



**2010–2011  
PREDOCTORAL INTERNSHIP  
PROGRAM  
IN CLINICAL PSYCHOLOGY**

Accredited by  
Children's Mental Health Ontario



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## ***Predoctoral Internship Program in Clinical Psychology***

### **Introduction**

#### **Who Are We?**

Reach Out Centre for Kids (ROCK) is a community-based mental health centre serving infants, children, adolescents and their families. Our mission is to help families in Halton Region live healthier lives through early assessment and diagnosis, effective and innovative treatment and therapy, and prevention and early intervention for those having, or at risk of developing, mental health problems or mental illness. As such, we provide a multidisciplinary approach to the assessment and treatment of individuals ages 0 through 18 and their families who are experiencing difficulty. Through this approach, we are committed to providing services that are inclusive, client and family-centred, professional, high quality, and accessible.

ROCK is accredited by Children's Mental Health Ontario. Our catchment area includes all of Halton Region; thus, ROCK provides services targeting a broad spectrum of presenting difficulties spanning the full range of child development. Indeed, ROCK is the largest children's mental health service provider in Halton Region, serving over 3,500 clients and families yearly and offering over 30 different programs and services. In general, clients and their families who come or are referred to ROCK are experiencing developmental, emotional, behavioural and/or social difficulties. These difficulties put them at risk for, or result in, serious mental health problems.

#### **Where Are We?**

ROCK consists of three office sites, located in Burlington, Oakville, and Milton, in addition to Aberdeen House, a residential treatment facility for youth aged 12 to 15 located in Oakville, and My Place, a transitional housing facility for youth aged 16 to 21, located in Burlington. Clinical services for children ages 6 through 18 and their families are offered at each of the three office sites and are accessed through each site's respective Walk-In Therapy Clinic. Services for children ages 0 to 6 and their families, which may consist of a combination of outreach, meeting at different office sites, or involvement in childcare settings, are offered regionally. Regional Zero-to-Six services may be accessed through the Walk-In Therapy Clinic or through central intake. The Zero-to-Six team is based at the Burlington office.

#### ***Halton Region***

Located in the Greater Toronto Area, between Peel and Hamilton-Wentworth Regions, Halton Region is one of Canada's most dynamic areas, covering over 232,000 acres of land, including a 25-km frontage on Lake Ontario. The local communities of Burlington, Halton Hills, Milton, and Oakville comprise Halton Region.

A well-developed transportation network serves the residents and businesses of Halton, linking them to a major North American trade corridor by road, rail, air and marine. Halton's economic diversity represents a cross section of key business and industry sectors. The top three industry sectors, manufacturing, trade and service industries account for 74% of Halton's labour force. Halton Region is home to an active and vibrant farming industry that includes a wide range of farming types, including livestock operations, cash crops, fruit and vegetable growers, horse farms, nurseries and others.

Halton residents have inherited a rich and diverse natural legacy that includes a wide range of plants and wildlife, unusual features and areas of spectacular beauty. The Niagara Escarpment is striking as it forms a diagonal line across the entire Region. The Lake Ontario waterfront provides opportunities for recreation and boating in an urban setting.

For further information about Halton Region and the cities of Burlington, Halton Hills, Milton and Oakville, please visit the following websites:

General Information:	<a href="http://www.halton.ca">www.halton.ca</a>
Attractions:	<a href="http://www.haltonlinks.com/fun_halton.html">www.haltonlinks.com/fun_halton.html</a>
Transportation:	<a href="http://www.oakvilletransit.ca">www.oakvilletransit.ca</a> <a href="http://www.town.milton.on.ca/Living-Getting+Around-71.htm">www.town.milton.on.ca/Living-Getting+Around-71.htm</a> <a href="http://cms.burlington.ca/Page146.aspx">http://cms.burlington.ca/Page146.aspx</a> <a href="http://www.gotransit.com">www.gotransit.com</a>

## **PSYCHOLOGY AT ROCK**

In line with the agency's philosophy and mission, the psychology staff at ROCK is committed to client- and family-centred care. As scientist-practitioners on multidisciplinary teams, our psychology staff provide assessment, treatment, and consultation services to clients from infancy to 18 years. The ROCK psychology staff is composed of 5 psychologists, 2 psychological associates, and 3 psychometrists, currently working across the three office sites and our youth residential treatment facility (see page 15 for a description of staff members). This group is expanded further by the presence of interns and psychology practicum students who work with staff at various points during the year. The Clinical Psychology Internship program is currently moving towards CPA accreditation as well as registration with APPIC. Although we are not yet members of APPIC, our agency DOES participate in the APPIC MATCH.

## **PROGRAM PHILOSOPHY**

The Clinical Psychology Internship Program provides clinical training in psychology that promotes scholarly and scientific client-centred practice. Our program's aim is to prepare interns for post-doctoral supervised practice in psychology and for their diverse roles as professional psychologists by promoting critical thinking and the ability to apply research and scholarly literature to ethical practice. Although clinical training is emphasized, the scientist-practitioner model provides a philosophical framework for our clinical practice such that good practice has both an empirical basis and clinical relevance. The ROCK Clinical Psychology Internship Program promotes professionalism, interpersonal, and communication skills through its emphasis on cooperation and collaboration with multiple disciplines working in the field of child and family mental health.

