followed at CHEO for a chronic or acute medical condition that is known / suspected to impact brain functioning. This typically includes children and youth with complex medical conditions such as epilepsy, congenital heart disease, sickle cell disease and genetic syndromes, as well as those being considered for neurosurgery. Services provided by the MH Neuropsychology team include brief consultations, targeted assessments and comprehensive, neuropsychological assessments. Residents may also participate in brief neuropsychological interventions, present results from their presurgical assessment at seizure conferences, attend a neurosurgery, and co-supervise practicum students.

Training in neuropsychology is augmented by training in child and adolescent clinical psychology. This typically includes two minor clinical rotations (1/2 day per week), one of which will be in Health Psychology, as well as participation in the Individual Psychotherapy Training Experience, the Family Therapy Training Experience, the Professional and Clinical Issues Seminar and the monthly City-Wide Seminar Series.

Of note, residents in the neuropsychology track also now have the option of focusing more intensively on training in neuropsychology by opting out of either the Family Therapy or Individual Psychology experiences and expanding their work in their major rotations.

Residents complete the Programme Evaluation Experience, typically with a project based in neuropsychology. In addition, residents can develop their supervision skills by participating in group supervision and when available, the line supervision of practicum students. Residents also attend monthly psychology discipline and professional development meetings. Attendance at hospital rounds is encouraged but not compulsory. The table below provides an overview of the organization of the training activities in the Child Neuropsychology Track.

Organization of residency activities - child neuropsychology track

<i>First Rotation (September – March) / Second Rotation (April – August)</i>	
Major rotation	Three days per week
Minor rotation	Half day per week
Family therapy training exercise*	Three hours per week
Individual psychotherapy experience*	Four hours per week
Seminars/meetings/rounds	Four hours per week
Programme evaluation experience	Two hours per week

**see above note regarding these activities for the neuropsychology resident*

Major rotations in the child clinical track:

The following major rotations are offered to residents in the Child Clinical Track:

- Outpatient Mental Health
- Health Psychology- Behavioural Neurosciences Consultation Liaison
- Chronic Pain Service
- Hematology/Oncology
- Eating Disorders
- Developmental and Rehabilitation Services
- Centre for Healthy Active Living (CHAL)

Each of these rotations is described in the section, “Clinical Emphasis within Each Major Training Rotation”.

Decisions regarding the assignment of the major rotations for each resident in the Child Clinical Track are made in consultation with the resident, considering their specific interests and training needs. An effort is made to provide each resident with advanced skills in an area of primary interest while exposing them to develop skills in new areas. An effort is also made to ensure that residents in the Child Clinical Track participate in one major rotation in which the focus is on assessment and one in which there is more of an emphasis on treatment. Alternately, the resident can participate in two minor rotations which focus on assessment and two major rotations in which the focus is treatment.

It is important to note that while resident preferences and training needs are a priority, practical considerations such as the number of available supervisors within a rotation, can influence rotation assignment.

Residents are typically assigned a primary and secondary supervisor in each major rotation.

Minor rotations in clinical child and neuropsychology tracks:

The goal of the minor rotations is to provide residents with the opportunity to round out their clinical training by exposure to new areas of practice. Residents in the Child Neuropsychology Track typically complete a minor rotation in clinical child Health Psychology (BNCL), to facilitate the opportunity to follow in treatment a client previously assessed during the Mental Health neuropsychology rotation. Residents complete two minor rotations during the residency year.

Family therapy training experience:

In addition to the clinical rotations, residents participate in the Family Therapy Training Experience. The service uses a reflecting team and direct observation through a one-way mirror (or virtually, through joint appointments). Direct observation enriches the quality of supervision by allowing valuable insights into the resident's clinical skills, interpersonal dynamics, and professional conduct. This experience also allows residents to hone their supervision skills in formulating and delivering targeted, constructive feedback tailored to a resident's strengths and areas for improvement. Residents are expected to see a minimum of one family therapy case with the team for which they function as the primary therapist.

Individual psychotherapy training experience:

Each resident is provided with a long-term psychotherapy training experience outside their major rotations. Residents follow at least one long-term therapy case (15-20 sessions), and will be responsible for planning, implementing and evaluating therapy outcomes and processes. The supervision involves direct observation through a one-way mirror (or virtually, through joint appointments) and group supervision with other residents and a supervisor. Like the family therapy experience, the direct observation used in individual psychotherapy greatly enriches the quality and depth of supervision. This training focuses on clinical, theoretical and ethical issues in conducting child psychotherapy, as well as therapist and process factors.

