

Holland Bloorview Kids Rehabilitation Hospital
Psychology Predoctoral Internship Program

Table of Contents

Introduction 2

Our History 5

Our City 6

Orientation 6

Psychology Services 8

The Psychology Predoctoral Internship Program 10

 Our Applicant Pool..... 10

 Goals and Objectives of the Program 11

 Organization of Rotations 14

 Supervision..... 15

 Supervisory Supports 15

 Educational Supports 16

 Evaluation..... 17

 Due Process..... 18

 Quality Management of the Internship Program 18

 Professional Development..... 18

 Stipend and Benefits 19

 Additional Intern Resources 19

Rotations 20

 Spina Bifida and Neuromuscular Team & Holland Bloorview School 20

 Child Development Team..... 21

 Child Development Team (CLBT)..... 21

 Brain Injury Rehab Team 22

 “Get up and Go” Persistent Pain Service (SODR) 24

 Psychology Staff 25

How to Apply 37

Holland Bloorview Kids Rehabilitation Hospital

A World of Possibility

Introduction

Children, youth and families are the heart of Holland Bloorview Kids Rehabilitation Hospital (formerly Bloorview Kids Rehab). As the country's largest pediatric rehabilitation facility for young people with disabilities and special needs, our family-centered clinical and research programs have developed specialized expertise in the areas of rehabilitation and habilitation, advocacy, education and research. Services at Holland Bloorview include inpatient hospital care for children with complex medical or rehabilitation needs, respite care, outpatient clinics and community outreach programs. We also have a school on the premises which offers a comprehensive program for 4 to 7 year old children with physical disabilities. The school also provides ongoing educational programming for children and youth from kindergarten to high school during their inpatient or day patient stays in the hospital. Children, youth and their families from across the province come to Holland Bloorview when their special needs cannot be addressed in their home communities. Each year more than 6,000 clients and their families benefit from the services provided by Holland Bloorview.

Clinical teams consist of professionals from a number of areas (e.g., Physicians, Nurses, Dentists, Psychologists, Physiotherapists, Occupational Therapists, Speech and Language Pathologists, Child and Youth Workers, Child Life Specialists, Recreation Therapists, Teachers, Social Workers), and are complemented by Rehabilitation Engineers and Researchers. We are the local service provider for several thousand young people with disabilities who live in the Toronto area.

Teaching and Learning

Holland Bloorview Kids Rehabilitation Hospital is a teaching hospital and is fully affiliated with the University of Toronto. Indeed, teaching and education has become such an integral component of the organization that Accelerating Knowledge has been identified as one of the essential components of our current (2012–2017) Strategic Plan. As stated in the Plan, Holland Bloorview intends to become “a recognized leader in attracting and training the very best of the next generation of experts in childhood disability by embracing best practice models in teaching and learning, and providing an exceptional student experience.” Since

2009 we have been working under a Strategic Plan specifically related to Teaching and Learning. One of the most significant outcomes of this movement has been the development of our Teaching and Learning Institute, led by Dr. Kathryn Parker, Direct of Academic Affairs/Simulation Lead. The role of the Institute is to enhance and develop learning initiatives through-out Holland Bloorview. Through this program, our organization is developing a range of simulation-based teaching activities (such as the use of Standardized Patients) that can be available to staff and students alike, including interns. One of our supervisors, Dr. Janice Hansen, has previous experience as a Standardized Patient, and has been actively involved in the development and implementation of simulation activities.

Research

We are also home to the Bloorview Research Institute, the only pediatric rehabilitation research institute within an academic health science centre in Canada. Multidisciplinary teams of scientists (encompassing epidemiology, biostatistics, engineering, outcomes research, physiotherapy, occupational therapy, speech language pathology, psychology, education, music therapy) conduct applied clinical research intended to improve the quality of care and quality of life for children and youth with disabilities and special needs.

We have recently launched the Concussion Research Centre with a ground-breaking and multi-site research project on how the youth brain recovers following a concussion. Our Concussion Clinic also provides education and post-injury concussion management services.

One of our supervising psychologists, Dr Jessica Brian, is the co-lead for the Autism Research Centre (ARC) which is also part of the Research Institute. The ARC conducts research aimed at improving outcomes and quality of life for children with ASD. The Centre brings together a team of professionals with a wide range of expertise. These include neurology, developmental pediatrics, psychology, psychometry, engineering, early intervention, occupational therapy, speech and language pathology, and nursing. Ongoing research studies include the characterization of autism and the earliest signs of risk, examination of developmental trajectories, pharmacological and behavioural intervention studies, and technology development.

Two of our neuropsychologists, Dr. Sara Stevens and Dr. Lily Riggs, are also Clinical Team Investigators. Dr. Stevens' research focuses on understanding psychosocial functioning, self-regulation and social cognitive outcomes following brain injury of varying etiologies and timing, as well as investigating best practices in cognitive and emotional intervention in acquire brain injury populations. Dr. Riggs' research focuses on how concussion affects attention, memory, and brain development in children and youths. Interns working in their rotations may have the opportunity to participate in some of this work.

Community Collaboration

By providing professional education and consultation Holland Bloorview is an important resource for other rehabilitation centers and agencies that serve children. Working in partnership with our clients' communities across the province, we strive to develop local resources so that increasingly more young people can receive the services they need closer to home. For example, we have established satellite clinics at two other agencies in Toronto, so that children under five years of age can receive tertiary multidisciplinary diagnostic services in their own communities. Our services, partnerships, research and education initiatives are all aimed at helping children and youth with disabilities develop the skills they need to achieve their goals. Hence, our vision statement: *A World of Possibility!*

Embracing Diversity

We serve a variety of children and youth with many disabilities and diagnoses including Acquired Brain Injury, ASD (ASD), Cerebral Palsy, Spina Bifida, and genetic disorders. Many of our clients have multiple medical concerns and present with additional complex needs including family issues, financial difficulties, and language and cultural differences. Indeed, as we are located in the most multicultural city in the world, Holland Bloorview is committed to promoting a climate that welcomes, understands and respects diversity in all forms. Respect for diversity is embedded within our Strategic Plan and new employees and interns are required to learn about diversity and cultural sensitivity during their orientation to Holland Bloorview. Our facility is accessible for people with physical disabilities, and there are many staff members who have disabilities. The staff at Holland Bloorview also reflect our city's ethnic diversity and speak a variety of languages; some have even been trained to serve as interpreters for our clients. When internal interpreters are lacking, we employ an agency that provides interpreters in many languages.

Our History

Over the past century, Holland Bloorview has evolved from two distinct entities, whose name changes have reflected the Zeitgeist of the times. In May 1899, a group of community-minded women met in Toronto to discuss the creation of a *Home for Incurable Children*. Many of the home's founders had already helped establish the Hospital for Sick Children in 1875, and were concerned with the lack of services available for children following acute care treatment at the hospital. Within seven months, a house at 138 Avenue Road and furnishings were donated for 15 children.

In 1964, the Home for Incurable Children became *Bloorview Children's Hospital*. Meanwhile, in 1962, the *Ontario Crippled Children's Centre* opened at 350 Rumsey Road in Toronto. In the early 1980's, in honour of Dr. Hugh MacMillan, one of the Center's early physicians, Ontario Crippled Children's Centre was renamed *Hugh MacMillan Medical Centre* and then renamed *Hugh MacMillan Rehabilitation Centre* in 1989.

In 1996, Bloorview Children's Hospital and Hugh MacMillan Rehabilitation Centre merged to create a unified children's rehabilitation and habilitation facility called *Bloorview MacMillan Centre*, later changed to *Bloorview MacMillan Children's Centre* in 2001. Following the move to our new facility in February, 2006, our organization became *Bloorview Kids Rehab*. In June 2010 our name changed again to reflect a substantial donation from the Holland family, and we became *Holland Bloorview Kids Rehabilitation Hospital*.

We currently offer services on three sites: the main site is at our state-of-the-art building at 150 Kilgour Road, which was the original MacMillan site location. We are centrally located in the city within a residential neighborhood that backs onto a large system of parks and recreational trails. In addition to housing offices for clinical and administrative staff, our new facility includes many amenities to benefit clients, families, staff and the community at large. Highlighted features include a Centre for the Arts, offering accessible activities related to the visual and performing arts, a resource centre including a library and internet access, a swimming pool, fitness room for staff, roof-top terrace, hotel for parents of inpatients, and a cafeteria. Additional workplace amenities include a daycare for the children of staff and community parents, as well as a gymnasium that can be booked by staff for activities.

We also offer diagnostic services for children under 5 years at two satellite developmental clinics, one housed at Toronto East General Hospital and one at another location at Eglinton West.