## INTERNSHIP GOALS AND OBJECTIVES

The primary goal of the doctoral internship program at ROCK is to prepare Interns to enter a career as professional psychologists working with children 0 to 18 years of age and their families. Interns will develop skills and knowledge in the areas of diagnosis, assessment, consultation, treatment, and professional and ethical issues. Interns are expected to think critically about the services that they offer to clients and families and to make clinical decisions based on data collected in the therapeutic/assessment context and informed by empirical research.

Internship goals are aligned with the 11 competency domains established by the Association of Directors of Psychology Training Clinics Practicum Competencies Workgroup via discussion with the Council of Chairs of Training Councils Practicum Competencies Workgroup (2006). Two additional goals are setting-specific.

### ***Goal 1: Assessment***

To ensure that Interns are competent in conducting psychological assessment of children and adolescents, including diagnostic interviewing and psychodiagnostic evaluation.

#### **Objectives**

1. The Intern will demonstrate competence in conducting diagnostic interviews with children and families.
2. The Intern will be able to select, administer, score, and interpret a range of psychological assessment measures for children and adolescents, including psychometric instruments for the purpose of assessing cognitive ability, memory, visual motor skills, academic or pre-academic functioning, and behavioural and socioemotional functioning.
3. The Intern will have the capacity to communicate clearly, verbally and in written form, a formulation of the problems and practical and functional recommendations about intervention to the child, family, and professional colleagues.

### ***Goal 2: Intervention***

To ensure that Interns are competent in planning and providing a range of psychological treatments through individual, group, and family-based interventions.

#### **Objectives**

1. The Intern will understand the basis of treatment formulation, including empirically supported intervention, development of treatment goals, and psychotherapeutic strategies.
2. The Intern will demonstrate competency in a range of therapeutic techniques with children, adolescents, and their families.
3. The Intern will demonstrate an understanding of the process issues related to intervention.

***Goal 3: Consultation & Interprofessional Collaboration***

To ensure that Interns develop the personal skills and attitudes necessary for practice as a psychologist within a multidisciplinary context, including oral and written communication skills, consultation skills, and the ability to work with other professionals.

**Objectives**

1. The Intern will interact competently within a multidisciplinary team as indicated by appreciation of the significant contributions of team members from various disciplines (e.g., social workers, child and youth workers), and the ability to work collaboratively with other team members, keeping the needs of the client and family foremost.
2. The Intern will gain experience in providing and receiving consultation to/from other professionals within the agency and the community regarding the care and treatment of children, adolescents, and their families.

***Goal 4: Interpersonal Relationships and Professional Conduct***

To ensure that Interns conduct their practice with professional maturity, and to engage in constructive relationships with clients, families, and other professionals.

**Objectives**

1. The Intern will demonstrate the ability to organize his or her activities effectively and can dependably carry out assignments.
2. The Intern will establish appropriate professional and collegial relationships as indicated by seeking consultation appropriately, providing consultation effectively to peers and staff, and respecting privacy and confidentiality.
3. The Intern will manage personal stress and his/her own emotional responses in a way that does not result in inferior professional services to the client or interfere with job responsibilities.

***Goal 5: Cultural Diversity and Individual Differences***

To ensure that Interns increase their appreciation and understanding of multicultural issues and individual differences when working with children, adolescents and their families.

**Objectives**

1. The Intern will demonstrate an awareness of and responds appropriately to multicultural, ethnic, and other individual differences in the provision of service (e.g., choice of tests, use of translators, sensitivity to family belief systems).
2. The Intern will participate in seminars focused on learning about effective practices when working with individuals from diverse backgrounds and situations.

### ***Goal 6: Professional Ethics and Standards***

To ensure that Interns develop the awareness, knowledge, and application of ethical and professional principles of psychology in clinical activities so that the Intern will aspire to the highest ethical and professional standards in future professional roles.

#### **Objectives**

1. The Intern will demonstrate a comprehensive knowledge and a keen sensitivity to professional ethics in terms of ethical standard, codes of conduct, different legislation relating to psychology, and obligations under the law.
2. The Intern will demonstrate knowledge of one's own limits of competence, one's strengths and limitations as a psychologist given their level of professional training and experience, through goal setting, evaluation, and supervision process.
3. The Intern will have the opportunity to extend their understanding of ethical issues as it applies to clinical decision-making.

### ***Goal 7: Scholarly/Scientific Inquiry and Application***

To ensure that Interns understand the interplay of science and practice.

#### **Objectives**

1. The Intern will be able to access and synthesize the research literature relevant to clinical problems, to determine "best practices", and to use this information to guide assessment, treatment, and program development.
2. The Intern will be exposed to the process of planning, implementing, and reporting on program evaluation.

### ***Goal 8: Professional Development and Commitment to Learning***

To ensure that Interns foster a commitment to self-directed learning as a lifelong process.