Programme evaluation experience:

Residents develop a programme evaluation project under the supervision of a staff psychologist, and with the support of the psychologist responsible for the programme evaluation experience. The lead programme evaluation psychologist mentors the residents and guides the residents through the design, execution and final write-up of their projects. Examples of projects include patient satisfaction and outcomes with new clinical services, retrospective chart reviews looking at, for example, patterns of referrals or profiles of various clinical subgroups. Projects often evolve from the resident's clinical rotations, but independent projects can also be conducted. A list of possible topics is made available to residents at the beginning of the year. The goal of the experience is foster the residents' ability to apply their research skills to clinical scenarios; without lapsing into larger scale research which would require REB oversight. Residents present their projects to the discipline initially at inception (with a view to getting feedback) and at the conclusion of the project.

Seminar series

Residents attend regular in-house seminars on Professional and Clinical Issues. Our in-house seminars focus on clinical issues that transcend different areas of practices, for example, suicidal risk assessment and crisis intervention or psychopharmacology.

In addition, residents participate in a City-Wide Seminar Series, in which psychology residents from other Ottawa-based settings also participate. The themes of the seminars offered in the regional seminars are individual and cultural differences as well as legal, regulatory, and ethical issues.

*Sample weekly schedule**

Monday	Tuesday	Wednesday	Thursday	Friday
Major rotation	Major rotation	Major rotation	Family therapy experience, 9am to 11:30am Minor rotation 1:00pm to 5:00pm	Individual therapy experience, 8:30am to 12:30pm Programme evaluation project or didactic seminars, 1:30pm to 4:30pm Programme evaluation project or city-wide seminar 1:30pm to 4:30pm

City-wide seminars occur monthly. On weeks that there is no seminar, residents may work on the programme evaluation project or other paperwork.

** Please note that this schedule is an example only and is subject to change*

Supervision

Supervisors draw from many theoretical orientations including cognitive-behavioural, social learning theory, psychodynamic, developmental, systemic and strategic. Individual supervision is tailored to meet the learning needs and training goals of each resident. At the beginning of a rotation, more direct forms of supervision are employed, such as co-therapy and observation of the resident’s clinical activities. As residents’ skills increase, they begin to function more independently, and supervision may increasingly take the form of post-session discussion of clinical cases.

Residents receive a minimum of 3 hours of individual supervision per week in their major rotation. Individual supervision is also provided through minor rotations. Group supervision is provided through the family and individual psychotherapy training experiences. Overall, the amount of supervision that residents receive typically exceeds 4 hours per week.

Clinical emphasis within each major training rotation

Health psychology rotations

Behavioural Neurosciences and Consultation Liaison Team (BNCL)

BNCL is an interdisciplinary team consisting of professionals from psychology, psychiatry, social work, child and youth counselling, and nursing. The team provides assessment, consultation and intervention to inpatients and outpatients who present with medical and mental health issues which may adversely impact their treatment or recovery. The team works closely with various medical teams and other allied health providers such as child life specialists, occupational therapists, and physiotherapists. Typical referral problems seen by psychologists in this service include children coping with an acute or chronic illness, non-adherence to medical treatment, pain and stress management, trauma (e.g., burns, motor vehicle accidents), feeding problems, encopresis, sleep problems, somatization/functional neurological disorder, and behavioural and mental health difficulties secondary to neurodevelopmental conditions. The resident functions as a full member of the interdisciplinary team and gains experience with various clinical activities consisting of psychodiagnostic assessment, consultation-liaison, and short-term individual, parent-mediated and family interventions across inpatient and outpatient levels of care. Opportunities also exist for the resident to participate in short-term group-based interventions (e.g., groups for children with somatization, coping with chronic illness, needle phobia workshop).

Chronic Pain Service

The Chronic Pain team is an interdisciplinary team consisting of professionals from psychology, anesthesiology, psychiatry, nursing, physiotherapy, occupational therapy, and social work. The team provides assessment (including interdisciplinary assessment), consultation and intervention to pediatric outpatients who present with persistent pain (duration of at least 3 months) that is affecting functioning.

The rotation in chronic pain is designed to assist in the development of the resident's skills in pediatric clinical, health and rehabilitation psychology. As a member of the interdisciplinary assessment and treatment team, the resident is exposed to assessment and intervention experiences among patients and families with a wide range of presenting complaints, including Complex Regional Pain Syndrome (CRPS), musculoskeletal pain, abdominal pain, headaches, neuropathic pain, and at times, disease-related pain (e.g., sickle cell disease) as well as mental health comorbidities.

Opportunities for residents can include leading or co-leading parent and youth group interventions, psychodiagnostic assessment, psychosocial screening/assessment within the context of an interdisciplinary clinic assessment, and individual therapy.

Hematology/Oncology team

The Hematology/Oncology team is an interdisciplinary team consisting of professionals from psychology, social work, child life, medicine, nursing, and pharmacy. The psychologist on the team provides assessment, consultation, and intervention to patients and families diagnosed with hematological (e.g., sickle cell disease, hemophilia) and oncological (e.g., acute lymphoblastic leukemia, brain tumours)

illnesses. Services are provided to inpatients and outpatients. Referrals typically focus on adjustment and coping with illness and its treatment, pain management, treatment compliance, the process of grieving, and mental health problems associated with the impact of chronic and/or terminal illness.