Our City

Toronto, a metropolis of 2.5 million people, has much to offer. One of the most diverse cities in the world, Toronto embodies the 'mosaic' character of our country. Pockets of culture representing almost every corner of the world are sprinkled throughout Toronto. Annual events such as Carnival and Pride Festivals, the Toronto Film and Jazz Festivals, and the Molson Indy and the Santa Claus Parade are internationally known. Toronto is home to numerous attractions (CN Tower, Royal Ontario Museum, Art Gallery of Ontario, Toronto Science Centre, and Ontario Place), sport, theatre and entertainment venues (the Air Canada Centre, the Rogers Centre (formerly Skydome), Roy Thompson Hall and the Princess of Wales Theatre) and an exciting nightlife (the Beach, the Danforth, Yorkville, College Street) scattered throughout this vibrant city. The Toronto Islands, accessible by ferry, are one of our best-kept secrets. There are beautiful and tranquil areas to bicycle, rollerblade, or simply enjoy a picnic lunch. As well, there are a myriad of interconnecting parks and paths that weave through the enormous Don Valley. The park system provides miles and miles of enjoyment for hikers, cyclists, or runners and is directly connected to the grounds of our building!

Orientation

Holland Bloorview Kids Rehabilitation Hospital requires that each new staff member participate in a General Orientation. Psychology interns attend a four-day orientation program that will familiarize them with the Values, Mission, and Structure of the organization as well as provide training in a variety of skills necessary for dealing with our varied and complex clientele. In addition to this general orientation, interns will also learn our computerized system (Meditech) for receiving referrals, submitting and signing reports, and tracking workload. While the specific details of interns' work settings may differ, the skills and knowledge acquired during these sessions will familiarize them with the general way in which a large health centre operates in terms of administrative policies and procedures. To facilitate the orientation process, interns are also provided with an orientation binder that includes a list of policies and forms both specific to the practice of psychology and to administrative guidelines for working at Holland Bloorview. Like all new staff, interns must also sign an oath of confidentiality and consent to a criminal reference check.

An important part of working in an interdisciplinary setting is interacting with other team members. As part of the formal orientation process interns will participate in a unique full-day training session on collaborative practice, demonstrated through live simulations using standardized patients. Interns will also have several opportunities to meet informally and speak with staff from the various disciplines, either through team rounds or meetings arranged with the intern's supervisor.

Various noon-hour and after-work activities and programs are offered which provide opportunities for interns to interact with each other and staff on a more informal basis as well. In the past, these activities have included lunchtime swims, walking and running groups, evening volleyball, camping trips, yoga classes, and golf tournaments. Annual events such as a winter Holiday Dinner and Dance and a Talent Show provide further opportunities for interns to meet staff from Holland Bloorview.

Psychology Services

The Psychology staff at Holland Bloorview work within a program management structure. We provide services within the **Brain Injury Rehab Team**, and within a number of different teams under the **Child Development Program**, including services provided off-site at our two satellite clinics. We also have one Psychologist working part-time in the “Get up and Go” Persistent Pain Service, which is offered through our inpatient **Specialized Orthopedic and Developmental Rehabilitation Program (SODR)**.

Brain Injury Rehab Team

The **Brain Injury Rehab Team (BIRT)** serves inpatient, daypatient and outpatient clients who have sustained an acquired brain injury and their families. Intensive rehabilitation assessment and treatment services are provided by a multidisciplinary team that includes physicians, nurses, social workers, physiotherapists, occupational therapists, speech language pathologists, resource child and youth workers, child life specialists, therapeutic recreation specialists, and special education teachers.

Child Development Program

Psychologists also work in two different teams under the **Child Development Program (CDP)**. There is currently includes a broad based team providing services to children and adolescents with ASD, cerebral palsy, epilepsy, and other neurodevelopmental disabilities. One component within the CDP is the Communication, Learning and Behaviour Team (CLBT) which is a specialized diagnostic team that provides assessments for clients who may have Autism Spectrum Disorder at the main site and the satellites.

Depending on funding renewal, the CDP will offer the Facing Your Fears program, a group CBT program for children with ASD and anxiety. The Facing Your Fears program is designed for both parents and their children. Interns are closely involved in facilitating the Facing Your Fears group. There may also be opportunities for individual intervention with the Facing Your Fears clients.

Interns may also have the opportunity to observe Triple P parenting seminars which are facilitated through the Family Resource Centre.

One of our psychologists, Dr. Andrea Snider, also provides assessment and counseling services in the Spina Bifida and Neuromuscular Teams, also housed

under the CDP. These teams offer multidisciplinary services to outpatient clients with spina bifida and neuromuscular disorders, and their families. Dr. Snider also provides services to the Integrated Education and Therapy program (IET), our in-house school for young children with physical disabilities. This coming year, Dr. Snider will also be running a CBT group for clients without ASD (Coping Kids), who may have a variety of neurodevelopmental disorders, such as cerebral palsy or spina bifida. This is separate from the Facing Your Fears program and thus offers additional opportunities for training in group intervention.

“Get up and Go” Persistent Pain Service

We have recently launched an intervention-based service to treat clients with chronic pain, which is led by one of our clinical supervisors (Dr. Ardith Baerveldt). Known as the “Get Up and Go” Persistent Pain Service, it is designed to serve children and youth (aged 12 to 18 years) who have been impacted socially, emotionally, physically, and academically by chronic/persistent pain. This is the first in-patient, inter-disciplinary persistent pediatric pain service in Canada. The service offers a 4-week intensive rehabilitation service in which clients spend two weeks admitted to our inpatient program and two weeks as day-treatment clients. In her role with this program, Dr. Baerveldt provides brief intervention to clients and parents.

Psychology Meetings

The psychology group maintains its cohesion as a discipline through regular administrative and educational (e.g., Clinical Rounds, Journal Club) meetings. As part of our professional governance structure, our monthly mandated Psychology Practice Council meetings provide a forum that facilitates dialogue, supports decision-making, and promotes excellence in professional practice. Business items discussed can include feedback about management initiatives, practice and ethical issues or guest speakers.

The Psychology Predoctoral Internship Program

Psychology Services are proud to have received Holland Bloorview Kids Rehabilitation Hospital Foundation grants to support our internship program that formally began in the fall of 1999. We first became accredited with the Canadian Psychological Association (CPA) in 2002, and in November 2011, we were awarded a re-accreditation term of six years. For information about CPA accreditation, please contact the Registrar at accreditation@cpa.ca, or the CPA Office at 141 Laurier Ave West, Suite 702, Ottawa, Ontario, K1P 5J3. As we are an accredited program, the internship standards from CPA for application, rotations and delivery of the program are being followed. There are **two full-time** paid internship positions available.

Our Applicant Pool

We have a long history of training practicum and internship psychology students from graduate clinical programs at universities across Ontario. Our initial applicants were students from Child-Clinical, Clinical Developmental, Clinical Neuropsychology, Neuroscience or School and Child programs from local Ontario universities. When we obtained CPA accreditation as a clinical psychology internship program, we began to attract interns from clinical psychology programs across Canada as well as the United States, who are interested in acquiring experience with a specialized and diverse pediatric population. We now accept only candidates from CPA or APA-accredited clinical, school, or counseling programs. Where possible, we look for applicants who have had a developmental focus in their academic or research work. Successful intern candidates have had graduate level training in pediatric psychology (including courses in development and child assessment), and clinical experience with children and adolescents. We look for candidates with a strong background in the administration and scoring of a number of standardized pediatric assessment measures (i.e., cognitive, academic, behavioural) as well as some intervention experience. Most of our interns expect to work as clinical child Psychologists or clinical Neuropsychologists and are prepared to work in a variety of settings such as school boards, pediatric health facilities and private practice. Graduate students enrolled in APA or CPA-accredited doctoral programs in clinical, counselling or school psychology that have completed their coursework and have a total of at least 1000 hours of supervised practicum experience (including direct and indirect services, as well as support hours) are invited to apply. (See page 41 for information on how to apply).

Goals and Objectives of the Program

Our primary goal in offering the internship is to train future Psychologists who are competent in providing clinical services to children and their families. Using a mastery model of training, interns gain experience with diverse health care issues, and have opportunities to work with children with medical diagnoses not often encountered in other settings. At the same time, the internship program provides training in broad-based skills of assessment, consultation and treatment that can be readily generalized to other populations, including typically developing children and adolescents who may be referred to psychology services in school boards or other community agencies.