#### **Objectives**

1. The Intern will demonstrate a desire to learn through self-reflection and involvement in agency committees.
2. The Intern will participate in active learning by conducting and attending presentations or seminars, keeping abreast of current literature, and/or presenting a synthesis of research findings at Psychology team meetings.

### ***Goal 9: Development of Leadership Skills***

To encourage Interns to gain a beginning understanding and practice in leadership within the training setting.

#### **Objectives**

1. The Intern will participate in agency discussions of organizational goals and policies regarding clinical and training activities.
2. The Intern will serve as a mentor to other, more junior, psychology students within the agency.

***Goal 10: Development of Supervisory Skills***

To introduce Interns to the critical role of supervisor within the practice of professional psychology.

**Objectives**

1. The Intern will gain knowledge of literature on supervision (e.g., models, theories, & research) through directed readings.
2. The Intern will gain experience providing supervision, under supervision, with junior psychology practicum students within the agency.

***Goal 11: Development of Metaknowledge/Metacompetencies***

To ensure that Interns develop skills regarding reflective understanding and knowledge of their own knowledge and competencies. Meta-skill development depends on self-awareness, self-reflection, and self-assessment.

**Objectives**

1. The Intern will gain awareness of the range and limits of what he or she knows with respect to the practice and profession of psychology, including an awareness of personal areas of intellectual/clinical strength and weakness.
2. The Intern will gain the ability to judge the availability, use, and learnability of personal areas of competence.

***Goal 12: Use of Supervision***

To ensure that Interns develop skills regarding the effective use of supervision.

**Objectives**

1. The Intern uses supervision in an open and constructive manner, knowing when to seek additional supervision. This is meant to teach an approach to professional practice that will be ongoing throughout the intern's professional career.
2. The Intern demonstrates the ability to discuss in supervision those behaviours, personal characteristics, and concerns that might aid or interfere with one's effectiveness as a psychologist.

***Goal 13: Breadth of Training Experience***

To ensure that Interns gain experience with children and families over a wide age range and a wide range of presenting problems, with a balance of both assessment and intervention.

**Objectives**

1. Interns will choose major and minor rotations that will provide them with experience in both assessment and treatment.
2. The Intern conducts assessments and provides treatment to children 0 to 18 years of age.
3. The Intern gains experience in providing treatment to children presenting with a wide range of problems including (but not limited to) behavioural issues, internalizing disorders, autism spectrum disorders, and

complex disorders of learning and development, and their families.

## **INTERNSHIP STRUCTURE**

The internship year has been divided into two five-month clinical rotations plus an orientation period, a transition period between rotations, and a final wrap-up period.

<b>Orientation</b>	<b>Session I</b>	<b>Inter-session</b>	<b>Session II</b>	<b>Wrap-up</b>
2 weeks	mid-Sept to Feb	2 weeks	March to mid-Aug	2 weeks

The structure of the internship fosters both depth and breadth of training. The Internship structure allows for long-term therapy involvement with supervisory continuity, assessment experiences with the full age-range spectrum (0-18 years), and involvement in a wide variety of clinical programs.

### ***Orientation***

The purpose of the 2-week Orientation period is to familiarize interns with ROCK and the services that are provided by the agency. The Orientation period is intended to help Interns understand their training in the context of a multidisciplinary setting and to begin developing their training plan for the internship year. Orientation modules provide Interns with observational, didactic, and interactive experiences in services where psychological assessment, treatment, and consultation take place. During the Orientation period, each Intern is provided with the Clinical Psychology Intern Handbook, which includes descriptive information about ROCK, copies of relevant agency policies and procedures, and description of programs.

### ***Rotation Selection***

In consultation with the Internship Director and Primary Supervisor, Interns are expected to select two major and two minor rotations. In order to ensure that the Internship experience balances breadth and depth of training, some basic guidelines for rotational selection have been established. Rotations are described in detail in a later section. Please note that rotations are subject to change pending staff availability.

Interns will select a Major Rotation and a Minor Rotation within each five-month session. A Major Rotation will represent a commitment of approximately three days per week; a Minor Rotation will involve one day per week. A total of 4 1/2 hours per week has been set aside for didactic seminars, group supervision, and multidisciplinary team meetings, and 2 1/2 hours per week has been set aside for Interns to participate in personal research or program evaluation.

Programs at ROCK are divided by age group of clients. Zero to Six programs are for children ages 0 to 6 years and Child and Family programs are for children ages 6 to 18 years. Major Rotations can be chosen from the following: Child and Family Assessment, Child and Family Treatment, and Zero-to-Six Assessment. The function of minor rotations is to round out the Intern's experience or provide training in the Intern's specific interests. Examples of

Minor Rotations include Treatment with children 0 to 6 years, Walk-In Therapy Clinic, General Consultation, and the Trauma Program. Interns are expected to complete at least one rotation with the Zero-to-Six population.

***Inter-Session***

A two-week Inter-Session period follows the end of the Rotation Period. The purpose of this session is to provide Interns with the opportunity to complete work from the first rotation, complete evaluations, meet new supervisors, and become oriented to the second Rotation Period.