Opportunities for residents can include psychological assessment, consultation, and intervention with patients and families aged 0-18 years, interdisciplinary consultation, participation in rounds and case management, liaising with community partners (e.g., schools, community providers, etc.), and group intervention. This rotation is designed to develop the resident's skills in clinical and health psychology.

Eating disorders rotation

This rotation is designed to develop residents' skills in working with patients with eating disorders, a specialized area within pediatric clinical and health psychology. The rotation is organized around the Regional Eating Disorders Programme for Children and Adolescents. The program's multidisciplinary team provides services along a continuum of care including an inpatient unit, day treatment program, and outpatient services. Psychologists are primarily involved in the day treatment and outpatient services. Services are provided to children and adolescents aged 10 to 18 years with a diagnosis of an eating disorder. Most individuals also present with comorbid diagnoses, such as depression, anxiety or obsessive-compulsive disorder.

This rotation offers opportunities in treatment. It may also be possible for the resident to observe or participate in interdisciplinary team assessments. The resident may provide intake assessments and individual/family therapy to day patients or outpatients, as well as co-lead group therapy and conduct meal support in the day treatment program. Treatment modalities include Family-Based Therapy, Dialectical Behaviour Therapy, Cognitive Behavioural Therapy and Emotion-Focused Family Therapy. Finally, the resident gains experience functioning as a full member of the interdisciplinary team and collaborating with other professionals in treatment planning and monitoring.

Neuropsychology rotation

This description applies to the minor rotation for residents in the Child Clinical Track. Residents in the Child Neuropsychology track take the major rotation as described in the section "Organization of Training Activities".

This rotation focuses on providing clinical diagnostic services to children and adolescents who present with medical conditions or risk factors associated with neuropsychological dysfunction. Examples of patients seen in this rotation include individuals with seizure disorders, traumatic brain injury, brain tumors, demyelinating disorders, immune system disorders, hydrocephalus or stroke. Comprehensive assessments of attention, memory, intelligence, learning, motor and perceptual functioning, executive functioning and academic achievement as well as socioemotional health are conducted. Consultation to families and professionals is provided regarding specific interventions (e.g., cognitive, academic, and/or behavioural). Residents may obtain experience with single or diverse populations, depending on their interests and backgrounds. Residents in this rotation can also participate in interdisciplinary teams. There is also the possibility for short-term intervention experience within the service.

Outpatient mental health rotation

The CHEO Outpatient Mental Health service is located a short drive from the hospital at 1661 Montreal Road. The service uses the Choice and Partnership Approach (CAPA) model of mental health services.

Tertiary care services are provided to children and adolescents who are referred for a range of presenting problems including mood and/or anxiety problems, repetitive body-focused disorders, trauma, suicidality, as well as ADHD and behavioural difficulties. The Outpatient Mental Health Services includes health professionals in psychology, occupational therapy, social work, psychiatry, nursing and paediatrics.

Psychologists in the clinic conduct choice appointments (intake and case conceptualization) and specific partnerships for diagnostic assessment, individual and family therapy. The clinic also offers group therapy interventions including dialectical behaviour therapy (DBT) groups for adolescents and parents, cognitive behaviour therapy (CBT) groups for parents of anxious children and adolescents, and collaborative problem-solving (CPS) groups for parents. Residents who are involved in co-facilitating DBT groups are expected to participate in weekly DBT consultation team meetings and have the option of following an individual DBT case.

The outpatient clinic also provides short-term (rapid response) services to children and youth who present to the CHEO Emergency Department in crisis, but who do not meet criteria for hospital admission. Children and adolescents requiring urgent (but not immediate) mental health services are also referred by pediatricians, family doctors, emergency department medical staff at regional hospitals, and school board social workers/psychologists. Assessments within this activity are brief and focus on diagnostic clarification and identification of strengths and community resources. The psychologist provides short-term follow-up and liaises with other mental health professionals and school personnel to assist with appropriate follow-up, as required.

Residents participate in all aspects of the services provided to outpatients and are expected to function as full members of the outpatient team.

Development and Paediatric Rehabilitation rotation- Children's Treatment Centre

The Children's Treatment Centre (CTC) offers a focus in Child Development and/or pediatric rehabilitation depending on the resident's training needs and interests.

The Child Development focus is designed to develop residents' skills in developmental/diagnostic assessment within the population of children presenting with significant cognitive, adaptive and behavioural challenges indicative of developmental disabilities and/or an autism spectrum disorder (ASD). The psychological assessment of a child's intellectual functioning and adaptive behaviour comprises an integral part of the initial assessment of children, who primarily range in age from 3 to 6 years. School-aged children and youth are also seen for a psychological assessment upon query of an ASD diagnosis.