We follow a scientist-practitioner model whereby we offer training in evidence-based practice with respect to the core clinical competencies of assessment, intervention and consultation. Within this model we adopt a “teach-show-do” approach where interns are expected to assume increased responsibility and independence as the year progresses. Through this approach, interns acquire valuable skills such as conducting comprehensive intake interviews, providing therapeutic feedback, conducting standardized assessments as well as learning how to adapt assessments to accommodate varying abilities and needs, formulating and communicating differential diagnoses, delivering CBT in a group format, developing and implementing hierarchies for anxiety treatment, and providing consultation to parents, teachers, and other professionals.

Goal 1. Comprehensive, diverse training opportunities.

With our primary goal in mind, rotations are selected to ensure a diverse experience that includes a variety of populations (inpatient/outpatient, medical diagnoses), age-ranges, psychological diagnoses, and ethnicity. Interns are expected to track details such as the ethnic and cultural backgrounds, ages, gender, and types of disability of the clients with whom they work. We also ensure that our interns have opportunities to work with interpreters during their placement. In keeping with CPA accreditation standards, training is provided in the key areas listed below.

Goal 2. Training in Assessment, Intervention and Consultation

2a) Assessment. Assessment is a primary mandate of psychological services at Holland Bloorview and interns can expect to receive extensive and rich training in this area regardless of their rotations.

Specifically, our objectives include enhancing and developing the breadth and depth of skills in psychological assessment such as conducting intake interviews, administering and scoring tests, interpreting and integrating test results with other data, making diagnoses, providing feedback to clients/families, and writing reports.

2b) Intervention.

Depending on their rotations, interns typically gain experience in cognitive therapy, group therapy and/or parent counselling/support counselling, as well as some individual therapy. As mentioned, most interns will typically receive training in group CBT, either through our 8 week CBT group for Neuromotor clients, or through participation in the 14 week Facing Your Fears program offered to children with high-functioning ASD and anxiety. We hold at least two group sessions each year, with each intern taking responsibility for co-leading either the parent or child group in the Fall, and then switching for the Spring group. In keeping with the organization's emphasis on inter-collaborative practice, the group leaders may include staff from a variety of disciplines such as social workers, behaviour therapists, and developmental pediatricians, although the groups are always co-led by psychology staff. In keeping with our mastery model, interns are given increasing responsibility for planning the activities and leading the group as they become more competent in the process. Although the intervention is provided within the context of a group, there is time allotted within each session for the group leaders to work individually with the parent-child dyads to develop and implement their specific fear hierarchies and exposures directly during the sessions. Thus, interns are able to gain experience with individual/dyad intervention in addition to the group intervention component.

As mentioned, we have also launched a new service offered through our inpatient SODR program that provides individual, group and family intervention to older children and adolescents with chronic/persistent pain.

According to the interests of the interns and client referrals, interns also have the possibility of taking on an individual therapy case with a school-age child or adolescent which is carried throughout the major intern rotations. Some of these

cases may involve providing individual CBT to clients on the referral wait-list who may not be appropriate for a group program.

Within the Brain Injury Rehab Team inpatient rotation, there also are opportunities for interns to provide individual as well as group supportive counseling services to clients who are experiencing coping and adaptation issues as a result of their illnesses or injuries.

Depending on the intern's rotation and referrals, interns may be trained in treatment modalities such as individual and group CBT, parenting/family intervention, supportive counselling, group therapy, and/or developing a behavioural intervention program.

2c) Consultation. Consultation is another primary component of psychological practice at Holland Bloorview. Interns will have opportunities to provide consultations both internally, on multi-disciplinary teams, and externally, to schools and other agencies.

Goal 3. Developing as a professional psychologist

In addition to providing training in specific clinical skills, our goals include fostering the knowledge, skills and attitudes pertaining to ethics and professional standards, professional conduct, and supervision skills. Our supervisors focus on ethical discussions, clinical decision-making and other broad-based competencies such as establishing rapport with a variety of client populations, appreciating multicultural issues and individual differences, showing openness to learning, and demonstrating an awareness of limitations.

Interns may be able to provide supervision to psychometrists with respect to case discussions and decisions around which tests to use. Interns can also be involved in the supervision and mentoring of practicum students when possible (with respect to specific skills such as test administration or academic/career goals), or training students, research assistants and/or newly hired staff on specific test measures.

Interns will be encouraged to develop effective time management skills, to comply with record-keeping procedures, and to be accountable for the documentation of work-load.

Goal 4. Training in Program Evaluation and Research

Skills in program evaluation are typically developed through the evaluation of the Facing Your Fears CBT program, as well as other outcome-based initiatives such as our Junior Cognitive Group for clients with ABI. Interns may be involved in contributing to writing research applications, collecting, entering and scoring outcome data, and analyzing results.

Though most of our supervising staff do not have dedicated research time, as mentioned, three of our supervisors, Dr. Jessica Brian, Dr. Sara Stevens, and Dr. Lily Riggs, hold positions within the Bloorview Research Institute that include research responsibilities focused on early intervention in ASD, psychosocial functioning after brain injury, and impact of concussion, respectively. Depending on their training and background, interns may be involved in some aspects of these ongoing research projects. Interns are allotted half a day per week devoted to research activities either related to their dissertation (i.e., writing it up for defense or publication) or other activities related to research at Holland Bloorview. Interns will also be required to choose a research article to lead for Journal Club and make one research-based presentation for Psychology Rounds.

Interns are expected to participate in active learning through regular attendance at Didactic Seminars, Journal Club, Clinical Case Rounds, and other educational opportunities as described throughout this brochure.

Organization of Rotations

Based on their training goals and preferences, interns will be assigned **three major rotations with three different psychologists** during their year at Holland Bloorview Kids Rehabilitation Hospital. Rotations are described in detail in a later section. Please note that the rotations are subject to change pending staff availability. Rotations are normally of four months duration and are consecutive (i.e., September to December, January to April, and May to August). Most interns can expect to do at least one rotation on our BIRT team, and at least one rotation on an ASD diagnostic team. The level of training and exposure to these specialized diagnostic services will vary, depending on the background and experience of the intern. Interns pursuing training in neuropsychology may be offered a more intense exposure to the field, and might wish to consider two rotations in that area. Other interns will be offered more of an introduction to the practice of neuropsychology.

Similarly, interns with a strong interest in ASD diagnosis may wish to acquire proficiency with the ADOS, a primary diagnostic tool, whereas others may be interested in an introduction to the diagnosis of ASD. In considering rotations, it is important to emphasize that our program is a clinical training program. Thus, while our program offers unique opportunities to learn about specialized populations, interns are expected to choose rotations so that they are exposed to a variety of different populations. This ensures that interns are provided with adequate breadth of clinical experiences. The order of rotations varies depending on both the needs of the interns and the availability of their respective supervisors.

As noted, regardless of their rotations, most interns will also typically receive training in the CBT group for Neuromotor clients and/or the Facing Your Fears group CBT program, working in both the Parent Group and the Children's Group.

Interns can also consider doing a minor rotation in our new "Get up and Go" Persistent Pain Service, working with Dr. Ardith Baerveldt. Interns who choose this option will have their case load expectations adjusted for their major rotations. Depending on the training and research interests of the intern, a minor rotation may also be available with one of our three Research supervisors.

While the majority of their time is spent with their assigned supervisors, interns who wish to do so also have the opportunity to explore minor interests in other rotations or in consultation with other staff (refer to staff bio-sketches for more details).

Supervision

Our supervisors' dedication and commitment to the success of our interns is evident in the extremely positive feedback received from our interns. Indeed, the quality of our supervision is consistently regarded as one of the strengths of the internship program at Holland Bloorview. Our program follows the CPA standards for the supervision of interns, with a minimum of four hours per week of individual Ph.D. level supervision (or three hours individual and one group session), although interns often receive many more hours of collaborative teaching and discussion. Although the style of supervision varies with each supervisor, all of them follow our mastery model of training. Interns can expect to learn from modeling, observation, teaching, directed readings, feedback, ethical training and professional guidance.

Supervisory Supports

During their internship year, interns can take advantage of a range of supervisory and didactic supports, adding to the richness of the intern experience.

In addition to supervision provided by the supervising psychologist of each rotation, other training supports and consulting opportunities are available. For example, two Masters level Psychologists currently in the Child Development Program, Ms. Janet Quintal and Ms. Molly Malone, are contributors to the internship programme. Ms. Quintal works with a range of clients from the Neuromotor team. Ms. Malone provides assessments to school-aged children, particularly those with learning disabilities, ASD, and attention deficit hyperactivity disorder. (For a more detailed description of their areas of focus see their Biosketches).