***Wrap-Up***

The final two weeks of the Internship are dedicated to completion activities such as case closures and transfers, final documentation, evaluations etc. Certificates of Successful Completion of the Clinical Psychology Internship will also be granted at this time.

## **OVERVIEW OF CLINICAL ROTATIONS**

As a community mental health agency, clinicians at ROCK see a broad range of presenting issues, including internalizing, externalizing, and comorbid conditions. The access point for services for children between the ages of 6 and 18 is our Walk-In Therapy Clinic, which will refer those individuals and/or families who require further intervention or assessment to the appropriate internal or external services. Families with children aged 0–6 may also enter service via the Walk-In Therapy Clinic, or through a central intake worker who then books a service assessment meeting with a member of the multidisciplinary team in order to determine pathways for service. Given this model of service access and delivery, Interns will have the opportunity to gain experience with both assessment and treatment, across a broad range of presenting issues and modalities (i.e., family, group, individual), and utilizing various theoretical orientations. All services at ROCK are client-centred and generally seek to involve parents/caregivers, where possible.

### ***MAJOR ROTATIONS***

#### **Child and Family Assessment**

Child and Family assessments occur with children ages 6 through 18 who have been referred due to social-emotional concerns that may be complicated by or are complicating, cognitive, academic, processing, or behavioural difficulties. Assessments involve parent, child, and collateral interviews, diagnostic interviews, and administration, scoring, and interpretation of a variety of psychological measures (standardized tests as well as projective measures). Comprehensive psychological reports, including treatment recommendations, are provided and shared with parents, children, and other collaterals as appropriate.

#### **Child and Family Treatment**

Within the Child and Family Treatment Rotation, opportunities exist for therapeutic intervention across multiple modalities, including individual, family, and group, and across various models (e.g., cognitive-behavioural, narrative, brief, solution-focused, and strength-focused therapies). Services are offered within the context of a multidisciplinary team of psychologists, psychological associates, social workers, crisis counsellors, and child and youth workers. Thus, interns will gain exposure to the roles and methods of multiple disciplines and develop constructive working relationships across disciplines.

#### **Zero-to-Six Assessment**

Zero-to-Six assessments occur with children ages 0 through 6, although more typically with preschool-aged children. Families are referred due to concerns about children's development (e.g., receptive/expressive language delays, cognitive delays, pervasive developmental disorders), behaviour, and social-emotional functioning. Assessments involve parent and collateral interviews, classroom/daycare observations, administration, scoring, and interpretation of a variety of psychological measures (including standardized tests as well as projective measures), play observations, and possible use of specialized diagnostic tools (e.g., Autism Diagnostic Observation Schedule). Comprehensive

psychological reports, including treatment recommendations, are provided and shared with parents and other collaterals as appropriate.

### ***MINOR ROTATIONS***

#### **Zero-to-Six Treatment**

Within the Zero-to-Six Treatment Rotation a number of different possibilities exist for therapeutic intervention across multiple modalities, including parent-child dyads, family, and group, and across various models (e.g., cognitive-behavioural, attachment-based psychotherapy, modified interactional guidance). For example, Parent-Child/Parent-Infant therapy aims to develop and enhance the parent-child relationship through videotaped, play-based interaction and feedback. Families accessing this service generally present with attachment disruptions (e.g., post-partum depression; periods of caregiver absence; parental mental/physical illness; adoption, etc.) reflected in problems with sleeping, eating, separation, jealousy or anger beyond the child's developmental stage. Family Therapy aims to strengthen interactions and communication within the family as well as promoting an understanding of children's behaviour as communication. Groups currently exist for children ages 5-6 suffering from anxiety (along with their parents), children struggling with social skills, as well as a number of parenting groups for families coping with children exhibiting difficult behaviour (e.g., Coping With Toddler Behaviour; Parenting Your 3-6 Year Old).

As with Child and Family Treatment, Zero-to-Six Treatment services are offered within the context of a multidisciplinary team of psychologists, psychometrists, occupational therapists, social workers, and behavioural consultants. Thus, Interns will gain exposure to the roles and methods of multiple disciplines, and develop constructive working relationships across disciplines.

#### **Walk-In Therapy Clinic**

Unique to ROCK is the access point for all service on the Child and Family Team: the Walk-In Therapy Clinic. No appointments are necessary. Clients are seen on a first-come, first-served basis and meet with a clinician for a one-hour period. Held weekly at each of the three sites, the Walk-In Therapy Clinic services the full spectrum of internalizing, externalizing, parenting, and school difficulties for children ages 0 to 18. Walk-in therapy sessions focus on very brief intervention (one session) for the purpose of providing assistance immediately and/or obtaining enough information to effectively match a family/individual to the appropriate intervention (i.e., trauma treatment; individual therapy; family therapy; group therapy). Models for walk-in therapy include narrative, brief, solution-focused, and strength-focused therapies.

#### **General Consultation**

General consultation services consist of 2-3 sessions of brief intervention following a Walk-in session for families who could benefit from time-limited services in order to deal with their presenting problem or who require further assessment in order to determine what services might be appropriate. Intervention models for general consultations include narrative, brief, solution-focused, strength-focused, and cognitive-behavioural therapies.