The Paediatric Rehabilitation focus is designed to develop residents' knowledge and skills in assessment and intervention with children and adolescents with complex physical disabilities, as well as associated developmental and behavioural needs. Many have cerebral palsy, spina bifida, and/or other neuromuscular impairments. The resident learns to conduct a developmental or psycho-educational

assessment which specifically addresses the needs of children with physical disabilities, develops skills in behavioural consultation and management, becomes knowledgeable about community resources, and develops an appreciation of the impact of physical disabilities on child development and family dynamics. Psychology staff work closely with families, team members and community providers (day care staff, community therapists, school personnel, etc.) to ensure successful integration of the children with physical disabilities. The resident is also involved with a specialized school programme for children with physical impairments. The primary goal of this programme is to optimize independence within the client's abilities.

Experience in both child development and pediatric rehabilitation is possible, depending on the resident's learning objectives.

Centre for Healthy Active Living (CHAL) rotation

This programme is located a short drive from the hospital at a satellite clinic situated at 1355 Bank Street, Ottawa. The rotation is designed to develop residents' skills in the assessment and intervention of severe pediatric obesity. The goals of the programme are to provide interventions aimed at improving health behaviours, quality of life, and psychological and medical comorbidities. Assessment and intervention follow an interdisciplinary team approach including working with different health professionals including an endocrinologist, a dietitian, an exercise specialist, social workers, child and youth workers, and a nurse. Services include comprehensive half-day team assessments, family-based groups, individual, parent and family treatment.

The resident functions as a member of the assessment and treatment team. The resident gains experience with a variety of assessment and intervention experiences, working with allied health professionals, as well as families. CHAL supports a scientist-practitioner model and is actively engaged in both programme evaluation and research activities.

Rehabilitation team

In the Rehabilitation programme, residents can be involved in two types of assessments. First, residents can assess and follow children and adolescents who have sustained a brain injury and are discharged from hospital. The goals of such assessments are to develop an understanding of the impact of the child's injury on their cognitive profile and functioning over time, provide clinical impressions on their recovery, and support key transition periods. This work can include consultation with the patients' multidisciplinary team (e.g., Occupational therapy, Physiotherapy and Speech-Language Pathology). Second, residents can participate in the multidisciplinary assessment of children and youth being referred for possible fetal alcohol spectrum disorder (FASD) or effects of prenatal alcohol exposure.

Neonatal Follow-Up team (NNFU)

The NNFU team is an interdisciplinary team with professionals from psychology, medicine, nursing, and physiotherapy. The team follows children (birth through 4 years of age) born with various medical conditions, including premature or low birth weight, that increase the risk for developmental difficulties.

The minor rotation in NNFU is designed to assist in the development of the resident’s skills in pediatric health and psychological/developmental assessment. Opportunities for residents can include conducting intellectual, pre-academic, adaptive behaviour, and behavioural assessments with young children with neurodevelopmental and/or medical conditions affecting cognitive and behavioural development. There is also an opportunity for the resident to be involved in short-term parent consultation/intervention.

Step Up-Step Down (SUSD) program

The Step Up-Step Down (SUSD) programme provides voluntary live-in treatment (up to 30 days) for youth with complex mental health issues and is located a short drive from the hospital at 1199 Carling Avenue, Ottawa. The programme is run jointly under the auspices of both CHEO and Youth Services Bureau. Youth either *step up* from community-based services or *step down* from a hospital inpatient admission. The programme is highly structured with a daily routine, school and group programming. The rotation will provide exposure to an interdisciplinary team, including youth workers, nurses, a psychotherapist, an occupational therapist, teachers, and a psychiatrist. The psychologist on this team primarily provides clinical consultation, specialized assessments (e.g., diagnostic clarification, personality assessment), psychotherapy and family intervention.

In this rotation, the resident will function as a member of the SUSD interdisciplinary team. The resident will gain experience with a variety of specialized assessment and intervention experiences with youth and families under the supervision of the team psychologist.

Research opportunities within the residency program

Psychologists at CHEO are active in independent and collaborative research activities, many of which are supported by the major funding agencies.

Residents can become involved in research in several ways during the year. They are required to attend and participate in the series of research seminars organized by the Mental Health Patient Service Unit. These seminars provide the opportunity to learn about ongoing research projects as well as contribute their expertise to others who are developing research projects.

Residents are expected to present their own research projects or ideas (typically their thesis research) at this forum at least once during the year. Residents also complete a programme evaluation project, typically linked to one of their clinical rotations.