Educational Supports

Apart from the supervisory experience, interns will discover a wealth of educational opportunities at Holland Bloorview. Our new Teaching and Learning Institute provides leading edge training in the form of Simulation, including the use of Standardized Patients to provide experiential training in case scenarios and role-plays. These activities are typically conducted within an inter-professional context, so our interns also have the opportunity to learn along with staff and students from other professions. To date, our interns have participated in simulation scenarios such as Code White situations, and the use of electronic documentation in clinical practice. Holland Bloorview is also one of the leaders in Inter-professional Education (IPE). Our Resource Centre offers internet access as well as a library collection that includes books, journals, videos and other materials related to pediatric rehabilitation, disabilities, complex medical conditions, research and education. Our Resource Centre is also part of a consortium of health science libraries through the University of Toronto. Our librarians are extremely knowledgeable and resourceful and will help interns locate and obtain additional material not available on site. Interns are also welcome to do their own searches, as they will each have their own computers with access to the internet.

The Journal Club, Didactic Seminars, and Case Study Investigation meetings are also essential educational components of the internship program. Interns are expected to attend the monthly Journal Club along with psychology staff and practicum students. The Didactic Seminar series is a program that covers a range of topics relevant for psychology practice with children, including topics related to clinical practice and ethics (e.g. providing expert witness testimony, developing a private practice, applying for College licensure) and program evaluation. Some of these didactics are held externally and are offered jointly with other internship sites in the

GTA. This gives our interns the opportunity to network with fellow interns beyond their local cohort at Holland Bloorview.

Grand Rounds, and Bioethics presentations and Neuro Rounds are also excellent educational opportunities for interns. These are centre-wide forums, where presentations are made by Holland Bloorview staff and external contributors. Interns can also attend research seminars conducted by the Bloorview Research Institute. Interns may also choose to receive training in the ADOS, an Autism diagnostic tool, and can be certified in Nonviolent Crisis Intervention, which focuses on the management of disruptive or aggressive behaviour.

Evaluation

Evaluation of the interns' performance is an ongoing process. At the outset of the internship, interns meet with the internship coordinator and all three of their rotation supervisors to establish their training plan for the year. During each rotation, there is a formal mid-rotation meeting with the intern, their rotation supervisor and the Internship Coordinator, to review the intern's goals. At this time, the intern receives formal written feedback about their progress in the rotation to date. Additionally, each intern meets individually with the Internship Coordinator on a monthly basis. These meetings provide interns with opportunities to discuss privately their experiences in the rotations. The meetings also allow for the Internship Coordinator to ensure training goals are being addressed. At the end of each rotation there is a transition meeting that includes the intern, the Internship Coordinator, the current supervisor and the incoming supervisor. In preparation for this meeting, the current supervisor completes another formal evaluation form which is reviewed privately with the intern prior to the meeting. At the transition meeting the intern's performance and progress for the rotation are summarized. There is a final meeting at the end of the training year where the intern, the Internship Coordinator and all three supervisors meet to review the intern's progress in relation to their individual training plan. Interns receive a copy of each evaluation, and also receive a letter from the Internship Coordinator at the end of the internship year that outlines their progress throughout the entire year. Copies of the interns' evaluations are also sent to their respective university Directors of Training.

In keeping with the movement toward competency-based evaluations, we have recently developed a new evaluation form that explicitly states the competencies, as well as their behavioural anchors, underpinning the goals and objectives described

in the training plan. These competencies have always been implicitly a part of the evaluation process, and have been considered by supervisors as they determined whether the interns met expectations or not, relative to the training goals. Our new form, which we are currently piloting, will serve to address this gap by increasing transparency with respect to our expectations of the interns. The preliminary version of this form addresses the competences underlying the clinical skills pertaining to assessment, intervention and consultation, as well as the Standards related to interpersonal relationships, professional standards and ethics, and supervision. These competencies were identified as priorities for the pilot phase, because they are common objectives through-out most of our rotations and the majority of our supervisors would be able to provide input on the utility of the new form. Our current supervisors have been using the new form on a pilot basis this year, alongside our existing evaluation form. Once we have completed the pilot phase, we will review and discuss any necessary changes to the new form. At that time, we will also add the competencies related to the Standards regarding program evaluation and the integration of science and practice.

Due Process

An appeal process is in place for interns and is described in detail in the intern orientation binder. Typically, an appeal involves the Internship Coordinator and can involve the intern's university Director of Training, as appropriate. We follow a fair evaluation procedure that includes due process in the case of dispute in the internship evaluation process.

Quality Management of the Internship Program

We have an ongoing quality management program for evaluating our internship. At the end of each rotation, interns are requested to complete an evaluation of the rotation and the supervisor. These remain with the Internship Coordinator until the end of the year when they are shared with the relevant supervisors and the Internship Committee. The Internship Committee reviews and implements interns' recommendations, as appropriate, the following year to improve our program. During their internship year, interns sit on the Internship Committee and provide a valuable contribution to the ongoing quality improvement activities of the program.

Professional Development

Professional development is also an essential component of the internship program and is considered a training goal. In addition to the in-house professional development opportunities, interns are also encouraged to participate in externally-

based professional development activities including attending local conferences and workshops or making use of library facilities. They are allotted a total of up to five paid professional development days over the course of their year for these activities.

Stipend and Benefits

In the 2016–2017 internship year each of the two interns can expect to receive a stipend of approximately \$33,189 in Canadian funds (including 4% in lieu of vacation and benefits). Interns who require health benefits may purchase coverage through a company affiliated with Holland Bloorview. Past interns have also chosen to opt-in to the health coverage provided at their University during their internship year. Interns are expected to take 10 working days (2 weeks) off for vacation during their 52-week internship. As vacation is paid in lieu, the vacation days are unpaid at the time it is taken. However, interns do receive pay for statutory holidays.

As noted above, interns are granted five professional days per year to use for professional development (e.g., conference attendance, educational workshops). Like other psychology staff members, interns will have access to some professional development funds to assist with conference fees. Additional funds are also available through the internship program.

As staff members at Holland Bloorview our interns are welcome to access our Employee Assistance Program that is free of charge. The range of services is varied and the service is confidential.

Additional Intern Resources

Interns are provided with office space including a personal desktop computer, telephone, locked storage area, and filing cabinet.

Also, interns are encouraged to take advantage of Holland Bloorview's facilities, including staff pool times, as well as the staff fitness centre and fitness classes for a nominal monthly fee.

Rotations

CHILD DEVELOPMENT PROGRAM ROTATIONS:

1) SPINA BIFIDA AND NEUROMUSCULAR TEAM and HOLLAND BLOORVIEW SCHOOL

Andrea Snider, Ph.D., C.Psych.

This rotation offers the opportunity to provide assessment and consultation to young children attending the Integrated Education and Therapy Program (IET). The IET is a unique school program that provides an on-site comprehensive full-day program for young children with physical disabilities. The IET provides children from 4 to 7 years of age with educational and therapeutic interventions that prepare them for successful entry into the public school system. Interns work collaboratively with teachers and other staff, providing assessments, consultations to teachers, team feedbacks, attending case conferences, and potentially IPRC meetings, as well as providing consultation to parents. In addition to the young children seen in the IET, there are also occasional opportunities to work with older children attending the Holland Bloorview school during inpatient admissions.

Dr. Snider also works on a multi-disciplinary team that provides services to clients of all ages (from infants to adolescents) with spina bifida and spinal cord injuries, muscular dystrophy and other neuromuscular disorders. Unless they are in a summer rotation, interns will typically get exposure to both aspects of Dr. Snider's services.

Regardless of the client population, the focus of this rotation is largely on assessment (cognitive and behavioural), but also includes consultation to parents, teachers, and other professionals, as well as some individual counselling for children. Interns learn how to administer and interpret a variety of assessment measures for a range of clients. Interns learn how to select assessment tools for various ages and presenting problems, how to administer formal and informal measures, how to score and interpret tests and interview data, and how to formulate diagnoses such as learning disabilities, Intellectual Disabilities, and attention deficit disorder. They learn to conduct intake interviews, provide therapeutic feedback and education to clients, parents and families, provide feedback to teams and consultation to teachers and other professionals. There are also opportunities to provide parent consultations at our weekly Spina Bifida clinic. Depending on the

referrals at the time of the internship, there may also be opportunities to take on one or two counselling cases.

2) CHILD DEVELOPMENT TEAM: Neuromotor

Janice Hansen, Ph.D., C.Psych.

Naomi Slonim, Ph.D., C.Psych.