### **Intergenerational Trauma Treatment Program (ITTP)**

The Intergenerational Trauma Treatment Program is a three-phase intervention program focusing on children ages 3 to 18 years who have experienced trauma. A broad definition of trauma includes any event or experience that may have had an emotional impact on a child (e.g., birth of a sibling; parental divorce; domestic violence etc.). Phase A consists of 6 parent information sessions run in a didactic group format. These sessions aim to help parents/caregivers understand and cope with the impact of trauma on their child, their family, and themselves. Phase B consists of individual work with caregivers to assist them in devising a trauma treatment plan and ensures that parents are able to be emotionally containing for their children prior to direct work with the child, in the presence of the parent/caregiver, which occurs in Phase C. Interns wishing to be involved in the ITTP would have the opportunity to attend Phase A, shadow cases and/or do co-therapy through Phases B and C.

## **EDUCATIONAL OPPORTUNITIES/ DIDACTIC SEMINARS**

### **Multidisciplinary Team Meetings**

Interns will attend weekly Multidisciplinary Team meetings for the purpose of case discussions/reviews. Interns present their own cases as well as provide input to team members from a psychological perspective. Attendance at additional team meetings (e.g., Trauma Team) may also be required depending on rotation choices.

### **Psychology Team Meetings**

Interns attend monthly Psychology Team meetings that include presentations by psychology staff, students, and interns. Interns are expected to present to the Psychology Team at least once during their internship year.

### **Clinical Rounds**

Interns attend Clinical Rounds on a bi-weekly basis. This 90-minute seminar focuses on professional, clinical and ethical issues related to diagnosis, assessment and treatment of children, adolescents and families as well as on relevant applied research. Discussions/presentations will rotate being led by psychology staff, Interns/students, other internal staff (e.g., social workers, crisis workers, occupational therapists etc.), and external speakers (e.g., community professionals, university researchers).

Once a month, Interns will be encouraged to attend Grand Rounds or Psychology Rounds at a hospital of their choice.

### **Committees**

Interns are encouraged to choose 1 committee to join throughout their internship year (e.g., Program Evaluation, Quality Assurance, Ethics Committee, Diversity Committee, Accreditation Committee etc). Committees meet once per month.

## **SUPERVISION**

Interns can expect a minimum of four hours of individual supervision per week by a doctoral-level, registered psychologist. Although styles of supervision may vary Interns can expect to learn from modeling, observation, directed readings, feedback, ethical training, and professional guidance. Supervision is individually tailored to meet the developmental learning needs and training goals of each Intern. Interns receive supervision in both individual and group formats, in addition to attending multidisciplinary team meetings and case conferences.

All Interns are assigned a psychologist to act as their Primary Supervisor for the duration of the internship. The Primary Supervisor may help to coordinate meetings, document progress, liaise with the Intern's university, and assist with the setting and achieving of the Intern's goals. For each rotation, Interns are assigned Rotation Supervisors who supervise activities within the particular rotation. Rotation Supervisors may or may not be psychologists.

At the beginning of the internship year Interns submit a written individualized training plan for the whole year, as well as more specific goals for each rotation. Rotation goals are negotiated with the Rotation Supervisors.

Interns meet monthly with the Internship Director to discuss their experiences in the rotations. The meetings also help the Internship Director ensure that the training goals are being addressed. Group supervision will also occur during these monthly Training Plan review meetings with the Internship Director. Ethics, legislation, and issues of professional practice in psychology will be formally discussed in the context of these meetings.

At the end of the first session, there is a transition meeting that includes the Intern, the Primary Supervisor, the current Rotation Supervisors, and incoming Rotation Supervisors.

## **EVALUATION**

Written evaluations are conducted at the midpoint and end of each session. Interns are also given the opportunity to complete written evaluations of their Primary and Rotation Supervisors at these same intervals.

### **Evaluation Meetings:**

1. At mid-session, Primary Supervisors complete a written evaluation of the Intern's progress to date based on feedback from Rotation Supervisors. This mid-session evaluation is reviewed in a face-to-face meeting with the Intern, Primary Supervisor, and Internship Director. Also, in preparation for the meeting, Interns complete an evaluation of their internship experience (e.g., rotations and supervision) thus far.
2. An end-of-session meeting is conducted in which the Intern, Primary Supervisor, and Internship Director discuss their final evaluations for the session. The Intern's and Primary Supervisor's evaluations are submitted

directly to the Internship Director. Intern evaluations are not shared with Supervisors until the end of the internship year unless requested otherwise by the Intern.

3. A meeting between the Intern, Primary Supervisor, and Internship Director, is conducted to discuss the year-end evaluation. This evaluation is based on the 4 evaluations completed by the Primary Supervisor and feedback from the Rotation Supervisors. The meeting is also an opportunity for each Intern to review individually the year and to elicit suggestions and recommendations for improvements to the program.
4. The Interns, Supervisors (Primary and Rotation), and Internship Director attend a Program Review meeting held at the end of the internship year. The purpose of the meeting is to review areas such as the accuracy and appropriateness of the brochure, application and selection procedures, orientation to the agency, rotational assignment, supervisory assignments and process, seminar program, evaluation, and personal/professional needs and logistical supports. This meeting provides an opportunity for internship staff and Interns to reflect on what worked well and not so well during the year, and provides the Internship Director the opportunity to initiate actions or changes as indicated.