Residency specifications

Residency year: September 1 to August 31

Number of positions: Four full-time (three in Child Clinical Track, one in pediatric neuropsychology track)

Stipend:	\$44,421.00
Vacation:	Three weeks paid vacation
Statutory holidays:	Paid
Sick leave:	Up to five paid days per annum
Professional development leave:	Up to five days per annum

Qualifications Required

- For the child psychology track: enrolled in a CPA or APA accredited Ph.D. clinical psychology programme.
- For the child neuropsychology track: enrolled in a CPA or APA accredited Ph.D. clinical psychology programme or clinical neuropsychology programme.
- Canadian citizen or eligible to work in Canada. We require applicants to be either Canadian citizens, Canadian permanent residents, or have a residence permit allowing them to work in Canada (typically permission to complete residency because it is required to obtain a degree). Immigration requirements mean that we first offer positions to Canadian citizens, Canadian permanent residents, or those with a residence permit allowing them to work in Canada. Applicants must have the right to work in Canada at the time of application.
- At least one graduate half course (three credits/one term) in each of the following areas:
 - Child assessment
 - Child psychopathology
 - Child and adolescent development
 - Intervention with, or appropriate for, children and adolescents
- Applicants to the Child Neuropsychology Track are also required to have one graduate half course in each of neuropsychological assessment and clinical neuropsychology and to have had formal training in neuroanatomy. ***It should be noted that some clinical neuropsychology graduate programmes do not regularly provide their students with the opportunity to take coursework on child and adolescent therapy. For that reason, we will accept coursework in therapy in which child and adolescent therapy is covered. Neuropsychology students who have taken specific coursework in child or adolescent therapy will, however, be assigned an additional point in the final ranking.***
- A minimum of 600 practicum hours of which at least 300 were spent on direct client contact. In addition, the 600 practicum hours should be comprised of at least 300 on-site hours of assessment and at least 300 hours of on-site intervention.
- At least two practicum placements with children or adolescents. For applicants to the child neuropsychology track, at least one of these placements must have been in child neuropsychology.
- Successful candidates will be required to obtain a police record check (at their own expense) prior to the start of the residency year and to provide proof that they hold professional liability insurance.
- Completion of all academic course work, including comprehensive exams and defense of dissertation proposal at the time of application is required.
- **Please note we require proof of both routine immunizations and COVID-19 vaccination.**

Strongly preferred

- Dissertation submitted prior to the beginning of the residency

In selecting our residents, we consider academic background, depth and breadth of clinical experience, research experience and progress on the dissertation. We especially welcome applications from candidates who are sufficiently bilingual to provide services in French. Candidates are considered bilingual if they have indicated on their AAPI application that they are bilingual (French & English) and agree to be interviewed in French for a portion of the interview. These candidates are awarded an additional point in the final ranking.

Application process

Application documents

We use the application processes outlined by APPIC Application for Psychology Residency (AAPI). Applicants should not include any sample reports or other clinical material.

The internal record (e.g., evaluations, reference letters from supervisors) of applicants who have previously trained at CHEO may be reviewed by the Residency Committee as part of the selection process. We may also contact any reference sources provided in the AAPI or the Director of Training of applicants' doctoral program.

With reference to the required graduate courses described in the previous section, ***if a course contains the required content but this is not reflected in the course title, please draw attention to this in your cover letter, giving a brief description of the course and citing its number and name as it appears on the transcript.***

Application process

Application and acceptance procedures follow the Association of Psychology Residency Centers' (APPIC) guidelines. Our residency setting participates in the APPIC Residency Matching Programme and candidates must register for the Matching Programme to be eligible to match to our site. Information about the Matching Programme is available on the APPIC website at www.appic.org.

Important dates to remember:

- Application deadline through APPIC: November 1, 2024
- Interview notification date: December 1, 2024
- Virtual interview dates: January 9, 2025 & January 16, 2025

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documents Act – <http://laws-lois.justice.gc.ca/eng/acts/P-8.6/>) applicants should be aware that we are committed to collecting only the information that is required to process applications. This information is stored in the Psychology offices at the Children's Hospital of Eastern Ontario and is shared only with individuals involved in the evaluation of residency applications. The personal information of applicants who are not matched with our programme is destroyed once the match process has been completed, in accordance with CCPPP guidelines. For applicants matched to our programme, personal information is available only to those involved in their supervision and training, including their supervisors, the Director of Training in Psychology, the Professional Practice Leader in Psychology and relevant administrative and support staff.

Address of accrediting body

CPA Accreditation Panel
141 Laurier Ave. West, Suite 702
Ottawa, Ontario. K1P 5J3
Telephone: 613 237 2144

Selection process

The number of applications varies year to year. Following initial screening to ensure that each applicant has completed the required coursework, applications are reviewed in two stages. First, two members of the Training Committee review the APPIC application of each candidate and rate it according to pre-determined criteria. Second, based on these ratings, 23-25 candidates are invited to an interview with two psychologists. Interviews are similarly rated on pre-determined criteria. The final ranking is a combination of these two scores.

Interviews are conducted virtually. Our interviews are held on two days in January; dates set in accordance with the informal agreement amongst Canadian residency programme (see CCPPP). The candidate is also invited to meet current residents (*no information about this meeting is solicited or accepted by the Training Committee*), a virtual tour of the hospital, and virtual meeting with psychologist supervisors, the Professional Leader in Psychology and the Director of Training in Psychology.