The Child Development Team provides services to children and adolescents with a wide range of neurodevelopmental disabilities including autism, cerebral palsy, epilepsy, and others. The team offers a multi-disciplinary approach that may include input from physiotherapists, occupational therapists, speech pathologists, developmental pediatricians and social workers. The rotations within the CDT involve the opportunity to work with children of a wide range of ages, from preschoolers to adolescents. As with Dr. Snider's rotation, the focus is largely on assessment (developmental, psycho-educational, behavioural,) as well as consultation to parents, teachers and team members. Interns typically learn how to administer and interpret a variety of tests for a range of clients, including those with mild physical limitations, behavioural and language difficulties, as well as more complex clients who may be nonverbal and/or severely limited in their physical skills.

During the course of their rotation, interns gain valuable experience in formulating diagnoses, especially developmental disorders including Intellectual Disabilities, Learning Disabilities and Attention Deficit-Hyperactivity, as well as providing feedback and writing integrative reports. Note: Dr. Hansen also works on the CLBT (described below), thus interns choosing a rotation with her will also gain experience in the assessment and diagnosis of ASDs.

3) CHILD DEVELOPMENT TEAM: Communication Learning & Behaviour Team

Jessica Brian, Ph.D., C.Psych.

Janice Hansen, Ph.D., C.Psych.

Thomas Rhee, Ph.D., C.Psych.

Abbie Solish, Ph.D., C.Psych.

Vicki Nolan, Ph.D., C.Psych.

The Communication Learning and Behaviour Team (CLBT), a component of the Child Development Team, is a multi-disciplinary diagnostic service that provides

assessments for children and adolescents who may have Autism Spectrum Disorder (ASD). Interns who are interested in this experience may choose a major rotation with Dr. Hansen (main site) or Dr. Nolan (main site and Eglinton West satellite). Half-time minor rotations are also available with Dr. Brian, Dr. Rhee and Dr. Nolan (main site), or Dr. Solish (satellite). In the satellite clinics referrals are limited to children under 5 presenting with language, behaviour, cognitive, and/or social delays. Interns particularly interested in acquiring skills in developmental assessment with young children may be interested in this opportunity. On the main site, referrals covering a broader age range, and may include school-aged children as well as adolescents. Psychologists on both sites are responsible for leading and coordinating the ASD assessment, including administering the Autism Diagnostic Observation Schedule (ADOS), supervising the administration of cognitive measures, formulating the diagnosis, providing feedback to the family and completing the written report. Interns who work in their rotations will have an opportunity to be involved in every step of this process. This allows for consultation with other team members, as well as supervision opportunities with a psychometrist.

For interns who have a special interest in ASD, there is extensive opportunity for training with the ADOS. Interns who have previous experience with this measure may be able to build on their skills sufficiently to achieve reliability with the ADOS during their internship year. For those who have no prior experience, the CLBT rotation can offer an introduction to ASD diagnosis, however, competence and reliability with the ADOS is usually not feasible in the time allotted during internship.

BRAIN INJURY REHAB TEAM ROTATIONS

Mary Stewart, Ph.D., C.Psych.

Janine Hay, Ph.D., C.Psych.

Sara Stevens, Ph.D., C.Psych.

Lily Riggs, Ph.D., C.Psych.

The Brain Injury Rehabilitation Team (BIRT) offers services to clients with acquired and traumatic brain injuries (e.g., strokes, tumours, encephalitis, trauma from motor vehicle crashes, falls). This service is divided into two possible rotations: inpatient/daypatient services and outpatient services. Both these rotations offer the opportunity to work with a range of ages including school-aged and adolescents. While prior exposure to neuropsychological assessment techniques, either through practicum training or work experience is helpful, an introduction to

neuropsychology will be provided to interns without prior neuropsychology experience. The focus of these rotations is on the neuropsychological (and occasionally psycho-educational) assessment, interpretation and diagnosis of children and adolescents with acquired or traumatic brain injuries who, in some cases, also have pre-existing learning and behavioural issues.

Within the inpatient/daypatient program, there are also opportunities to provide individual and group intervention services, including: individual supportive counseling, cognitive-behavioural therapy, or psychotherapy, an Adolescent Support Group (a supportive counseling group for teens with acquired or traumatic brain injuries between the ages of 13 and 18 years), cognitive rehabilitation for school-aged and adolescent clients, and behavioural consultation to families and multidisciplinary team members. Group therapy and intervention experiences are not available in the outpatient rotation, however, interns who work with this population will have the unique opportunity to develop an understanding of the *long-term* consequences (cognitive, socioemotional, and behavioural) of an acquired brain injury and the many ways these children present at different developmental stages. There will also be opportunities to provide neuropsychological services as part of the Concussion Centre at Holland Bloorview, which includes consultation and feedback to a multi-disciplinary team. Opportunities for community liaison with the client's school and external resources (e.g., other treatment providers) are also common in both rotations.

Interns conduct a clinical interview with clients as appropriate; administer a complete neuropsychological test battery or psycho-educational assessment as appropriate; provide feedback and education to clients and their families; provide feedback to community partners (e.g., school, community rehabilitation teams, etc.), and interpret and write neuropsychological or psycho-educational reports. Interns also learn how to formulate a neuropsychological (i.e., brain-behaviour), clinical, or developmental diagnosis, and to assess the impact of pre-existing learning difficulties (e.g., learning disabilities, attention deficit disorders) on current cognitive functioning. Consultation with other members of the multidisciplinary team is an essential component of the psychologist's role, and consequently, the intern's role within the Brain Injury Rehab Team and Holland Bloorview Kids Rehabilitation Hospital as a whole.

Dr. Mary Stewart and Dr. Sara Stevens are currently offering the inpatient/daypatient rotation in the BIRT program while Dr. Janine Hay and Dr. Lily Riggs work with the outpatients. As mentioned, both Dr. Hay and Dr. Riggs also provide neuropsychological services for the Concussion Centre. Please refer to their biosketches for details regarding their background and training.

“GET UP AND GO” PERSISTENT PAIN SERVICE MINOR ROTATION

Ardith Baerveldt, Ph.D., C.Psych. (Supervised Practice)

The “Get up and Go” Persistent Pain Service serves children and youth (aged 12 to 18 years) who have been impacted socially, emotionally, physically, and academically by chronic/persistent pain (e.g., missing school on a regular basis, withdrawing from friends, social activities and other interests, reduced physical function and participation, experiencing increased stress and/or symptoms of anxiety and depression) and who have expressed readiness for an intensive 4 week rehabilitation service. This is the first in-patient, interdisciplinary persistent pediatric pain service in Canada. As this program is only offered to Interns two days a week, it is only available as a minor rotation. Since pain is a complex phenomenon, a variety of approaches to treatment are required to help clients achieve their goals. A combination of strategies are offered including physical, psychological and pharmacological. The team consists of a pediatrician, nurse practitioner, psychiatrist, psychologist, pharmacist, physiotherapist, social worker, occupational therapist, therapeutic recreation specialist, nurses, and teachers. The team will work together with families in a coordinated and individualized manner. The service offers a 4-week intensive rehabilitation service where clients spend two weeks admitted to our inpatient program and two weeks as day-treatment clients. The psychologist provides brief assessment and intervention to clients. This will include individual therapy using a variety of modalities (e.g., behavioural, CBT, mindfulness).

Psychology Staff

CHILD DEVELOPMENT PROGRAM

Dr. Jessica Brian (Supervisor: CLBT Team)

Dr. Jessica Brian is a Psychologist in the Child Development Program and Clinician–Investigator at the Bloorview Research Institute. She also co–leads the Autism Research Centre and has academic appointments at the University of Toronto and OISE/UT. Dr. Brian received her Ph.D. in Psychology (Clinical–Developmental) from York University in 2000. She received intensive training in Applied Behaviour Analysis with children with Autism during her pre–doctoral internship at the Princeton Child Development Institute. Dr. Brian’s interests in Autism research include understanding basic mechanisms of attention, as well as very early identification and intervention with high–risk toddlers. For several years, Dr. Brian has been involved in multi–site research programs aimed at identifying the earliest behavioural and genetic markers of Autism and related disorders. She has co–developed and evaluated a very early prevention/intervention program for infants and toddlers with suspected Autism/ASD. In addition to her research work, Dr. Brian has a half–time clinical position on the main site, providing diagnostic and psychoeducational assessments of children with Autism Spectrum Disorders, Intellectual Disabilities, learning disabilities, and related complex needs.