## **PSYCHOLOGY STAFF**

### **Dr. Joy Andres-Lemay (Psychologist), Internship Director**

Ph.D., 2000, York University, Clinical Developmental Psychology  
Clinical Manager of Oakville Child and Family Team, Internship Director. Clinical activities include: psychological assessment and consultation, Walk-in Clinic, individual therapy, group therapy, and family therapy, and clinical supervision of staff. Involved in CBT training, Autism Team, Program Evaluation Committee, Diversity Committee, Accreditation Committee, and Internship Committee.

### **Mr. Brandon Campbell (Psychometrist)**

BA, B.Ed (Rem Ed.), University of the Witwatersrand  
Burlington Child and Family Team. Clinical activities include: psychological assessment and consultation and running the Children's Anxiety Group.

### **Ms. Erin Cooper (Psychometrist)**

B.Sc., 2003, University of Guelph  
Member of the Regional Zero-to-Six Team. Clinical activities include: psychological assessment and consultation, and group therapy. Involved in Autism Team and Program Evaluation Committee.

### **Dr. Terry Diamond (Psychologist) - *maternity leave - returning June 2010***

Ph.D., 2005, York University, Clinical Developmental Psychology  
Member of the Regional Zero-to-Six Team. Clinical activities include: psychological assessment and consultation, trauma treatment, family therapy, and group therapy. Involved in Autism Team, Trauma Team, Quality Assurance Committee, Program Facilitation Evaluation and Internship Committee.

**Ms. Michelle Dick (Psychological Associate)**

Dip.C.S., 1994, Institute of Child Study, University of Toronto, Child Assessment and Counselling

Member of the North Halton Child and Family Team. Clinical activities include: psychological assessment and consultation, trauma treatment, family and individual therapy. Involved in Trauma Team, Autism Team, Walk-In Clinic, Training and Development Committee, Program Evaluation Committee, and Accreditation Committee.

**Dr. Adrienne Eastwood (Psychologist)**

Ph.D., 2002, University of Waterloo, Clinical Psychology Program

Member of North Halton Child and Family Team. Clinical activities include: psychological assessment and consultation, family and individual therapy, and Autism Team.

**Ms. Meredith Gillespie (Psychometrist)**

M.A., 2005, McGill University, Educational Psychology

Ph.D. (in progress), 2009, McGill University, School/Applied Child Psychology

Member of the Regional Zero-to-Six Team. Clinical activities include: psychological assessment and consultation, trauma treatment, family therapy, and group therapy. Involved in Autism Team, Trauma Team, and Internship Committee.

**Ms. Betty McDermid-Witt (Psychometrist)**

M.A., 1995, University of Guelph, Applied Developmental Psychology

Member of the Regional Zero-to-Six Team. Clinical activities include: parent-child interaction therapy and attachment-based parenting education groups.

**Ms. Susan Minardi-Mantle (Psychological Associate)**

M.A. 1984, Laurentian University, Child Development Psychology

Member of Burlington Child and Family Team. Clinical activities include: psychological assessment, trauma treatment, and attachment related therapy. Also involved with TAPPC assessment, school board committees, Enhancing Attachment group and Autism Team.

**Dr. Angela Saunders (Psychologist), Professional Practice Leader for Psychology**

Ph.D., 2003, University of Toronto, Counseling Psychology

Manager of Residential Services, Professional Practice Leader for Psychology. Clinical activities include: assessment, consultation, group therapy, clinical supervision of Group Home staff.

**Dr. Andrea Spooner (Psychologist)**

Ph.D., 2005, University of Guelph, Clinical Psychology: Applied Developmental Emphasis

Member of the Regional Zero-to-Six Team. Clinical activities include: psychological assessment and consultation, group therapy, family therapy, and parent-child therapy. Involved in Autism Team, Program Evaluation Committee, Forms Committee, and Internship Committee.

## **APPLICANTS – *Internship Specifications***

### **Training Placements**

Predocloral Clinical Psychology Internship Placements are offered to students enrolled in a CPA and/or APA accredited doctoral clinical psychology program or its equivalent. The program is able to accommodate 2 full-time Interns. Priority will be given to Canadian Citizens and applicants who are eligible to work in Canada in accordance with the Immigration Act. Internships are typically completed on a full-time basis for a one year period beginning in September and ending the following August. Applications for 2 consecutive half-time placements over a 2-year period may also be considered.

Applicants must have completed their graduate level course work in psychology and have attained at least 600 practicum hours at the time of application. Previous course work in abnormal psychology, child assessment, child development, and behaviour therapy is strongly recommended. In selecting our Interns, we consider a number of factors such as academic background, relevant clinical experience, and progress on their dissertation. Of particular importance in the selection process is the fit between an applicant's interests and goals and our program's model of training.