In accordance with APPIC guidelines, we do not solicit or accept any information from candidates about their ranking choices. Following the interview, we do not contact candidates, although the Director of Training will respond to questions about the training programme which have not already been addressed.

Please email all enquiries to:

Dr. Carole Gentile, Ph.D., C. Psych.
Director of Training in Psychology
CHEO
401 Smyth Road
Ottawa, Ontario. L1H 8L1
cgentile@cheo.on.ca

Registered psychologists in the residency program

Jeanelle Ali

- Psychologist, Behavioural Neuroscience Consultation Liaison
- University of Memphis, Ph.D. 2018
- Clinical Focus: Assessment and treatment of children and adolescents with a range of medical conditions
- Research Interests: Neurocognitive functioning among children with CNS tumors and sickle cell disease

Peter Anderson

- Neuropsychologist, Mental Health Neuropsychology Team
- University of Windsor, Ph.D. 1997
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa; Adjunct Professor, University of Windsor.
- Clinical Focus: Neuropsychological assessment of children and adolescents with known or suspected central nervous system dysfunction.
- Scholarly or research interests: Behavioural and neuropsychological correlates of a variety of disorders of the central nervous system dysfunction in children and adolescents; (e.g., concussion, anti-NDMA receptor encephalitis); assessing the efficacy of neuropsychological assessments and recommendations completed in a clinical context (i.e., programme evaluation).

Lindsey Barrieau

- Psychologist, Children's Treatment Centre
- Concordia University, Ph.D. 2014
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa
- Clinical Focus: Assessment and intervention for youth with chronic disorders, psychological & cognitive assessment, clinical, health & developmental psychology
- Scholarly or research interests: Psychosocial and developmental factors associated with chronic illness and developmental disorders, childhood risk & resiliency, programme development & evaluation

Alicia Bartlett

- Clinical Neuropsychologist, Neuropsychology Mental Health Team
- University of Windsor, 2023
- Clinical Focus: The assessment and treatment of children and adolescents with a range of medical, cognitive, and emotional disorders
- Scholarly or research Interests: memory development (e.g., the role of engagement and self-relevance on learning and memory), construct validity of neuropsychological tests.

Christine Beaugard

- Clinical Neuropsychologist, Oncology
- University of Ottawa, Ph.D. 2002
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa.
- Clinical Focus: Neuropsychological assessment in paediatric oncology. School reintegration and psychosocial adjustment following central nervous system disease or insult among children and youth.
- Scholarly or research interests: Impact of cancer treatment on cognitive functioning and adjustment in paediatric oncology

Laurie Clark

- Psychologist, Centre for Healthy Active Living & Metabolic Disorders,
- University of Ottawa, Ph.D. 2010
- Clinical Focus: Assessment and treatment of children and youth with complex obesity; group-based interventions for complex obesity (youth and parent treatment groups); binge eating disorder; psychosocial assessment, cognitive assessment and treatment of children youth and adults with metabolic disorders.
- Scholarly or research interests: Psychosocial determinants of body image in children and youth; pubertal development; the treatment and prevention of obesity.

Janice Cohen

- Psychologist, Clinical Lead, Behavioural Neurosciences and Consultation Liaison Team
- University of Waterloo, Ph.D. 1990
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa.
- Clinical Focus: Pediatric health psychology, somatization disorders, pediatric chronic illness, child and adolescent psychopathology, medical trauma.
- Scholarly or research interests: Programme evaluation and outcomes management in the provision of integrated physical and mental health care, adjustment to chronic medical conditions, assessment and intervention for pediatric somatization, pediatric chronic pain training issues.

Alison Farrell-Reeves

- Psychologist, Eating Disorders Program
- McGill University, Ph.D., 2023
- Clinical focus: Assessment and treatment of eating disorders
- Scholarly or research interests: The role of friendships in youths' emotional and social well-being; psychosocial risk factors of mood and anxiety disorders

Carole Gentile

- Psychologist, Training Director
- University of Ottawa, Ph.D. 1995
- Clinical Focus: Anxiety and mood disorders among children and teens
- Scholarly or research interests: Anxiety & parenting

Anna Goss

- Psychologist, Children’s Treatment Centre
- McGill University, Ph.D. 2013
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa
- Clinical Focus: Assessment of children with autism spectrum disorders, with the purpose of monitoring response to intervention and assisting in treatment planning; clinical supervision; diagnostic assessment for autism spectrum disorder and developmental disorders; community psychoeducation.
- Scholarly or research interests: ASD, intellectual disability, outcomes research.