Ms. Shawn Brumby (Psychometrist)

Shawn Brumby received her Masters of Science in Child, Adolescent and Family Mental Health at London Metropolitan University, UK (2010), and her Bachelor of Arts in Honours Psychology at Wilfrid Laurier University (2006). As a Psychometrist for the Child Development Program, her primary role is to conduct psychological and developmental assessments with children with ASDs, learning disabilities, and Intellectual Disabilities. Her previous experience includes conducting assessments throughout schools in the Niagara region for the national initiative Understanding the Early Years (UEY). Shawn’s previous experience also includes coordinating and providing behavioural interventions for children with autism as a senior instructor therapist.

Dr. Janice Hansen (Supervisor: CLBT and CDP teams)

Dr. Hansen obtained her Ph.D. in Clinical-Developmental Psychology from York University in 1994, becoming registered with the College of Psychologists in 1995. She has had experience working with a variety of populations of children with special needs both at Holland Bloorview and in a previous position at the E.C. Drury School for the Deaf. Much of her work has focused on the diagnosis of cognitive difficulties in children, including developmental assessment of preschoolers as well as autistic spectrum disorders, attention deficit-hyperactivity disorder, Intellectual Disabilities and learning disabilities in school-aged children and adolescents. She has undergone extensive training in administering the Autism Diagnostic Observation Schedule (ADOS) and has achieved reliability in administering all of the modules. At Holland Bloorview Dr. Hansen currently provides services to the Child Development Team, both within the Neuromotor stream (e.g. clients with CP and other physical disabilities) as well as the Communication Behaviour and Learning Team. In addition to her assessment services, Dr. Hansen previously provided group intervention including the current Facing Your Fears CBT program for children with Autism and anxiety, as well as in a previous CBT group for children with anxiety without ASD. She now provides consultation to these programs when needed.

Dr. Hansen has been actively involved in supervision, training and mentoring for many years. She was the Internship Coordinator for the Psychology Predoctoral Internship program from 2005 to 2015.

Outside of her work at Holland Bloorview, Dr. Hansen has a part-time private practice where she provides assessment to children and adolescents with learning and behavioural needs. She also previously held a volunteer position with Bereaved Families of Ontario, running support groups for children who have experienced a loss.

In addition to her clinical work, Dr. Hansen has extensive previous experience working as a Standardized Patient and has recently brought this expertise into her work with Simulation under the Teaching and Learning Institute.

Dr. Nora Klemencic (Supervisor: Facing Your Fears Program)

Nora Klemencic received her Ph.D. in Clinical Psychology from the University of Guelph in 2011 and is a member of the College of Psychologists of Ontario. Her

role as a psychologist at Holland Bloorview involves leading Cognitive Behaviour Therapy (CBT) groups based on the manualized *Facing Your Fears* program for children and adolescents with ASDs and significant anxiety. Dr. Klemencic has also worked in therapy and assessment with children and adolescents with a range of developmental and behavioural concerns, including Learning Disabilities, ADHD, ODD, anxiety, depression, self-harming and suicidality.

Ms. Molly Malone (Psychologist)

Ms. Malone received her B.Sc. in Psychology from the University of Toronto (1979), M.A. in Clinical Child Psychology from the University of Guelph (1981) and Ph.D. in Special Education/Applied Psychology from the Ontario Institute for Studies in Education at the University of Toronto (1986). Ms. Malone became registered as a Psychological Associate with the College of Psychologists in 1995 and recently became registered as a Psychologist. She has worked previously for Psychological Services in the Durham Board of Education then spent 18 years employed by the Hospital for Sick Children working in the Child Development Centre, prior to joining the Child Development Program at Holland Bloorview in 2005. Her primary area of expertise involves children with attention deficit hyperactivity disorder (ADHD). Assessment of children with ADHD has been a focus for clinical service and research activities. Ms. Malone has considerable experience in medication assessment, using a double-blind placebo-controlled procedure, to evaluate the effects of stimulants in cognitive, behavioural and affective domains for individual children and in the context of research studies. In addition to children with ADHD, Ms. Malone has assessed children with learning disabilities, developmental delay and oppositional behaviour to understand their strengths and challenges in learning and behaviour. More recently, experience in assessing children on the autism spectrum has been gained, as part of the interdisciplinary team. She is first author and co-author on several scientific publications and has been a co-investigator on a number of grants, which have examined genetic factors, neurophysiology (event-related potentials) and self-concept in children with ADHD. She has taught graduate-level university courses on Learning Disabilities/ADHD in Human Development & Applied Psychology at O.I.S.E., University of Toronto. In 2013, Ms. Malone was awarded a Clinical Study Investigator appointment in the Bloorview Research Institute. Her research focuses on cognitive processes in children with ASD and ADHD.

Ms. Aparna Massey (Psychometrist)

Aparna Massey received her M.A. (Psychology) from HNB Garhwal University, India in 2001. As a part-time Psychometrist for the Child Development Program, her role is to conduct psychological assessment of children and adolescents. In her previous roles she worked as a Psychometrist conducting psychoeducational assessments for the school board at a private practice in Toronto. Her international professional background has included training of educators and research in the area of bullying prevention and treatment of children in day and residential schools.

Ms. Maureen Mosleh (Psychometrist)

Ms. Mosleh received a Masters in Developmental Psychology at Wilfrid Laurier University in 2011. As a Psychometrist for the Communication, Learning and Behaviour Team, her role includes the psychological assessment of children and adolescents with ASDs, learning, and intellectual disabilities. Her experience also includes the administration of cognitive assessments with infants and toddlers at high risk for ASDs.

Dr. Vicki Nolan (Supervisor: CLBT Team)

Vicki Nolan received her Ph.D. in Clinical Psychology from Queen's University in 2012 and is licensed with the College of Psychologists of Ontario. Her primary area of research interest involves the social participation of children with Intellectual Disabilities and ASDs. Dr. Nolan completed her pre-doctoral internship at Holland Bloorview Kids Rehabilitation Hospital. As a Psychologist for the Child Development Program, her role involves completing psychological and developmental assessment of young children and adolescents with ASDs, attention deficit-hyperactivity disorder, Intellectual Disabilities, and learning disabilities. She has undergone extensive training in administering the Autism Diagnostic Observation Schedule (ADOS-2) and has achieved research reliability in administering all of the modules. In her prior role as a Psychologist in the "Get up and Go" Persistent Pain Service, Dr. Nolan worked as part of an inter-disciplinary team providing intervention using various treatment modalities (e.g., Mindfulness, CBT, Solution Focused) individually and in groups for adolescents with persistent/chronic pain who are admitted for an intensive 4-week program (inpatient and day treatment patient). Dr. Nolan was the co-project coordinator for the Facing Your Fears program, a Cognitive Behavioural Therapy Group for children with high-functioning ASDs and anxiety; and she remains involved in research looking at the community dissemination of modified

CBT for children and adolescents with ASDs through the Autism Research Centre/Bloorview Research Institute. Dr. Nolan has worked previously as the staff psychologist at Kerry's Place Autism Service, an instructional therapist for children with autism, a research assistant, a teaching assistant, and associate professor teaching developing psychology and applied behavior analysis. She has experience supervising behaviour therapists, practicum students, and interns from psychology graduate programs. In addition to her work at Holland Bloorview, Dr. Nolan works part-time in private practice where she provides assessment and intervention to adults with ASDs and mental health concerns. She is also an Adjunct Clinical Supervisor at York University.

Ms. Janet Quintal (Psychologist)

Ms. Quintal received her BA with First Class Honours in Psychology from McGill University and her Master's degree in Developmental Psychology from York University. She is registered as a Psychologist with the College of Psychologists of Ontario, and serves as an oral examiner and interviewer for the College. Ms. Quintal has extensive experience working with children and adolescents with a range of disabilities and special needs both at Holland Bloorview Kids Rehab and in her private practice. At Holland Bloorview she provides psychological services including assessment, consultation, education, and short periods of counselling when required to clients and families in the Child Development Program. Her work focuses primarily on cognitive based challenges including assessment and diagnosis in the areas of learning disability, intellectual disability, attention deficit hyperactivity disorder, and autism spectrum disorder. Provision of management and programming strategies to families, schools and/or rehab teams are also an important outcome of learning, achievement, adaptive and behavioural assessments.

In the teaching realm Ms. Quintal has extensive experience as a Practicum Supervisor, and is presently the Coordinator of Practicum Students in Psychology. She has been an invited speaker on topics related to learning issues associated with neurological disabilities.

Dr. Thomas Rhee (Supervisor: CLBT Team)

Thomas Rhee received his Ph.D. in Clinical-Developmental Psychology from York University in 2009. His primary area of research interest involves the cognitive abilities and memory skills in children with autistic spectrum disorders and Intellectual Disabilities, and he has presented his work across various international

conferences. As a Psychologist for the Child Development Program, his role includes psychological and developmental assessment of young children and adolescents with ASDs, Intellectual Disabilities, and learning disabilities. Dr. Rhee has also previously worked as a research assistant, teaching assistant, instructional therapist for children with autism, and psychoeducational consultant to the school board.