### **Stipends and Benefits**

The stipend for full-time Interns is \$33000. All stipends are subject to available funds. All Interns are entitled to 2 weeks of paid vacation. All statutory holidays (10) and up to 5 sick days are paid. Interns will also receive 2 paid training days. All mandatory benefits are covered (e.g., Canada Pension Plan, EI, WSIB, EHT). Health and Dental coverage is not provided. All Interns must hold Professional Liability Insurance during the full course of their internship training. Proof of current Liability Insurance will need to be demonstrated prior to beginning the internship. Note: Some university programs provide coverage for their students.

### **DIVERSITY AND NON-DISCRIMINATION POLICY**

ROCK is committed to employment equity, welcomes diversity, and encourages applications from all qualified individuals including members of visible minorities, aboriginal persons, and persons with disabilities.

Applicants who have specific questions about access and accommodations are encouraged to contact the Internship Director early in the application process so that their needs may be fully addressed.

## APPLICATION PROCESS

The internship application consists of 2 parts:

1. APPIC Application for Psychology Internship (AAPI). You may obtain an electronic copy of the AAPI from the APPIC website [www.appic.org](http://www.appic.org). **Please note: Our agency is not an APPIC member but our Internship Program does participate in the APPIC Match (as nonmembers).**
2. Support materials including:
  - A current curriculum vitae
  - Official undergraduate transcript(s)
  - Official graduate transcript(s)
  - Letters of reference from three professionals, two of who can attest to your applied psychology experiences. References must comply with CCPPP Guidelines available at the CCPPP website [www.ccppp.ca](http://www.ccppp.ca). Applicants should be aware that the Internship Program may directly contact referees who provide letters to obtain further information.
  - The APPIC Academic Program's verification of Internship Eligibility and Readiness Form completed by the Clinical Training Director
  - Cover letter stating the applicant's professional plans and special interest in the ROCK Clinical Psychology Internship Program.

### Applications should be forwarded to:

Dr. Joy Andres-Lemay,  
Internship Director  
Reach Out Centre for Kids  
323 Kerr St., Suite 208  
Oakville, ON  
L6K 3B6  
Phone: (905) 339-3525 ext. 226  
Fax: (905) 339-3513  
Email: [joyal@rockonline.ca](mailto:joyal@rockonline.ca)

The application deadline is the 15th of November each year. It is the applicant's responsibility to ensure that all required materials are received by this date. Applicants will be notified by December 15th if they will be offered an interview. On-site or telephone interviews are typically arranged during the first two weeks of January. We do not require that applicants attend an on-site interview. Applicants unable to arrange an on-site interview will not be penalized.

Applicants interviewing in-person will meet at least two members of the training staff, have a tour of the facility, and have a private conversation with one of the current Interns. These conversations are strictly confidential. Applicants who elect a telephone interview will be interviewed by two staff via conference call and then have a private conversation with a current Intern.

In accordance with federal privacy legislation (Personal Information Protection and Electronics Documentation Act – <http://laws.justice.gc.ca/en/P-8.6/>) we are committed to only collecting information that is required to process the internship application. This information is secured by the Internship Director and is shared only with those individuals involved in the evaluation of the internship application. If you are not matched with our program, your personal information is destroyed within four months of the Match Day. If you are matched with our internship program, your application and CV will be available only to those involved in your supervision and training including your Rotation Supervisors, Primary Supervisor, Internship Director, and relevant administrative support and human resources staff.

Please note that this internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

## **PROGRAMS AND SERVICES AT ROCK**

### **Psychological and Diagnostic Assessment**

Psychological assessments/consultations are considered for children and adolescents when there is a concern about development, learning, cognitive and/or social emotional functioning. The assessment process may consist of interviews with parents and other professionals, observations of the child, individual testing, and feedback to parent(s), school/daycare, and other professionals.

### **Walk-In-Therapy Clinic**

The Walk-In-Therapy Clinic provides quick access to therapeutic intervention as it enables family members to see a therapist with no appointment required. The intake process for further services may be initiated at the Walk-in session if warranted.

### **Family Therapy**

Family therapy helps families, or individuals within a family, understand and improve the way family members interact with each other. Family therapy examines the family as a system and emphasizes family relationships as an important factor in the psychological health of each family member and the family system as a whole. Problems are seen as arising from systemic interactions within the family rather than placed on a single individual.

### **Individual Therapy**

In individual therapy, the therapist works with the child or youth to explore problems and solutions. Caregivers may be involved in the treatment process to varying degrees depending on the age and developmental stage of the child/youth, the presenting concerns, and/or the youth's desire to include the caregiver. Various models are utilized depending on the presenting problem and best fit for the client (e.g., cognitive-behavioural, narrative, psychodynamic, brief, solution-focused, and strength-focused therapies).

### **Parent-Infant/Child Therapy**

This therapeutic service aims to develop and enhance the parent-child relationship, as primary caregivers play the most significant role in supporting development. Within this relationship, a child learns to feel secure, use language, regulate emotions and interact socially. Common indicators for referral to this program include problems with sleeping, eating, separation, attachment, jealousy, or anger beyond the child's developmental stage. Videotaped play sessions help parents read children's cues and respond sensitively, understand the child's behaviour as communication, and strengthen the relationship.