Stephanie Greenham

- Professional Practice Leader for the discipline of Psychology
- Psychologist and Lead for Outcomes Management & Research, Inpatient Mental Health
- University of Ottawa, Ph.D. 1999
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa: Adjunct Professor, Dept. of Psychology, Carleton University
- Clinical Focus: Child and Adolescent psychopathology, (depression, anxiety, OCD, PTSD, psychosis, ADHD, and disruptive behaviour disorders); Implementing an outcomes management approach to inpatient psychiatric services
- Scholarly or research interests: Mental health services research, outcomes of psychiatric hospitalization such as predictors of readmission; Clinical determinants of suicide risk. Sleep disturbance and adolescent mental health

Jane Heintz-Grove

- Psychologist, Children’s Treatment Centre
- University of Toronto, Ph.D. 2000
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa.
- Clinical Focus: Intellectual Disabilities, Autism Spectrum Disorders, Language Disorders.
- Scholarly or research interests: Early screening, identification and intervention with children who present with developmental differences.

Andrea Jane Hickey

- Clinical Neuropsychologist, Oncology
- University of Ottawa, Ph.D. 2018
- Clinical Focus: Clinical and Neuropsychology
- Scholarly or research interests: Child welfare, academic skill development, programme evaluation

Anne-Lise Holaham

- Neuropsychologist, Mental Health Neuropsychology Team
- McGill University, Ph.D. 2004
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa
- Clinical Focus: Neuropsychological assessment of children and adolescents with known/suspected central nervous system dysfunction; Developmental assessments of infants and children born prematurely; Paediatric health psychology, using a cognitive behavioural approach; mental health promotion.
- Scholarly or research interests: Behavioural, emotional and neuropsychological correlates of various paediatric disorders; Evidence-based treatments for paediatric mental health issues. Psychosocial needs of families of children born prematurely

Marieve Hurtubise

- Psychologist, School Day Treatment Program
- University of Ottawa, Ph.D., 2013
- Clinical Focus: Evidence-based assessments (psycho-educational and diagnostic) and intervention (individual, group) using CBT, EFT, DBT, MI and ACT. Clinical focus includes trauma focused interventions and CBIT (comprehensive behavioural intervention for Tics).
- Scholarly or research interests: Programme development and evaluation.

Emily Marie Johnson

- Psychologist, Hematology and Oncology Program
- University of Windsor, Ph.D., 2019
- Clinical Focus: Psychodiagnostic assessment of mental health difficulties in pediatric patients with oncology and blood disorders; intervention with patients to address psychological adjustment, traumatic stress, mood or anxiety disorders (etc.) in the context of medical illness; interdisciplinary collaboration and consultation
- Scholarly Interests: Help-seeking behaviour; anxiety disorders; pediatric medical traumatic stress; ethics

Allison Kennedy

- Psychologist, Clinical Lead - CHEO Mental Health Crisis/Emergency Services and MHTU/Safer Transitions
- University of Waterloo, Ph.D., 1995
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa.
- Clinical Focus: Adolescent psychopathology, crisis intervention, service coordination and liaison.
- Scholarly or research interests: Pediatric emergency mental health services; Adolescent suicidal behaviour.

Simone Kortstee

- Clinical Neuropsychologist, Project ECHO
- University of Windsor, PhD. 1998
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa
- Clinical Focus: Neuropsychological assessments of children and adolescents with learning, behavioural, and socioemotional problems that may be related to central nervous system dysfunction.
- Scholarly or research interests: Programme evaluation, assessing and examining the cognitive, academic, social, emotional, and behavioural effects of various genetic disorders, neurobiology of attachment.

Darquise Laflamme

- Psychologist, Children's Treatment Centre
- Université du Québec à Montréal, Ph.D., 2001
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa
- Clinical Focus: Autism Spectrum Disorders, Developmental Disabilities, Language Disorders, Learning Disabilities, and ADHD
- Scholarly or research interests: Early identification of children with autism and developmental delays; Programme evaluation

Ioana Lazarovici

- Psychologist, Children's Treatment Centre
- Université de Sherbrooke, Dipl.Psych. 2012
- Clinical Focus: Autism spectrum disorder, developmental disabilities, attachment disorder, and differential diagnosis
- Scholarly or research interests: programme evaluation, effectiveness of intensive behavioural intervention (IBI), parent-mediated early intervention for children with ASD

Marie-Josée Lefaiivre

- Psychologist, Chronic Pain Team
- Dalhousie University, Ph.D., 2009
- Clinical Focus: paediatric health psychology (e.g., non-compliance with medical interventions, treatment adherence issues, procedural anxiety, adjustment to medical diagnosis or treatment, coping with hospitalization, pain management, feeding issues) and anxiety.
- Scholarly or research interests: needle fears, CBT and behavioural interventions, health behaviours, ethics.

Maude Lambert

- Child Clinical Psychologist and Neuropsychologist, Development & Rehabilitation department
- University of Ottawa, Ph.D., 2022
- Clinical Focus: Neuropsychological assessments within the brain injury population as well as within the Fetal Alcohol Spectrum Disorder (FASD) Clinic
- Scholarly or research interests: Traumatic brain injury, concussion, neuropsychological disorders

Lewis Leikin

- Psychologist, Mental Health program, Supervisor, Individual psychotherapy program
- University of Ottawa, Ph.D., 1986
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa
- Clinical Focus: Psychotherapy with children and adolescents, health psychology, anxiety and mood disorders, developmental psychopathology.
- Scholarly or research interests: Psychotherapy effectiveness. Treatment outcome research.