Dr. Anne Ritzema (Supervisor: Facing Your Fears Program)

Anne Ritzema received her Ph.D. in School/Applied Child Psychology from McGill University in 2015 and is registered as a Psychologist (Interim Autonomous Practice) with the College of Psychologists of Ontario. In her role as a Psychologist with the Facing Your Fears Program she leads cognitive behavioural therapy (CBT) groups for children and adolescents with high functioning autism spectrum disorder (ASD) who have significant anxiety. Dr. Ritzema's primary clinical and research interest involves the well-being of children with neurodevelopmental disorders and their families and she has several peer-reviewed publications in this area. She has extensive experience with children with neurodevelopmental disorders, including training in administering the Autism Diagnostic Observation Schedule (ADOS-2), and has achieved reliability in administering all modules.

Dr. Naomi Slonim (Internship Coordinator and Supervisor: Neuromotor Team)

Dr. Naomi Slonim is a registered Psychologist in school and clinical child and adolescent psychology, practicing in the areas of assessment and intervention with individuals and families. She received her Ph.D. in School and Clinical Child Psychology from the Ontario Institute for Studies in Education of the University of Toronto. Dr. Slonim completed a post-doctoral clinical fellowship at the Hincks Dellcrest Centre focusing on social-emotional and personality assessment and diagnosis of children and adolescents as well as individual and family therapy processes and modalities. She has worked in a number of school and clinical settings in Toronto, including the Toronto District School Board, Surrey Place Centre, the Hospital for Sick Children and the Centre for Addiction and Mental Health.

As a member of the Neuromotor Team at Holland Bloorview, Dr. Slonim provides assessment and consultation for children and adolescents with a wide range of developmental, learning and social-emotional needs, including physical disabilities, Learning Disabilities, Intellectual Disabilities and ASD. She is also involved in supervision of individual therapy in the "Get up and Go" Persistent Pain Service. She

has previously facilitated the Coping Kids cognitive-behaviour therapy group for anxiety and the Triple P Group Stepping Stones program. Dr. Slonim was involved in clinical research as a member of the Evidence to Care team at Holland Bloorview, an interdisciplinary group of clinicians and researchers that developed a pain assessment tool box and clinical guideline for outpatients with cerebral palsy and a published a recent peer reviewed article. She has a part-time private practice where she provides assessment and therapy to children and adolescents.

Dr. Slonim has been actively involved in supervising interns and students for several years, in both major rotations, and in therapy rotations. In September 2015 she assumed the duties of Internship Coordinator.

Dr. Andrea Snider (Supervisor: Spina Bifida and Neuromuscular Teams, IET School)

Andrea Snider received her Ph.D. in Psychology from McMaster University in 1989. She is registered as a psychologist with the College of Psychologists of Ontario. Since 1993, she has worked at Holland Bloorview with children, adolescents, and young adults with spina bifida, spinal cord injuries, muscular dystrophy and other neuromuscular disabilities, arthritis and orthopedic issues, amputations, cerebral palsy, and other syndromes. She also works in the Integrated Education Therapy school program at Holland Bloorview. Her work has focused on the diagnosis of cognitive difficulties in children and adolescents, providing supportive counselling to the young people and consultation to their families, teachers and other professionals. A particular focus of her clinical practice is on the effects of spina bifida and hydrocephalus on cognitive processes, school and social functioning. She has been involved in a research project adapting a client satisfaction questionnaire for adolescents, and a project looking at helping families to manage difficult self-care regimens. She has previously coordinated a cognitive behaviour therapy group for children who experience anxiety and their parents and is on the Holland Bloorview bioethics forum.

Dr. Abbie Solish (Supervisor: Facing Your Fears Program and CBLT)

Abbie Solish received her Ph.D. in Clinical-Developmental Psychology from York University in 2011 and is a member of the College of Psychologists of Ontario. Her role as a psychologist at Holland Bloorview includes psychological and developmental assessments of young children with autism spectrum disorders (ASD) and/or developmental delays at the Eglinton West Satellite Clinic. Dr. Solish leads Cognitive Behaviour Therapy groups for children and adolescents with ASD and

significant anxiety at the main-site. These groups are based on the manualized Facing Your Fears program and Dr. Solish is involved in evaluating these groups and disseminating the results. Dr. Solish also works in the Autism Research Centre at Holland Bloorview, conducting assessments and providing supervision. She is assisting with various projects including those focusing on very early identification and intervention with toddlers at high-risk for ASD. Dr. Solish has undergone extensive training administering the Autism Diagnostic Observation Schedule (ADOS/ADOS-2) and has achieved research reliability in administering all 4 modules. She has also worked with children and adolescents with learning disabilities, ADHD, and Intellectual Disabilities. Dr. Solish has conducted research in the field of ASD and Intellectual Disabilities and has several publications in peer-reviewed journals.

BRAIN INJURY REHABILITATION TEAM

Ms. Halla Fahmi (Psychometrist: Inpatient/Daypatient Team)

Halla completed her undergraduate studies in Psychology and Neuroscience from the University of Toronto. She then pursued her Master of Science degree from the Rehabilitation Science Department of the University of Toronto, in Cognitive Psychology. In her graduate studies, Halla explored the feasibility and efficacy of an online delivery platform for an evidence based cognitive rehabilitation intervention, namely Goal Management Training. She worked with older adults suffering from executive dysfunction after stroke at Sunnybrook Health Sciences Centre and Rotman Research Institute at Baycrest. She has also worked as a Psychometrist within a hospital and private clinic settings assessing cognitive functions as well as academic achievement under the supervision of a Neuropsychologist and Behavioural Pediatrician. Halla has worked with patient populations ranging from children, adolescent, young and older adults. She has extensive knowledge in neuropsychological measures for the differential diagnosis of mild cognitive impairment, alzheimers disease, dementia, multiple sclerosis, and traumatic brain injury. Her passion is to apply her skills as a psychometrist and rehabilitation professional with children and their families.

Dr. Janine Hay (Supervisor: Outpatient team)

Dr. Janine Hay received her Ph.D. in Psychology from McMaster University in 1997 and completed a neuroscience post-doctoral fellowship at the Rotman Research Institute in Toronto. She has published research articles focusing on the effects of

normal aging on memory, as well as the impact of various neurological conditions on cognitive functioning. Dr. Hay is a licensed psychologist registered with the College of Psychologists of Ontario, with practice in Clinical Neuropsychology. Prior to joining Holland Bloorview, Dr. Hay worked at The Credit Valley Hospital in Mississauga from 2001 to 2007, where she performed neuropsychological assessments on children and adults with neurological, medical and/or psychiatric conditions. She has also worked at the Hospital for Sick Children, conducting neuropsychological assessments on children and adolescents with sickle cell disease. In her current position, Dr. Hay is part of the Outpatient Brain Injury Rehabilitation Team at Holland Bloorview, where she assesses children and adolescents with acquired brain injuries.

Ms. Debra Lee Moroz (Psychometrist: Inpatient/Daypatient Team)

Debra Moroz received a Master in Education in Counseling Psychology at the Ontario Institute for Studies in Education/University of Toronto in 1999. She also completed a Diploma in Art Therapy at the University of Western Ontario in 1995. As a Psychometrist for the Brain Injury Rehabilitation Team, her role includes neuropsychological assessment of children and adolescents who have acquired brain injuries (ABI). Her experience also includes personality assessments, individual supportive counseling, facilitation of support groups for adolescents and adults, and piloting of a skills-based ABI teen program.

Ms. Jasmine Morrow (Psychometrist)

Jasmine Morrow received her Masters of Science in Child Development and Education from The University of Oxford, UK (2012), and her Bachelor of Arts in Honours Psychology from Trent University (2011). As a Psychometrist for the inpatient and outpatient Brain Injury Rehab Team, her role includes neuropsychological assessment of children and adolescents with acquired brain injuries. Her previous experience includes working as a psychometrist at Holland Bloorview in the Cleft Lip and Palate/Craniofacial program.

Dr. Lily Riggs (Supervisor: Outpatient team)

Dr. Riggs currently works as a clinical neuropsychologist on the Brain Injury Rehabilitation Team's Outpatient Program at Holland Bloorview Kids Rehabilitation Hospital. Her clinical work involves comprehensive neuropsychological assessments for children and youths with different types of acquired brain injuries and brief neuropsychological screeners for those experiencing post-concussion symptoms.