### **Intergenerational Trauma Treatment Program**

This service is for children who have experienced a traumatic event such as abuse, separation from their caregiver, illness, abandonment, family break-up, inconsistent access visits, violence, loss, the death of a friend or family member, or any event that has had an impact on the child. Experiencing trauma can affect the child's emotions, behaviour, and consequently their relationships

within the family. The program consists of 3 phases of treatment and includes the involvement of the child's primary caregiver.

### **Crisis Response Program**

This program provides immediate outreach for children and youth, their caregivers, and community members. The Crisis Response telephone number connects individuals to our 24-hour answering service, which then connects individuals in crisis with a crisis counsellor.

### **Compass**

This intensive child and family service is an in-home and/or in-community counselling and support program for children, youth and their families when there is a risk of family breakdown, harm, or loss of school placement.

### **Behavioural Services**

Preschool consultants provide in-home/ in-childcare centre consultation targeting specified social, emotional, and behavioural development goals for children aged 2-6. Parents and preschool teachers not connected with the agency may also call for general telephone support regarding specific issues.

### **Consultation and Support Team (CAST)**

Upon request, a multidisciplinary team meets with childcare centre staff to confidentially discuss specific difficulties they are experiencing within their program.

### **Second Step Training**

Preschool consultants provide training to childcare staff in the Second Step Violence Prevention Curriculum to help children gain skills in empathy, emotion management and problem solving. Parent information sessions complement the curriculum.

### **Support Facilitator**

Provides short-term support, via implementation of goals and strategies, within a childcare setting (or home, if necessary) to increase a specific child's ability to manage within the program/home.

### **Preschool Facilitator Services**

The preschool facilitator observes and provides feedback regarding a childcare environment and program via ongoing daily consultation and role modeling. An action plan is designed and implemented in conjunction with childcare staff.

### **Occupational Therapy Services**

Assessment, treatment, and consultation services relating to fine/gross motor, sensory and/or developmental difficulties primarily in preschoolers within a child-care setting. Designed to increase a child's successful participation in daily tasks.

## **GROUPS**

### **Right From The Start (0–24 months)**

An 8-week group, run in partnership with Early Years Centres, the Region of Halton, and Oakville YMCA, which aims to assist parents in learning how to read infant cues and aids in developing a secure attachment.

### **Coping With Toddler Behaviour (12–36 months)**

An 8-session group run in partnership with Early Years Centres, the Region of Halton, and Oakville YMCA. This parent group uses videos, discussion and skill building exercises to facilitate the sharing of ideas and solutions to parenting challenges.

### **Parenting Your 3–6 Year Old**

A group for parents of children who are experiencing challenging behaviour. Parents are introduced to positive parenting strategies & videotaped vignettes are used to illustrate less effective parenting approaches.

### **P.A.L.S.S.: Playing & Learning Social Skills**

A therapeutic group for children aged 3.8–6 years who are experiencing significant difficulties and for whom previous interventions have indicated a need for further development of social skills. Weekly 2-hour sessions run for 10 weeks. A mandatory commitment from parents and professionals is required to support the child in using the strategies in school and/or childcare setting.

### **Parent–Child Anxiety Groups**

Children and adolescents learn to identify, measure, and cope with anxiety and learn social skills, while parents learn about anxiety and how to parent anxious children. Separate groups are offered depending on the age of the children (e.g., group for 5 & 6 year olds, school age, teens).

### **Active Parenting Now/Active Parenting for Teens**

Parents learn to enhance their parenting skills and build a stronger relationship with their children/teens. This parenting program is a 6-week video based interactive program that follows the parenting approach developed by Dr. Michael Popkin. Separate groups are held for parents of children 6 to 11 years and for parents of children 12 to 18 years.

NOTE: Please note that the subset of groups that are offered may vary considerably in any given year.

## **RESIDENTIAL SERVICES**

Our residential services provide residential treatment for youth between 12 to 15 years of age and supportive housing for youth 16 years and older.

## **PREVENTION PROGRAMS**

### **Youth Aiding Youth (YAY) Match**

This program allows children ages 6 to 12 the opportunity to be matched with a teen volunteer between the ages of 16 to 24. This program is designed to support youth who have limited opportunities to socialize, are experiencing extraordinary stress, or are at risk for future difficulties, by providing them with a role model.

### **Youth Aiding Youth (YAY) Groups**

This program offers groups that assist children and youth who are experiencing low self-esteem, social difficulties, or experiencing difficulties at home (e.g., due to separation or divorce of parents). The focus is on helping children and youth gain new social, team, and problem solving skills and to feel positively about themselves.

### **Community Development**

This program works within the community to empower people and to help build skills in adults and children who are at risk for mental health problems.

### **Burlington Family Resource Centre (BFRC) – Ontario Early Years**

Programs run out of five locations within Burlington as well as via a mobile program van. The BFRC offers accessible and interactive social and educational programs for families with young children, including drop-in programs, registered programs for children 0–6 years of age, and a variety of parenting programs and supportive groups.