Danijela Maras

- Psychologist, Behavioural Neurosciences & Consultation Team; Supervisor for Programme Evaluation Experience
- University of Ottawa, Ph.D. 2023
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa.
- Clinical focus: Pediatric health psychology (e.g. non-compliance/treatment adherence, procedure anxiety, adjustment to medical diagnosis or treatment, coping with hospitalization, pain management), functional neurological disorders/somatization, feeding and eating disorders (e.g., rumination syndrome, ARFID). Psychodiagnostic assessments. Individual, family, and group psychotherapy.
- Scholarly & Research interests: The intersection between mental and physical health, attachment theory, group process, programme evaluation.

Kojo Mintah

- Psychologist, Mental health neuropsychology

- York University Clinical-Developmental Psychology, Neuropsychology Stream, Ph.D., 2021
- Clinical focus: Assessments for Epilepsy Monitoring Unit
- Scholarly or research interests: Executive and social functional sequelae of neurodevelopmental and neurological conditions

Clairneige Motzoi

- Psychologist, Outpatient Mental Health Service
- Concordia University, Ph.D., 2011
- Clinical Focus: Assessment and treatment of children and adolescents with ADHD, disruptive behaviour disorders, mood and anxiety disorders; diagnostic assessment; individual, group, and family therapy; attachment-based therapy.
- Scholarly or research interests: Research in attachment and parenting, conflict resolution, evaluation of treatments for ADHD, Conversion Disorder, and Reactive Attachment Disorder.

Corien Peeters

- Psychologist, Chronic Pain Service
- University of Ottawa, Ph.D., 2008
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa
- Clinical Focus: Assessment and treatment of children and adolescents with eating disorders; group, family-based, and individual psychotherapy; assessment and treatment of eating disorders and co-morbid mental and physical health conditions
- Scholarly or research interests: risk factors/vulnerability to relapse in eating disorders, examining the role of mindfulness-based strategies in the treatment of relapse, programme development and evaluation, and gender differences in eating disorders

Elizabeth Quon

- Psychologist, Eating Disorders Program
- Concordia University, Ph.D., 2014
- Clinical Focus: Eating disorders
- Scholarly or research interests: Treatment of atypical anorexia nervosa; sleep issues in youth

Lucie Roberge

- Psychologist, Children's Treatment Centre
- Université du Québec à Montréal, Ph.D., 1999
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa
- Clinical Focus: Psychological assessment and intervention for children and adolescents with developmental and physical disabilities, learning difficulties and problematic behavior.
- Scholarly or research interests: Applied behaviour analysis of behavioural challenges in children and adults with developmental disorders.

Susan Rosenkranz

- Psychologist, Step-Up Step-Down (temporary assignment)
- York University, Ph.D. 2013
- Academic Appointment: Assistant Professor, Department of Psychiatry, University of Toronto; External Collaborator Scientist, Centre for Addiction and Mental Health
- Clinical Focus: Assessment and treatment of eating disorders and comorbid conditions
- Scholarly or research interests: Clinical complexity and treatment matching for youth

Héloïse Sirois-Leclerc

- Psychologist, Hematology/Oncology Programme
- University of Ottawa, Ph.D. 2017
- Clinical Focus: Psychodiagnostic assessment of mental health difficulties in pediatric patients with oncology and blood disorders, intervention with patients and families to address psychological adjustment, traumatic stress, mood or anxiety disorders (etc.) in context of medical illness, interdisciplinary collaboration and consultation

Melissa Vloet

- Psychologist, Outpatient Services; Supervisor, Family Therapy Experience
- University of Ottawa, Ph.D., 2014
- Academic Appointment: Clinical Professor, School of Psychology, University of Ottawa
- Clinical Focus: Paediatric health psychology (e.g. non-compliance and treatment adherence issues, procedure anxiety, adjustment to medical diagnosis or treatment, coping with hospitalization, pain management), chronic pain, and eating disorders. Psychodiagnostic assessments, group psychotherapy and psychoeducation, family therapy (EFFT, CBT) and individual therapy (CBT, ACT, DBT).
- Scholarly or research interests: Health Policy Research; Psychosocial Genetics; Programme Evaluation; Mental Health Transitions from Pediatric to Adult Systems of Care; Youth Homelessness.

Gina Webster

- Psychologist, Children's Treatment Centre
- University of Guelph, Ph.D., 2005
- Clinical Focus: Autism Spectrum Disorder, Developmental Disabilities, Tourette's Disorder, Anxiety Disorders.
- Scholarly or research interests: Early identification and intervention strategies related to autism spectrum disorder; programme evaluation, stress and coping related to parenting children with developmental differences; childhood anxiety.