Dr. Riggs also holds a Clinical Team Investigator appointment at the Bloorview Research Institute and she continues to be affiliated with SickKids. Her research is focused on understanding how different types of brain injuries (e.g. concussion) affect brain development and cognition (e.g. memory), and how to ameliorate injury-related damage through rehabilitation/interventions. She uses a variety of research methods including structural MRI, fMRI, diffusion tensor imaging (DTI), magnetoencephalography (MEG), eye-tracking, neuropsychological assessment and qualitative methods.

Dr. Lily Riggs completed her Ph.D. in Psychology and Neuroscience at the University of Toronto in 2012. She then completed a combined clinical/research post-doctoral fellowship at The Hospital for Sick Children (SickKids) and Princess Margaret Hospital. Dr. Riggs is a registered psychologist with the College of Psychologists of Ontario with competencies in clinical neuropsychology for children, adolescents, and adults.

Ms. Naomi Smith (Psychometrist: Outpatient Team)

Naomi Smith received both her Honours Bachelor of Arts degree, major in Psychology, minor in Philosophy (2006), and her Master of Education, focus on Psychology (2010) from the University of Western Ontario. More recently, she completed her Bachelor of Education (2014), from the University of Toronto. Currently, as a Psychometrist for the Brain Injury Rehabilitation Team, her primary role is to conduct neuropsychological assessments which include test administration, scoring, norming of tests, and aspects of report writing for children and adolescents with acquired brain injury. Her previous experience includes working at The Hospital for Sick Children where she conducted neuropsychological, developmental, and cognitive assessments for Paediatric Brain Tumour and Cardiology programs. Naomi has worked with patient populations ranging from infancy to adulthood. All of Naomi's work has underscored for her the importance of recognizing each individual's unique strengths and needs and to help them reach their academic and life potential. In addition to clinical work, she values the importance of continuous professional development.

Dr. Sara Stevens (Supervisor: Inpatient/Daypatient Team)

Dr. Sara Stevens received her Ph.D. in Psychology from the University of Toronto in 2012. She then completed a clinical psychology post-doctoral fellowship at York University. Dr. Stevens is a registered psychologist with the College of Psychologists of Ontario with competencies in clinical psychology and clinical neuropsychology for children and adolescents.

Dr. Stevens currently works as a clinical neuropsychologist on the Brain Injury Rehabilitation Team's Inpatient Program at Holland Bloorview Kids Rehabilitation Hospital. Her clinical work involves neuropsychological assessments, behavioural and cognitive intervention, as well as supportive counselling for children and adolescents with acquired brain injuries. Dr. Stevens also holds a Clinical Team Investigator appointment at the Bloorview Research Institute. Her research is focused on understanding psychosocial functioning, self-regulation and social cognitive outcomes following brain injury of varying etiologies and timing, as well as investigating best practices in cognitive and emotional intervention in acquire brain injury populations.

Dr. Mary Stewart (Supervisor: Inpatient/Daypatient Team)

Dr. Mary Stewart earned her Ph.D. in Clinical Neuropsychology (CPA/APA approved program) from the University of Windsor in 1992. Dr. Stewart is registered as a psychologist with the College of Psychologists of Ontario with competences in clinical psychology, rehabilitation psychology, and clinical neuropsychology with children, adolescents and adults. She is a member of the Canadian Psychological Association as well as a member of the Psychologists in Hospitals and Health Centers section. Dr. Stewart is also listed with the Canadian Register of Health Service Providers in Psychology.

Dr. Stewart currently works as a clinical neuropsychologist on the Brain Injury Rehabilitation Team's Inpatient/Daypatient Program at Holland Bloorview. Her current clinical interests are in the areas of child and adolescent neuropsychological assessment, behavioural assessment and intervention, and individual therapy/group supportive counseling of clients with acquired and traumatic brain injuries. Dr. Stewart's research interests include evaluating the predictive validity of early traumatic brain injury indicators on subsequent memory and psychosocial functioning, the ecological validity of neuropsychological/executive functioning tasks within pediatric brain injury, and comparisons of clients with acquired and traumatic brain injuries on verbal/language measures. She has also evaluated the

psychosocial outcomes of adolescents with acquired brain injuries who participate in an emotional supportive counseling group during their rehabilitation admission.

A review of the traumatic brain injury literature as it pertains to the recovery and rehabilitation process in children and adolescents may be found in *Picard, E.M. & Stewart, M.L. (2007). Neuropsychological Consequences. In MacGregor, D., Kulkarni, A.V., Dirks, P.B., & Rumney, P. (Eds.), Head Injury in Children and Adolescents. London: MacKeith Press.*

Ms. Ruthanne Wasserman (Psychometrist: Outpatient Team)

Ruthanne Wasserman completed her training at the Institute of Child Study, University of Toronto in 1995. Her area of specialization was assessment and counseling with children and adolescents with a primary focus on neuropsychological assessment. She also received a Masters of Social Work at the Faculty of Social Work, University of Toronto in 1973. Her experience has included working with children, adolescents and adults who have acquired brain injuries. While employed at Holland Bloorview, Ms. Wasserman has worked as a research assistant on projects that focused on music attention training, and peer group training of pragmatic skills with adolescents with acquired brain injury. She has also worked as a research assistant on a project that involved adolescents and adults with cerebral palsy. As a psychometrist for the Outpatient component of the Brain Injury Rehab Team, her clinical role includes neuropsychological and behavioral assessment of children and adolescents.

Ms. Wasserman's publication (1998) with M. Stewart, C. Wiseman-Hakes, and R. Schuller, entitled, Peer Group Training of Pragmatic Skills in Adolescents with Acquired Brain Injury, appears in the *Journal of Head Trauma Rehabilitation*.

"Get up and Go" Persistent Pain Service

Dr. Ardith Baerveldt (Supervisor: "Get up and Go" Persistent Pain Service)

Ardith Baerveldt is a Psychologist in Supervised Practice, practicing in the areas of clinical and health psychology (assessment and intervention) with children and adolescents. She received her Ph.D. in School and Clinical Child Psychology from the Ontario Institute for Studies in Education at the University of Toronto where her doctoral research examined intergenerational mediators of alcohol use in youth involved with child welfare.

Dr. Baerveldt will complete a post-doctoral clinical fellowship at the Hospital for Sick Children (SickKids) in August of 2016, focusing on pediatric health psychology, with major rotations in Chronic Pain, Obesity Management, and Oncology. She completed her pre-doctoral internship at the Royal University Hospital in Saskatoon, with a joint focus on community mental health and assessment of Autism Spectrum Disorders. Dr. Baerveldt has also trained in a number of clinical and school settings in Toronto, including the Hincks-Dellcrest Centre, the Shaw Clinic (Mackenzie Health), the Toronto District School Board, and the York Region District School Board. In addition, she pursued specialized training in child abuse and neglect at the Child Study Center/Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Campus. Dr. Baerveldt has an interest in the application of Third-Wave therapies (e.g., Mindfulness; Acceptance and Commitment Therapy [ACT]) to chronic pain and has received advanced training in ACT.

In her role as a Psychologist (Supervised Practice) in the “Get up and Go” Persistent Pain Service, Dr. Baerveldt works as part of an interdisciplinary team and provides intervention using various treatment modalities (e.g., Mindfulness; Behavioural) for adolescents with persistent/chronic pain who are admitted for an intensive 4-week program (inpatient and day treatment).

How to Apply

We are a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and are part of the Internship Matching Program, following the guidelines for selection of interns from APPIC (see www.appic.org for APPIC’s policies). In keeping with these guidelines, we agree to abide by the APPIC policy that no person at Holland Bloorview Kids Rehab will solicit, accept, or use any ranking-related information from any intern applicant. Interested candidates are requested to register with the Match Program through the website <http://www.natmatch.com/psychint/>

Interested applicants are asked to complete the on-line AAPI application, including graduate transcripts and three independent references using the Standardized Reference Form (SRF). In accordance with APPIC policy, no paper copies of any documents are required. Applications should be submitted to Dr. Naomi Slonim, Internship Coordinator for Psychology, Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Rd. Toronto, ON, M4G 1R8.

In accordance with federal privacy legislation (*Personal Information Protection and Electronics Documents Act* – <http://laws.justice.gc.ca/en/P-8.6/>) you should be

aware that we are committed to only collecting the information in your application that is required to process your application. This information is secured by the Internship Coordinator and is shared only with those individuals involved in the evaluation of your internship application. If you are not matched with our program, your personal information is destroyed within four months of 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, the Internship Coordinator, and relevant administrative support and human resources staff.

The application deadline is **November 15, 2016**.